Webinar
Public health 3.0 and the future of public health featuring Dr. Sandro Galea
June 20, 2023

We’re all in this together! We imagine a public health system that advances the social determinants of health and prioritizes community wellness, healing, and mutual accountability. Our systems cultivate space and time for creativity, innovation, and joy.
We value

Collaboration
Integrity
Excellence
Innovation
Inclusion
Courage

Join the conversation

Question box:
- Ask questions of the panelists

Group chat:
- Introduce yourself
- Comment on learnings
- Share personal experiences
Guidelines
Share
✓ Successes and lessons learned
✓ Resources and links
✓ Your professional perspective
✓ Respectful dialogue

Public Health
WHAT IS OUR ROLE?
COVID-19

Catalyzed creativity and innovation in public health
Telehealth expansion

Percentage of physicians using telehealth doubled after the pandemic

Equity-centered partnerships

Tribal groups galvanized local organizations to ensure residents received food and medicine.
Public Health 3.0

- Is an upstream approach
- Recognizes social determinants of health
- Responds with equity
- Calls for public health to partner with community

Breaking down PH 3.0

Implementation recommendations

01 Embrace the role of Community Health Strategist
02 Cultivate cross-sector partnerships
03 Consider accreditation
04 Document success with data and metrics
05 Enhance public health funding
Please welcome

Sandro Galea, MD, MPH, DrPH
Dean and Professor
Boston University School of Public Health

Join Us!
Discussion Group

When: Immediately following the webinar

What: Interactive learning experience, opportunity to share ideas and ask questions

How: Zoom

Why: Deepen the webinar learning, allow further exploration
Once a virus hits the ground, there isn’t time to contemplate how the public might react....We need to better understand why people react the way they do and how we can positively influence their behavior.

Epidemiology: forging the future: The disease detectives
Time Magazine

Photo credit: Kelly Davidson
FIGURE 2. Provisional* number of leading underlying causes of death† — National Vital Statistics System, United States, 2020

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>No. of deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>700,000</td>
</tr>
<tr>
<td>Cancer</td>
<td>700,000</td>
</tr>
<tr>
<td>COVID-19</td>
<td>700,000</td>
</tr>
<tr>
<td>Unintentional injury</td>
<td>350,000</td>
</tr>
<tr>
<td>Stroke</td>
<td>300,000</td>
</tr>
<tr>
<td>Chronic lower respiratory disease</td>
<td>250,000</td>
</tr>
<tr>
<td>Alzheimer disease</td>
<td>250,000</td>
</tr>
<tr>
<td>Diabetes</td>
<td>100,000</td>
</tr>
<tr>
<td>Influenza and pneumonia</td>
<td>100,000</td>
</tr>
<tr>
<td>Kidney disease</td>
<td>100,000</td>
</tr>
</tbody>
</table>

* National Vital Statistics System provisional data are incomplete. Data from December are less complete due to reporting lags. Deaths that occurred in the United States among residents of U.S. territories and foreign countries were excluded.
† Deaths for which COVID-19 was a contributing, but not the underlying, cause of death are not included in this figure.
Cumulative U.S. Covid-19 deaths per capita are highest among other large, high-income countries

Several countries had higher per capita Covid-19 deaths earlier in the pandemic, but the U.S. death toll now exceeds that of peer nations.

Sources: New York Times database of reports from state and local health agencies (U.S. deaths); The Center for Systems Science and Engineering at Johns Hopkins University (world deaths); World Bank (world populations); United States Census Bureau (U.S. populations) – Note: Countries shown are those with the highest gross national income per capita among countries with a population of more than 10 million people.

https://www.nytimes.com/interactive/2022/02/01/science/covid-deaths-united-states.html

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U.S. life expectancy

85 years

80

75

71.8

70

65

2019 2020 2021

Asian

Hispanic

White

All

Black

Native

Note: Figures for white, Black, Asian and Native people exclude Hispanic people. - Source: The National Center for Health Statistics

1. Our social structures before the pandemic
2. Our health before the pandemic
3. Our investments in what could help during the pandemic
Ability to work remotely

Data: Bureau of Labor Statistics

https://www.nytimes.com/interactive/2022/05/13/us/covid-deaths-us-one-million.html
1. Our social structures before the pandemic

2. Our health before the pandemic

3. Our investments in what could help during the pandemic
American exceptionalism
Life expectancy at birth, selected OECD countries

Source: OECD, U.S. Census Bureau

Death Rate For COVID-19 Patients In China Higher For Those With Underlying Conditions

Notes: Preexisting condition death rates based on 504 deaths out of 20,812 cases.

Source: Chinese CDC
Credit: Ruth Tabbers/NPR and Chris Zubak-Skees/Center for Public Integrity
Figure 16. Medical vulnerability to COVID-19 or the effects of social isolation, by income

Note: Diagnoses include asthma, congestive heart failure, coronary heart disease, emphysema, chronic bronchitis, cancer or malignancy, diabetes and high blood pressure. Mental health based on self-reported mental health condition lasting or expected to last over 12 months. Deciles based on equivalised net household incomes, using modified OECD equivalence scale.

Source: Authors' calculations using UK Household Longitudinal Survey wave 9 (ever diagnosed) and Family Resources Survey 2018-19 (mental health).

[https://www.ifs.org.uk/publications/14879](https://www.ifs.org.uk/publications/14879)
1. Our social structures before the pandemic
2. Our health before the pandemic
3. Our investments in what could help during the pandemic
State and local public health workforces have shrunk

State figures are for full-time equivalent employees in state public health agencies excluding Kansas, New Jersey, Texas and Wyoming, which do not have comparable data. Local figures are for full-time equivalent employees of local health departments.

Source: Association of State and Territorial Health Officials, National Association of County and City Health Officials

Graphic: Hannah Recht/KHN, Francois Duckett/AP


U.S. vaccinations lag behind other large, high-income countries

Despite beginning Covid-19 vaccinations months earlier than countries like Japan and Australia, a smaller share of people in the United States are now fully vaccinated.

Sources: Our World in Data (world vaccinations); Centers for Disease Control and Prevention (U.S. vaccinations)

Note: Vaccination and booster data in some countries are available infrequently. Sweden data for booster doses is available only from Jan. 20, 2022.

https://www.nytimes.com/interactive/2022/02/01/science/covid-deaths-united-states.html
Key elements for actionable and impactful decision making


**Technical capacity**

**Political will**

**Trust**

**Community engagement**

Source: Centers for Disease Control and Prevention, Massachusetts Department of Public Health, U.S. Census Bureau. Note: No CDC data available for some countries. Vermont was excluded because more than a quarter of data is missing.

It's not about the pandemic
Thank you
Questions?

Click on survey in the chat
July 18, 2023

Innovative partnerships to address mental health

Kini-Ana Tinkham, RN
Executive director of the Maine Resilience Building Network

Shamaila Khan, Ph.D.
Clinical associate professor
Boston University School of Medicine &
Boston Medical Center

Eight brand new interviews exploring civic health!
Join Us!
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