# The declaration of



# DEDENSENC

WE ARE ALL IN THIS TOGETHER.



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 and how these forces need to be an inevitable part of our public health, healthcare, global development, advocacy, work toward building a healthier world. 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, change, urbanization, health equity, and prevention— and of the coming years and decades.

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 on the fundamentals of public health—including climate school, our goal is to meet the challenge of the moment—

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.

Healthcare 2050 will usher in the movement away from

CHAIR AND FOUNDER. **HEALTH eVILLAGES** 

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.

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.

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 nd 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

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.

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

# **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 highincome 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.



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 to engage in the work of public health. And SPH students are from affecting the lives of millions directly around the world, the making the future of public health a reality every day, as they ramifications of the coronavirus were borne disproportionately strive for better and more equitable health in hospitals, prisons, by those most vulnerable, widening health gaps and reminding and neighborhoods, here in Boston and around the world. Behind us—and hopefully the world—of the importance of a public all of this work are SPH staff, supporting and disseminating health that aims to protect the health of all. They remind us that these advances in public health. 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 a healthier world, one idea—and one student—at a time. fulfilling this mission every day. Our faculty engage in creating the ideas that generate a healthy world. Our educators are Warmly, 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 Sandro Galea, MD, DrPH education in flexible and hybrid formats responsive to the Dean and Robert A. Knox Professor moment and allowing our students ever-greater opportunities Twitter: @sandrogalea

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

Thank you for being part of that mission.

Sandro

# **LORD ARA DARZ**

DIRECTOR OF THE INSTITUTE OF GLOBAL HEALTH INNOVATION IMPERIAL COLLEGE LONDON

By 2050, I would like to see a world in which novel approaches to public health and preventions have helped us eliminate some of the biggest killers of today. For that to be the case, we need to increase investment in public health research and development now, develop effective new solutions (based on cutting-edge life, behavioral, and data science approaches) including for new challenges like climate change, and then focus on making those solutions available to everyone. So, in 2050, I would expect the top priorities for public health to be the implementation and spread of novel solutions in an inclusive way that minimizes health

inequalities—new tools but old challenges.

# **BRIAN CASTRUCCI**

PRESIDENT AND CHIEF EXECUTIVE OFFICER. De BEAUMONT FOUNDATION

Public health priorities in 2050 will focus on the population-wide implications of climate change and aging. By 2050, public health will need to implement creative solu tions to mediate the consequences of hurricanes, floods, wildfires, and other natural disasters. With one-fifth of the population aged 65 years or older in 2050, public health will need to focus on aging well by creating multigenerational spaces and working to prevent functional limitations and mental loss. For each of these issues, public health must lift the voices of those who are poor and disenfranchised.

### **GEORGES C. BENJAMIN**

Thirty years forward won't change that part of our work.

**FXFCUTIVE DIRECTOR AMERICAN PUBLIC HEALTH ASSOCIATION** 

Public health will have three priorities in 2050. First, leveraging the benefits of the new social compact in the US passed by an engaged administration and Congress that recognized the importance of the social determinants of health in improving health; second, utilizing the new genetic tools from personalized medicine that have emerged to enhance the effectiveness of vaccines and targeted therapeutics in preventing both infectious diseases, cancer, and many chronic diseases; and third, continuing to implement the rapid advancements in green energy that are now reversing the environmental and health impacts of climate change.

## **ARNAUD BERNAERT**

HEAD OF GLOBAL HEALTH AND HEALTHCARE. **WORLD ECONOMIC FORUM** 

In the next decades, healthcare delivery systems will transform radically. Capital-intensive, hospital-centric, intervention-driven systems have demonstrated they are unsustainable and ineffective. The future of health and healthcare resides in high-touch, data-enabled delivery systems inte-

grated across the continuum of care. Complex care will be transformed by precision medicine, enabled by progress in genomics, regenerative medicine, and clinical analytics being delivered in specialized "best care" settings. Finally, in a population-based approach to health promotion, disease prevention, and universal access, the global health architecture will be accelerated by purposeful, incentives-aligned, public/private cooperation.

# LISA SIMPSON

**ACADEMYHEAITH** 

I fear that in 2050, another generation will have grown up in a country dominated by inequity in health and opportunity, living with the threat of the climate crisis. They will be the second generation of digital natives whose lives will be unimaginably technologically enabled, bringing new opportunities and threats. Research will have yielded breakthrough cures, yet inequality and costs will limit access, placing a

greater value on research implementation. Public health's priority in 2050 will be fundamentally the same—strive to eliminate inequity and protect the public's health—through committed professionals enabled by new data and evidence.

# **AGISTSOUROS**

FORMER DIRECTOR AND VISITING PROFESSOR WHO AND IMPERIAL COLLEGE LONDON

Public health in 2050 will have reached greater prominence politically and professionally, with significant budget increases and with equitable improvement in population health being a key indicator of government performance. The human right to health will be recognized, and an increased accountability for health will drive action against unhealthy commercial interests. New technology will generate great opportunities for improved health, but will also present ethical dilemmas. Environmental and climate change will cause migration, worsen poverty and inequities, and increase chronic and communicable disease. Protecting and promoting the health of almost 10 billion, nainly urban populations, will be a huge challenge.

### **MARCIA ANGELL (MED'67)**

FORMER EDITOR IN CHIFF NEW ENGLAND JOURNAL **OF MEDICINE**: CORRESPONDING MEMBER OF THE FACULTY OF GLOBAL HEALTH AND SOCIAL MEDICINE, HARVARD MEDICAL SCHOOL

I'm afraid that we will face overwhelming public health challenges by 2050 resulting from climate change, scarcit of potable water and arable land, pollution of the seas, and continued population growth and mass migrations. The

risk of global pandemics will also grow. We have the technological abilities to address nearly all of these challenges. What is lacking, so far, is the sense of urgency and the political will to deal with them.

# THOMAS FARLEY

COMMISSIONER. **PHILADELPHIA DEPARTMENT OF** PUBLIC HEALTH

Winston Churchill said, "We shape our buildings; thereafter they shape us." In the next thirty years, public health problems and priorities for humans will increasingly flow from the environments that humans create. With global economic development, diseases of extreme poverty—

such as under-nutrition, child mortality, and diarrheal diseases—will fade. With ever-more-sophisticated marketing, diseases—such as obesity, diabetes, and addiction to tobacco, alcohol, and other drugs—caused by unhealthy products will grow. And with an explosion of population size and climate change, the world will face spikes in deaths from heat waves, other extreme weather events, and pandemic infectious diseases.

# **ALFREDO MORABIA**

MAILMAN SCHOOL OF PUBLIC HEALTH

Thirty years from now, in 2050, pandemics and chronic diseases can be under control, and universal healthcare for all can be solved. But global warming and robotics will remain structural challenges. To adapt to rising oceans and providing access to fresh water, public health will be actively reconfiguring the planet as a global garden, with agricultur ally autonomous cities and new sustainable rural communities. And a public health priority will be the allocation of free time, liberated by robots, to exercise, education, and arts in order to allow for the earthly self-realization of every

human being.

PRESIDENT AND CHIEF EXECUTIVE OFFICER. ASSOCIATION OF SCHOOLS AND PROGRAMS OF PUBLIC HEALTH

If we don't act now, by 2050 the world will face the consequences of its failure to address causal factors of climate

change. The planet will face unprecedented economic. social, and environmental disruptions, changing how and where we live. The elderly population, migration, threats of rapidly evolving contagious diseases, and natural disasters will create social and political tensions. Public health will revolve around: 1) well-being; 2) quality of life at every stage; 3) reducing the inequities gap; 4) reinvigorating social systems; 5) promoting environmental justice; 6) using technology for sustainable development; and 7) mainstreaming health in all fields of study.

# **GAUDEN GALEA**

REPRESENTATIVE FOR CHINA WORLD HEALTH **ORGANIZATION** 

I write this one deep night on the front line of the COVID-19 outbreak. Looking ahead by three decades is difficult when faced with the sheer immensity of the days' tasks, yet all this will pass and one may express a hope that, by 2050, all countries will have built sturdy public health infrastruc ures to provide the essential public health functions sus

tainably; that they have provided universal health coverage with health systems that shun overdependence on hospitals; and that public health practitioners and activists have refined the tools for addressing consumption, contagion,

# **ROBERT MOFFIT**

SENIOR FELLOW, HEALTH POLICY STUDIES. THE HERITAGE FOUNDATION

We need to battle obesity. American overconsumption of refined carbohydrates, along with their sedentary lifestyles, contribute to our high obesity rates, which, in turn, result in our high rates of chronic disease, particularly hypertension, heart disease, and diabetes. In 2019, the Organization for Economic Cooperation and Development reported that more than 70 percent of America's population was either overweight or obese, surpassed only by Mexico and Chile. For 2050, Americans should set an ambitious but realistic goal: cut obesity and overweight levels to 50 percent of the population. Public health officials should launch

an aggressive public education program, not unlike the largely successful anti-smoking campaigns.

### **JENNIFER CHILDS-ROSHAK**

CHIEF EXECUTIVE OFFICER AND PRESIDENT. PLANNED PARENTHOOD LEAGUE OF MASSACHUSETTS

In 2050, addressing the interconnected challenges of climate change and income inequality and their impact on ealth will be an urgent priority. Both issues are ones that have taken years to accumulate and will take decades to improve. Taken together, these challenges have an additive effect on health, and weigh particularly heavily on populations with low incomes and those who already experience health disparities. By 2050, we must have built bridges between preventive, public, and population health to counterbalance these challenges, reverse the trends, and pave

# **ROBERT DeLEO**

OF REPRESENTATIVES

By 2050, we will have succeeded in establishing real gun control and minimizing the impacts of gun violence, with efforts to address access to firearms, ensure communities have opportunities for employment and economic advancement, and provide comprehensive mental health ser-

vices. With gun violence as a distant memory, we will focus on a more holistic view of safety and well-being. We will continue to make strides in integrating social systems and health by establishing housing, transportation, education, and antipoverty measures that work together to create happier and healthier individuals and communities.

### ALI NOORANI (SPH'99)

EXECUTIVE DIRECTOR. NATIONAL IMMIGRATION

For generations to come, immigration will create public health opportunities out of public health challenges. Climate change, war, and poverty, among other public health issues, will push people to seek better lives elsewhere. Sending nations will benefit from the financial and intellectual resources they send home; receiving nations will benefit from immigrants' talent, commitment, and energy. The question is whether or not the world's immigration systems are ready to turn these challenges into opportunities.

# **ANDREW DREYFUS**

PRESIDENT AND CHIEF EXECUTIVE OFFICER **BLUE CROSS BLUE SHIELD OF MASSACHUSETTS** 

Today, health insurance doesn't guarantee healthcare, and healthcare doesn't guarantee health. Between now and 2050, we will have solved those twin issues—everyone will have health coverage and healthcare will be safer, more re liable, and more equitable. That will allow us finally to focus

# PETER DONNELLY

PRESIDENT AND CHIFF EXECUTIVE OFFICER. **PUBLIC HEALTH ONTARIO** 

In 2050, the priorities of public health will be 1) Making life possible by mitigating the effects of runaway climate

change and fresh water shortage, periodic zoonotic pandemics, and fear-driven conflict and violence, all occurring in a post-truth and possibly, post-democratic era where job loss due to AI and intrusive surveillance pose challenges; 2) Making sustainable healthcare possible through thoughtful disease prevention, effective chronic disease management, and resilience-building from childhood; and 3) Making life worthwhile by designing exercise back into our lives, reestablishing the value of community and the arts, and meaningfully reengaging with nature.

# **GEORGIA ARNOLD**

FXFCUTIVE DIRECTOR, MTV STAYING ALIVE **FOUNDATION** 

Over the next months and years, global health will be focused on adapting to a world with COVID-19. This brings questions that, hopefully, will be answered by 2050, focused on the nexus between global health, economy, and climate change. How do we have the strongest health with-

out damaging the economy and while protecting the planet? COVID-19 is already responsible for a massive drop in China's pollution. Is nature teaching us how to tackle climate change, through a global health emergency? By 2050, we will—I hope—have learned lessons, and our priorities will be dictated by these global issues.

OFFICE OF THE UNITED NATIONS HIGH **COMMISSIONER FOR HUMAN RIGHTS** 

The importance of these elements of global health will be increasing in the next decades: mental health and emotional well-being; effective response to outbreaks of communicable diseases; right to water and sanitation; and right to palliative care. New discoveries in biomedical sciences will need, even more than now, effective and rights-based health-related policies. For new public health challenges to be managed efficiently, there will be an increasing need to reaffirm the crucial importance of global governance, social justice, human rights-based approaches, and scientific evidence as a basis for global health.

# **JOELLAMSTEIN**

PRESIDENT AND COFOUNDER. JOHN SNOW, INC.

The critical issues as we move forward in public health are how to integrate and operationalize the knowledge that already has been developed and will continue to be developed

The broad social determinants of health and the coordination of prevention and care across the myriad actors will be crucial to the population's health and in controlling costs.

# **JUDITH A. MONROE**

PRESIDENT AND CHIFF EXECUTIVE OFFICER. **CDC FOUNDATION** 

Public health priorities in 2050 will depend on today's acion to manage the climate crisis. Without significant de creases in, or mitigation of, carbon emissions, priorities will be food and water availability and violence prevention. Beyond climate change's impact, advanced technology of 2050 will give us wearable and implantable devices allowing instantaneous analysis and diagnosis and predictive analytics, and genomic cures will manipulate many chronic diseases. Public health priorities will focus on environmental threats, health security, nutrition, psychological well-being, health equity, and better, faster, seamless aggregation and analysis

# **KATE WALSH**

PRESIDENT AND CHIFF EXECUTIVE OFFICER **BOSTON MEDICAL CENTER** 

of data in service to critical public health action.

In 2050, we will live in a world where equity is achieved through investments in, and commitment to, public and com nunity health. We will have made significant strides in revers

ing the damaging impact of climate change on our future. We will find more humane and effective ways to care for an aging population. We will recognize that well-being is central to our health, and we will invest as a society in creating communities that are inclusive, equitable, healthy, and connected.

# **AUDREY CESCHIA**

EDITOR IN CHIEF. **THE LANCET PUBLIC HEALTH** 

populations, capital distribution, and climate change.

Our priorities in 2050 will remain—and they will be of ever more importance—to reduce inequalities against a backdrop of tremendous challenges such as migration, aging

# **VANESSA KERRY**

COFOUNDER AND CHIEF EXECUTIVE OFFICER. SEED GLOBAL HEALTH

In 2050, the priorities of public health must continue to be building strong and resilient health systems, powered by a robust health workforce, resources, and universal coverage. Given ongoing trends of globalization, climate change and recent events like the COVID-19 outbreak, these public health investments will accelerate efforts to prevent dis ease, mitigate the health effects of climate change, detec

and respond to outbreaks before they become pandemics, and improve the well-being and opportunity of individuals,

HEALTH. MASSACHUSETTS SENATE

In the decades to come, I hope that public health efforts at the national, state, and local levels will focus on ways to improve population health, and especially to address environmental and health disparities that unfairly burden disadvantaged communities. I also expect that public health officials will increasingly be called upon to mitigate the health impacts caused by climate change.

# **AUDREY SHELTO**

PRESIDENT. BLUE CROSS BLUE SHIELD MASSACHUSETTS FOUNDATION

As our population continues to age, the challenge to promote clean air, healthy foods, physical activity, and emo-

onal well-being will become even more important by the year 2050. Increasing healthcare costs associated with advances in medical technology, pharmacy, and personalized medicine will escalate the squeeze on public health budgets even as there is greater understanding of the social determinants of health. And, associated with all these changes, the socioeconomic disparities in access to services and in health will most likely continue to increase. We will need to be even more focused on those communities most in need.

# **ROBERT COUGHLIN**

PRESIDENT AND CHIEF EXECUTIVE OFFICER. MASSACHUSETTS BIOTECHNOLOGY COUNCIL

In 2050, the question will no longer be if there is value in a therapy, but how to best target that therapy to the individual that will benefit the greatest. Our healthcare system will be able to accurately measure value for all treatments, including costs avoided to other parts of the system, which will help improve access for patients. This will be critical to public health as medical innovations, like onetime curative therapies once reserved for rare diseases, will be applied

to large-population chronic conditions like cardiovascular disease, diabetes, and Alzheimer's.

### **KEVIN CHURCHWELL**

PRESIDENT AND CHIEF OPERATING OFFICER. **BOSTON CHILDREN'S HOSPITAL** 

In 2050, one major public health issue confronting the world will be climate change. Climate change is undeniably occurring; its effect on health continues to evolve. The toxins associated with that change will lead to large population exacerbations in respiratory illness. Also, climate change and its effect on weather will lead to increasing interventions in farming, leading to changes in the animal health environment. The health consequences for humans are not predictable. The COVID-19 pandemic is just one in a series of examples that we will continue to be faced with in the

# DAVID BLUMENTHAL

PRESIDENT. THE COMMONWEALTH FUND

The priorities of public health in 2050 will focus increasingly on the human and societal consequences of climate ange: the spread of novel infections; the disruptions in water and food supplies; the effects of extreme weather events on health and safety; population migrations and their health consequences; and the effects of all this on human conflict, violence, and the systems that protect pub-

PRESIDENT AND FOUNDING PHYSICIAN. HEALTHCARE FOR THE HOMELESS

The role of public health will evolve and be more critical than ever in 2050. With the majority of the world's population living in urban areas of one million or more people, the crisis of homelessness will have escalated. I envision public health as the lens through which society will need to view this injustice, and solutions will require blurring boundaries among health, housing, welfare, justice, business, law, policy, architecture, and agriculture. Public health must embrace the roles of convener and conscience in bringing together disparate sectors to address societal injustice that threatens the health and well-being of our world.

### 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.

# **PAULGROGAN**

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.