Recommendations to Achieve Public Health 3.0

Public Health 3.0 recognizes that we need to focus on the social determinants of health in order to create lasting improvements for the health of everyone in America. We often think of the health care industry when we think of health, but building healthy communities requires strategic collaboration across all sectors. When we build a complete infrastructure of healthy communities, we can begin to close the gaps in health due to race or ethnicity, gender identity or sexual orientation, zip code, or income. We propose five key recommendations that define the conditions needed to support health departments, and the broader public health system as it transforms.

In many communities the local health officer will serve the role of Chief Health Strategist, but this may not necessarily always be the case—indeed Chief Health Strategists can come from other sectors. In the PH3.0 era, the public health workforce must acquire and strengthen its knowledge base, skills, and tools in order to meet the evolving challenges to population health, to be skilled at building strategic partnerships to bring about collective impact, to harness the power of new types of data, and to think and act in systems perspective. This will require a strong pipeline into the public health workforce, as well as access to ongoing training and mid-career professional development resources.

1 Public health leaders should embrace the role of **Chief Health Strategist for their communities**—working with all relevant partners so that they can drive initiatives including those that explicitly address "upstream" social determinants of health. Specialized Public Health 3.0 training should be available for those preparing to enter or already within the public health workforce.

2 Public health departments should engage with community stakeholders—from both the public and private sectors—to form vibrant, **structured, cross-sector partnerships** designed to develop and guide Public Health 3.0–style initiatives and to foster shared funding, services, governance, and collective action.

Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

PUBLIC HEALTH 3.0

Communities should create innovative and sustained organizational structures that include agencies or organizations across multiple sectors but with a shared vision, which allows blending and braiding of funding sources, capturing savings for reinvestment over time, and a long-term roadmap for creating health, equity, and resilience in communities. In some communities the local health department will lead but others may lead these efforts.

3 Public Health Accreditation Board (PHAB) criteria and processes for department **accreditation should be enhanced** and supported so as to best foster Public Health 3.0 principles, as we strive to ensure that every person in the United States is served by nationally accredited health departments.

As of August 2016, 324 local, state, and tribal health departments have been accredited or in progress for accreditation, covering roughly 80% of the U.S. population. The vision of ensuring every community is protected by a local or a state health department (or both) accredited by PHAB requires major investment and political will to enhance existing infrastructure. While research found accreditation supports health departments in quality improvement and enhancing capacity, the health impact and return on investment of accreditation should be evaluated on an ongoing basis.

Public health is what we do as a society to ensure the conditions in which everyone can be healthy.

4 Timely, reliable, granular-level (i.e., sub-county), and **actionable data** should be made accessible to communities throughout the country, and clear **metrics** to document success in public health practice should be developed in order to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity.

The public and private sectors should work together to enable more real-time and geographically granular data to be shared, linked, and synthesized to inform action while protecting data security and individual privacy. This includes developing a core set of metrics that encompasses health care and public health, particularly the social determinants of health, environmental outcomes, and health disparities.

5 **Funding for public health should be enhanced and substantially modified**, and innovative funding models should be explored so as to expand financial support for Public Health 3.0–style leadership and prevention initiatives. Blending and braiding of funds from multiple sources should be encouraged and allowed, including the recapturing and reinvesting of generated revenue. Funding should be identified to support core infrastructure as well as community-level work to address the social determinants of health.

To secure sufficient and flexible funding in a constrained and increasingly tightening funding environment, local public health needs a concrete definition of the minimum capabilities, the costs of delivering these services, and a structured review of funding streams to prioritize mandatory services and infrastructure building.