

The declaration of

inter-

DEPENDENCE

WE ARE ALL IN THIS TOGETHER.

100 WORDS

The COVID-19 pandemic and its consequences change **EVERYTHING**, bringing attention to public health as never before. In many respects, the pandemic has brought to light both our underinvestment in the public health **STRUCTURES** that we need to prevent—and mitigate—the spread of new pathogens, and in the social, economic, and cultural conditions that shape the health of **POPULATIONS**. The civil unrest that has followed has further highlighted deep-seated issues of racism and **RACIAL INJUSTICE** that have, for centuries, shaped **HEALTH**.

Before the pandemic started, we asked 45 leaders in public health, healthcare, global development, advocacy, media, and other fields to imagine, in 100 words or fewer, public health in the year 2050; we present their responses in this *SPH This Year*, illuminating the directions in which the field is headed. Some responses reflect directly on the anxieties of the moment, but most, on the fundamentals of public health—including climate change, urbanization, health equity, and prevention—

and how these forces need to be an inevitable part of our work toward building a healthier world.

Their thoughts build on, and inform, the public health conversations we have regularly at the school on issues of contemporary consequence that also look to the future, and that reflect and elevate the scholarship and ideas generated by SPH researchers and scholars. As a school, our goal is to meet the challenge of the moment—and of the coming years and decades.

DON BERWICK

PRESIDENT EMERITUS AND SENIOR FELLOW,
INSTITUTE FOR HEALTHCARE IMPROVEMENT

At least two priorities in public health had better be central by 2050, or the quest for health itself may be doomed. One is **climate change, an existential crisis such as mankind has not faced before**. The second is the persistence of levels of inequity and poverty on the planet that are inconsistent with morality, logic, or peace. Public health as a field has a bifid role with these: both a scientific role, to understand the dynamics, effects, and mitigating options; and a political role, to speak out with gravitas and act with energy to achieve fundamental social change.

SANDY K. JOHNSON

PRESIDENT AND CHIEF OPERATING OFFICER,
NATIONAL PRESS FOUNDATION

By the year 2050, big cities will be home to most of the planet's population. Slums and dense housing will create unfortunate breeding grounds for infectious diseases like TB and measles and SARS-like viruses, which can rapidly turn into pandemics. **Vaccine development and education will be critical.**

CHRISTOPHER KOLLER

PRESIDENT, MILBANK MEMORIAL FUND

In 1990, did public health practitioners know their work in 2020 would be in a digitally connected world, one where international politics would be realigned, domestic politics more polarized, and community resources more inequitably distributed? Public health practitioners in 2050 will **face the global effects of human-induced climate change.**

In the US, we will be older and more ethnically diverse. Our understanding of disease will grow. The fundamentals of the public's health, however—of exercise, diet, safe and equitable communities, education, and healthy personal relationships—will not change. All will be called to act on these constants in a changing world.

DONATO TRAMUTO

CHAIR AND FOUNDER, HEALTH eVILLAGES

Healthcare 2050 will **usher in the movement away from engagement of the consumer to one of empowerment and where healthcare is provided in a much more personalized manner**. While telemedicine will make seeing a doctor as common as a face chat, the core of personalized medicine in 2050 will be centered around technology and empowering patients to make intelligent decisions by having full access to all of their medical records. There will be no physician offices; (they will be) replaced with live chats and making the home the epicenter around how basic care is provided. Diagnosis of diseases will be computerized.

JOHN AUERBACH

PRESIDENT AND CHIEF EXECUTIVE OFFICER,
TRUST FOR AMERICA'S HEALTH

While inclined to think that public health will be dramatically different in 30 years, I reflected on the fact that I was working in public health 30 years ago and it wasn't all that different from today. I **fear that climate change, poverty, and racism will be the overriding threats** to which we respond (all three were critical three decades ago, too, although we didn't act like it). I hope in 2050 that we've refocused our work, refined old tools, developed new ones, and strengthened cross-sector and community-level partnerships so we can effectively address such monumental matters once and for all.

ABDUL EL-SAYED

AUTHOR, FORMER EXECUTIVE DIRECTOR,
DETROIT HEALTH DEPARTMENT

In 2050, public health will have come into its own as a political force. It will leverage the fact that the most powerful organizing tool we have is our hope for a healthier world—and we will be harnessing stories to animate movements to create that world. We will be **leading the fight for racial justice, economic equality, and ecologic sustainability**. We will be eradicating poverty and solving climate change. And we will be advocating for collective action to solve collective problems.

TRAVIS McCREADY

FORMER PRESIDENT AND CHIEF EXECUTIVE OFFICER,
MASSACHUSETTS LIFE SCIENCES CENTER

In 2050, the public health community will be **grappling with worsening ecological impacts wrought by climate change and urbanization**. With issues ranging from air, land, and seaborne viral and bacterial outbreaks to unchecked insect population blooms and entomological disasters on the rise, environmental sciences will become the most widely practiced of the core public health disciplines. Public health leaders will prioritize novel partnerships with the scientific community to stay ahead of these challenges, for example, utilizing AI for predictive epidemiological modeling; engineering for just-in-time manufacturing; bioengineering for precision bio-population control; and behavioral engineering (e.g., social media) for community public education.

SANDRA L. FENWICK

CHIEF EXECUTIVE OFFICER, BOSTON CHILDREN'S
HOSPITAL

By 2050, the growth of people aged 65 and over is projected to outpace the growth of children by a factor of 7 to 1. Children's health and social needs will be steadily diluted. But their importance to society, the workforce, and our planet will be exponentially more critical. **Investing in healthier, secure, emotionally stronger children must be a priority** and will produce returns to society and our future with adults who thrive, are productive, and will make further positive contributions to our world.

LUIGI MIGLIORINI

SENIOR ADVISOR AND REGIONAL REPRESENTATIVE,
WORLD HEALTH ORGANIZATION

In 2050, almost 7 billion people are projected to be living in urban areas—two-thirds of the population. This population will face big health challenges—air pollution, obesity, and emerging infectious diseases, to name a few. Climate change will affect our air, water, food, and shelter, and this burden will be placed on our most fragile populations. The population will also be aging, making mental health—dementia in particular—a challenge, in addition to putting stress on our health systems to provide long-term care. **These new challenges will increase inequities in health as wealth and resources continue to be distributed unequally.**

OLUSOJI ADEYI

DIRECTOR OF GLOBAL PRACTICE, HEALTH,
NUTRITION & POPULATION AND SENIOR ADVISOR,
THE WORLD BANK GROUP

Public health priorities in 2050 will have to reconcile two discordant realities. One will consist of **better population health and risk management** based on combinations of concentrated wealth, access to breakthrough health technologies, digital multipliers of coverage and quality, and effective public health institutions. The other will be a polar opposite of the first in low-income countries, large parts of middle-income countries, and some enclaves in high-income countries. The dichotomy will be compounded by the effects of climate change and violent conflict on populations. Between 2020 and 2050, effective public policies and private sector engagement can enable a better future.

deAR COLLEAGUES,

WELCOME to *SPH This Year 2020*.

This issue of *SPH This Year* is called “This changes **EVERYTHING**: public health after coronavirus.” This theme reminds us that it is hard to overstate the **IMPACT** of the COVID-19 pandemic and its consequences.

A previously unknown coronavirus swept over the world in a few months, resulting in **GLOBAL SHUTDOWNS** with enormous and far-reaching economic consequences. Civil unrest, reflecting centuries-old **STRUCTURAL RACISM** and social injustice, has brought issues to the fore that have long been at the heart of **PUBLIC HEALTH**.

While the coronavirus was new, its consequences were not. Apart from affecting the lives of millions directly around the world, the ramifications of the coronavirus were borne disproportionately by those most vulnerable, widening health gaps and reminding us—and hopefully the world—of the importance of a public health that aims to protect the health of all. They remind us that there is no public health without racial, social, and economic justice. They remind us that we want to build a “new normal” that is better than the “old normal” toward a healthier world.

Our faculty, staff, students, and alums are working toward fulfilling this mission every day. Our faculty engage in creating the ideas that generate a healthy world. Our educators are expanding access to forward-looking knowledge and skills for a student body that is increasingly diverse in their personal and professional experiences and needs. We are offering our education in flexible and hybrid formats responsive to the moment and allowing our students ever-greater opportunities

to engage in the work of public health. And SPH students are making the future of public health a reality every day, as they strive for better and more equitable health in hospitals, prisons, and neighborhoods, here in Boston and around the world. Behind all of this work are SPH staff, supporting and disseminating these advances in public health.

This issue of *SPH This Year* brings you their stories.

We are committed to continuing our work contributing to the health of the public and preventing future pandemics by building a healthier world, one idea—and one student—at a time.

Thank you for being part of that mission.

Warmly,



Sandro Galea, MD, DrPH

Dean and Robert A. Knox Professor

Twitter: @sandrogalea

HERMINIA PALACIO

PRESIDENT AND CHIEF EXECUTIVE OFFICER,
GUTTMACHER INSTITUTE

Peering through an imaginary lens at potential futures somehow throws the past and present into sharp relief. Given the increasingly global nature of existing and emerging threats (climate change, violence, displacement, and pandemics among them), one of the key new priorities I see for public health in 2050 is the **implementation of robust population mental health strategies**. More specifically, the development of frameworks that conceptualize the key determinants of community mental health, as well as investment and implementation of system and environmental strategies that set the conditions for mental well-being and resiliency at the community and population level.

LARAGH GOLLOGLY

EDITOR, BULLETIN OF THE WORLD HEALTH
ORGANIZATION

In 2050, **public health will have moved from sickness to health and the world will have achieved sustainable development**. Children will barely credit tales of fossil fuels, famine, epidemics, wars, and devastation. As power became cheap and clean, changes to the climate slowed, stopped, and reversed. Scientists work on biomimetics, ensuring that the smallest adaptation conferring a survival advantage is described, tested, and applied. The historic focus of public health will have been rendered obsolete. Antibiotics have been withdrawn from general use, reserved for rare infections. Everyone contributes to urban farming and uses active transport. Public health has become interesting again.

PAUL GROGAN

PRESIDENT AND CHIEF EXECUTIVE OFFICER,
THE BOSTON FOUNDATION

Our priorities in public health should continue to be addressing the social determinants of health to lead to improved quality of life, health, and well-being for the residents of all communities, especially for those facing greater health disparities. I hope that we will be focused on **addressing the economic and social conditions that affect health outcomes through policy and systemic interventions over a focus on individual behaviors and circumstances**. When we support our fellow community members who face the most challenges to living their best healthy lives, it only benefits the health of our society as a whole.

SARAH WARTELL

PRESIDENT, URBAN INSTITUTE

I like to think that, by 2050, we will have moved far closer to real health equity, in which “Everyone has the opportunity to attain their highest level of health” (APHA). **We will have made progress dismantling the racial and geographic barriers to good health**, like housing, education, employment, safety, and a sense of both agency and belonging. We will better understand technology’s impact on our brains and health, so that we will have the ability to use tools equitably to support healthier lives. I like to think there will be widespread agreement about the value of these goals.

JON SAWYER

EXECUTIVE DIRECTOR, PULITZER CENTER ON
CRISIS REPORTING

The watchword of public health in 2050 will likely be “global.” **The challenges we face will reflect a shrinking world, a world knitted more tightly together than ever, a world that as a result of climate change, is subject to far more extremes in weather and to the consequent requirement of proactive, effective measures of mitigation and adaptation**. Direct digital communication with individuals in far-flung communities will be easier than ever, but public health professionals will be taxed—as never before—with the responsibility of sharing essential information in ways that are accessible and credible.