

Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

September 6, 2018
8:30 am to 5:00 pm ET



Opening Remarks

Don Wright, MD, MPH

Deputy Assistant Secretary for Health

Director, Office of Disease Prevention and Health Promotion

U.S. Department of Health and Human Services



Office of Disease Prevention
and Health Promotion

Welcome from the Assistant Secretary for Health

Brett P. Giroir, MD
ADM, USPHS

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



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH



Remarks to the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030



Admiral Brett P. Giroir, M.D.

Assistant Secretary for Health
Senior Advisor for Opioid Policy

@HHS_ASH

September 6, 2018

US HEALTH CHALLENGES IN THE 21st CENTURY

- The U.S. has the highest spending on health care (17.8% of GNP), but among 35 OECD nations, the U.S. ranks:
 - 26th in life expectancy; 29th in infant mortality
 - Highest rates of chronic disease, obesity, complications from chronic disease (amputations for diabetes)
- In 2015 (first time in 15 years), life expectancy decreased, and death rate for 9/10 leading causes of mortality increased. Life expectancy decreased again in 2016.
- For the last two years, preterm birth rate increased. Maternal mortality is the highest in the developed world- 3X that in Canada.
- 2016: Highest number of STDs ever reported in US (>2 million); ~50% of cases in adolescents and young adults



PERSISTENT AND EMERGING THREATS

- Alcohol related ED visits increased 61% in 8 years (~ 5 million visits in 2014; cost \$15.3 billion)
- E-cigarette use among teenagers up 10-fold from 2011 to 2015
- Nearly 45,000 lives lost to suicide in 2016
- Infectious diseases: HIV, HCV, HPV, STDs, measles, Dengue, Chagas, Chikungunya, WNV, Zika, hookworm, Ebola
- Antimicrobial resistance
- Increased risk of influenza and other pandemics
- Rogue states and organizations: intentional chemical, biological, and nuclear attack



SUBSTANCE ABUSE MORTALITY

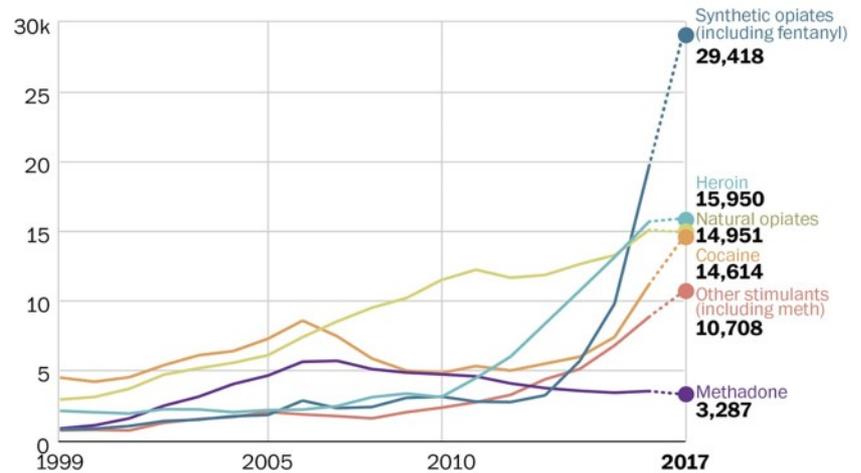
CDC STATISTICS, AUGUST 2018

▪ Jan 2017 – Jan 2018

- Drug overdose deaths: 71,568
- Opioid deaths: 48,612
- Drug overdose deaths increased 6.6% from previous year
- Opioid overdose deaths increased 8.5% from previous year

Synthetic opiate deaths continue to surge

Annual overdose deaths involving selected drugs



Numbers indicated are the CDC predicted numbers: a total of those deaths confirmed as a drug overdose plus scientific estimate of number of remaining unclassified deaths (0.18% of total deaths) due to drugs.



US HEALTH CHALLENGES IN THE 21ST CENTURY

WSJ

June 27, 2014

Recruits' Ineligibility Tests the Military

More Than Two-Thirds of American Youth Wouldn't Qualify for Service, Pentagon Says



“...the Defense Department estimates 71% of the roughly 34 million 17- to 24-year-olds in the U.S. would fail to qualify to enlist in the military if they tried...”

Physical Fitness, Drug Abuse,
Education



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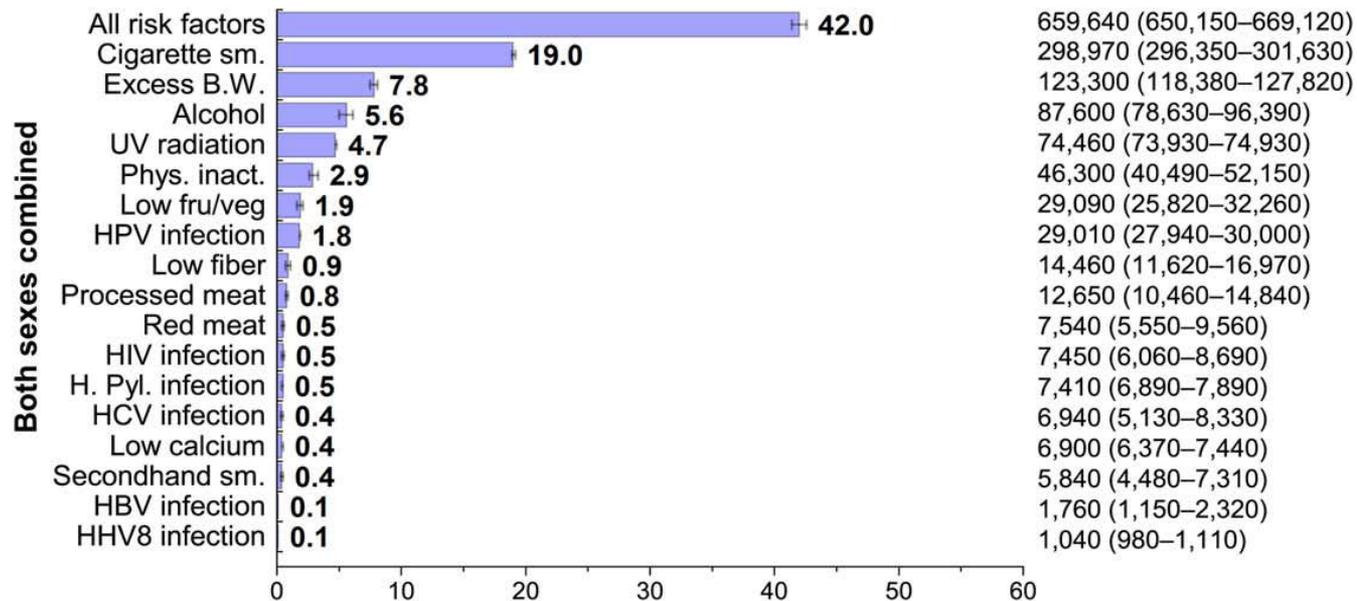
OASH: MISSION AND STRATEGY

Develop and coordinate the implementation of policies, investments, and frameworks to transform the current “sick-care system” into a “health-promoting system”

- Emphasize baseline health maintenance, healthy behaviors, prevention, early detection, and evidence-based treatment to achieve optimal health
- Continued focus on needy populations and disparities, as well as health issues that can function as “exemplars” for more complex future initiatives
- Align with Secretary Azar’s priorities, in particular “solving the opioid epidemic” and “value-based health care transformation”



NEARLY HALF OF US CANCER CASES ARE PREVENTABLE



Islami et al, CA Cancer Clinical Journal, 2017



PREVENTABLE CARDIOVASCULAR MORTALITY

Nearly half of the 700,000+ deaths due to heart disease, stroke, and diabetes in the US could be prevented by relatively simple dietary changes

Eat more:

- Nuts
- Seafood rich in omega-3 fatty acids (like salmon and sardines)
- Vegetables
- Fruits
- Whole grains
- Polyunsaturated fats (such as soybean oil, corn oil, walnuts, and flaxseed oil)

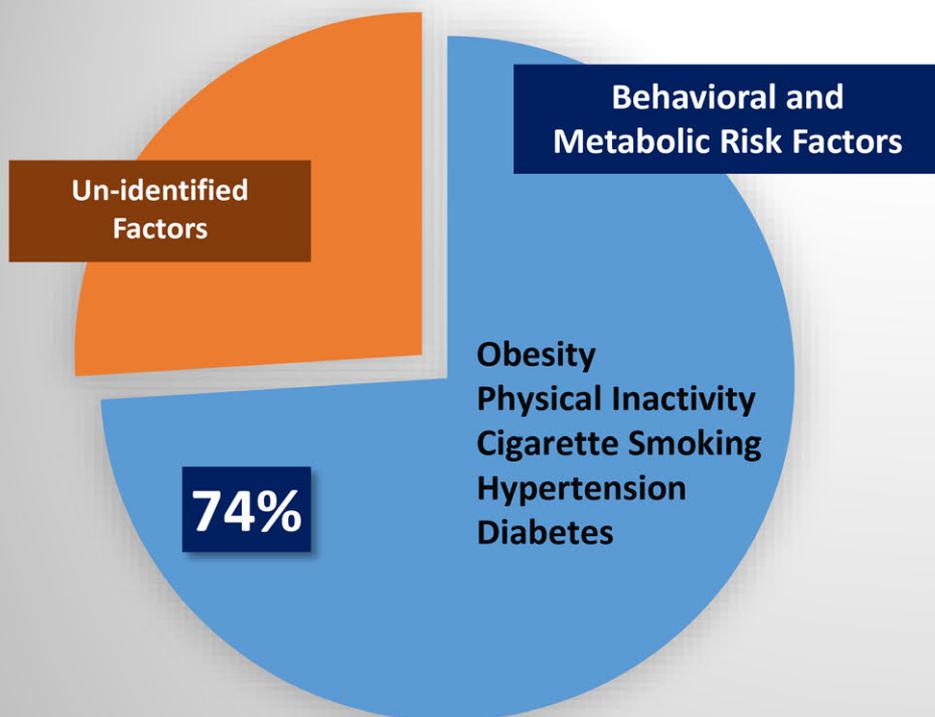
Eat less:

- Sodium
- Processed meats (like bacon and bologna)
- Sugar sweetened beverages
- Red meat (like steak and hamburgers)

(Micha et al, JAMA, 2017)



MOST HEALTH DISPARITIES ARE DUE TO BEHAVIORS



- 74% of the variation was explained by behavioral and metabolic risk factors alone.
- Only marginally more variation was explained by socioeconomic, race/ethnicity, and health care factors combined.

Even without changing socioeconomic status, OASH can impact inequities by changing behaviors

1980 – 2014 (Dwyer-Lindgren, 2017)



OASH: TRANSFORM THE CURRENT “SICK CARE SYSTEM” INTO A “HEALTH PROMOTING SYSTEM”

HEALTH FOR ALL

- Assure that everyone has a fair and realistic opportunity to optimize their health

HEALTH BY ALL

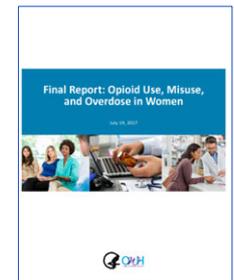
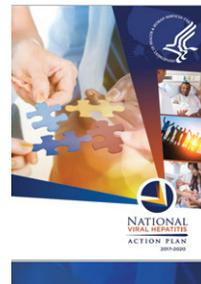
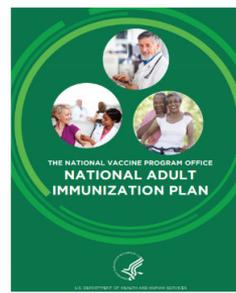
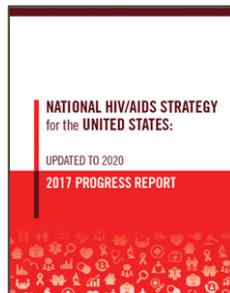
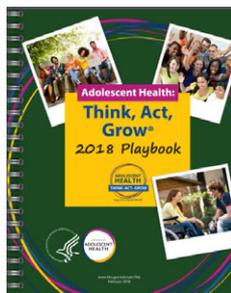
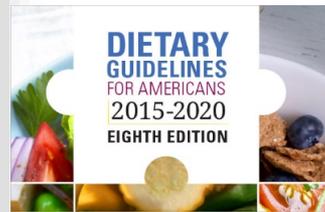
- Distribute and democratize health care knowledge, capabilities, and delivery

HEALTH IN ALL

- Prioritize health considerations in all sectors and policy areas



OASH: ROADMAP FOR A HEALTHIER NATION



HEALTHY PEOPLE 2030

- 1979: Congress tasked Secretary with identifying national disease prevention and health promotion goals and developing a strategy for achieving them
 - Mandate has been met for 4 decades
- ODPHP: a model of engagement and collaboration
 - Federal Interagency Working Group
 - CDC's National Center for Health Statistics
 - Public
 - Secretary's Advisory Committee



ACCOMPLISHMENTS OF THIS COMMITTEE

- Four outstanding reports submitted during the committee’s first term
 - HHS sought public comment on goals and framework (>1000 comments)
 - Hosted four listening sessions
 - Recommendations to reduce the number of objectives
 - Laid the foundation for the NASEM to begin work to identify the Leading Health Indicators
- Next two years:
 - Committee will have essential role in defining implementation strategies

Healthy People 2030 is the most essential element to “transform the current sick care system into a health promoting system.”



HHS TOOLS AND APPROACHES

**Interdiction
and
Enforcement**

Policies

Guidelines

Regulations

**Grants and
Contracts**

Reimbursement





BRETT P. GIROIR, M.D.

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Assistant Secretary for Health,
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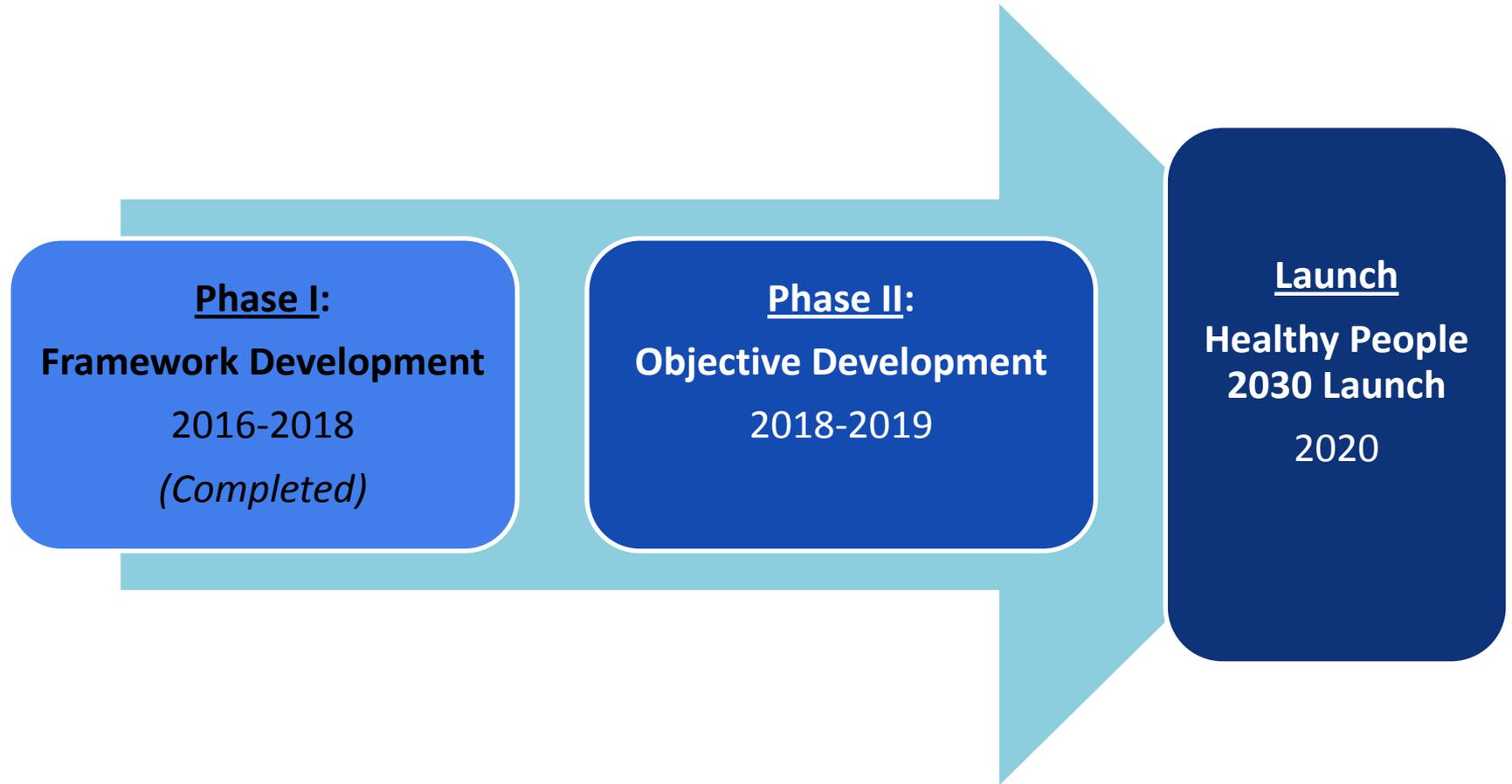
Committee Dialogue with Admiral Giroir



Committee Accomplishments, Completion of Phase 1 of HP2030 Development, Committee Deliverables, and Goals for the Meeting

Dushanka V. Kleinman, DDS, MScD
Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chairs







HealthyPeople.gov: Committee Reports

DEVELOPING
HealthyPeople
2030

The screenshot shows the HealthyPeople.gov website. At the top, there are navigation links for health.gov, healthfinder.gov, and HealthyPeople.gov, along with a search bar and a Log in button. Below the navigation is a main banner for "Healthy People 2020" with a search bar and a Go button. A menu bar includes Topics & Objectives, Leading Health Indicators, Data Search, Healthy People in Action, Tools & Resources, Webinars & Events, and About. The main content area features a large image of a family playing soccer in a park, with a text overlay: "It's National Physical Fitness and Sports Month! Healthy People 2020 aims to improve health and fitness through daily physical activity. Learn more about the Physical Activity topic area." Below this are several featured sections: "DATA2020 Search" (an interactive data tool), "Planning for Healthy People 2030" (a new set of objectives), "Health Disparities" (a section for viewing disparities for Leading Health Indicators), "LHI Infographics" (a section with a 82.4% 2020 target), and "Midcourse Review" (a section for interactive information).

To view reports and recommendation of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

<https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Committee-Meetings>



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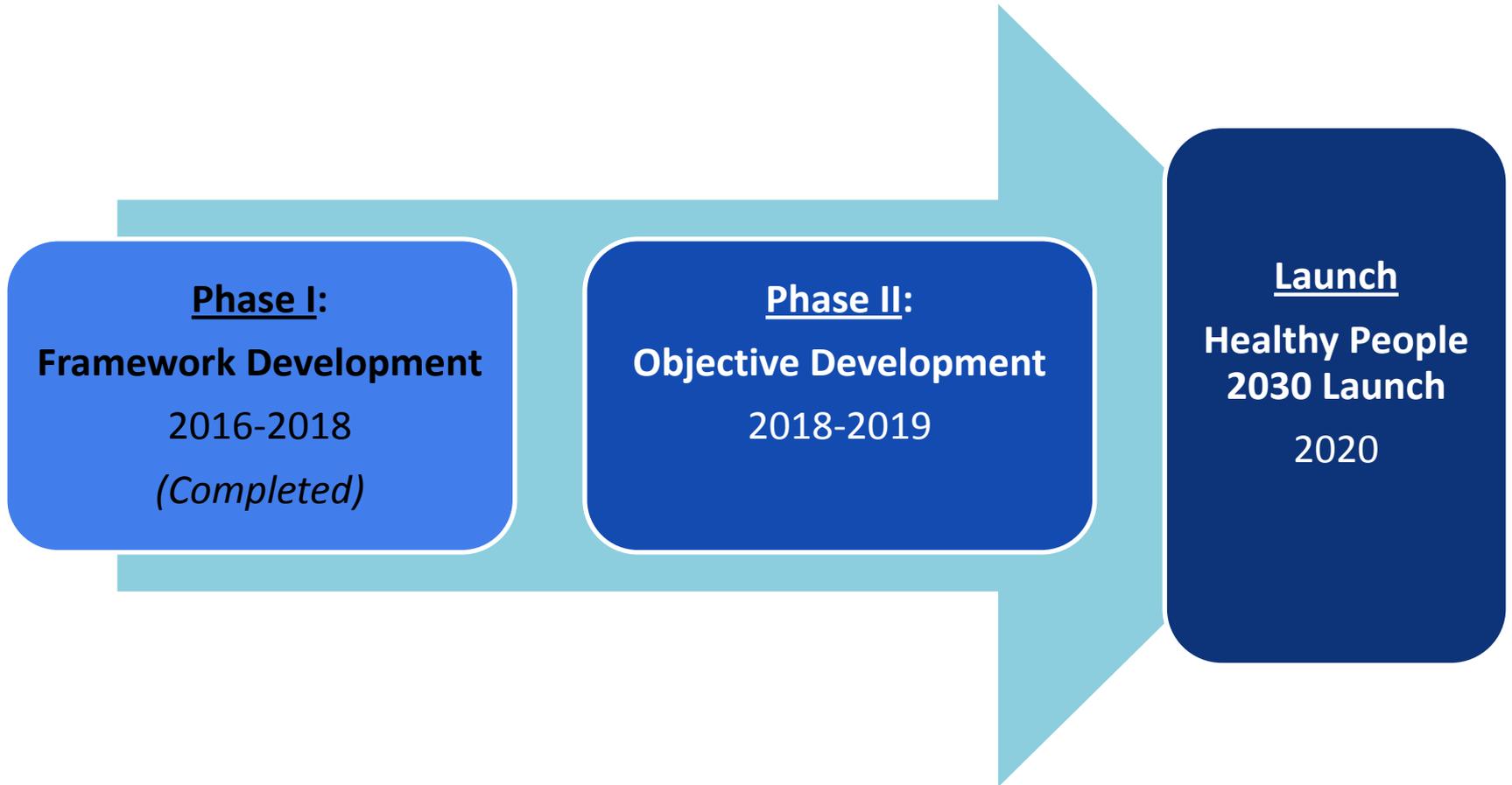
Healthy People Federal Interagency Workgroup: Update

Bob McNellis, MPH, PA
Senior Advisor for Primary Care
Agency for Healthcare Research and Quality (AHRQ)
AHRQ Representative to the Healthy People Federal Interagency
Workgroup

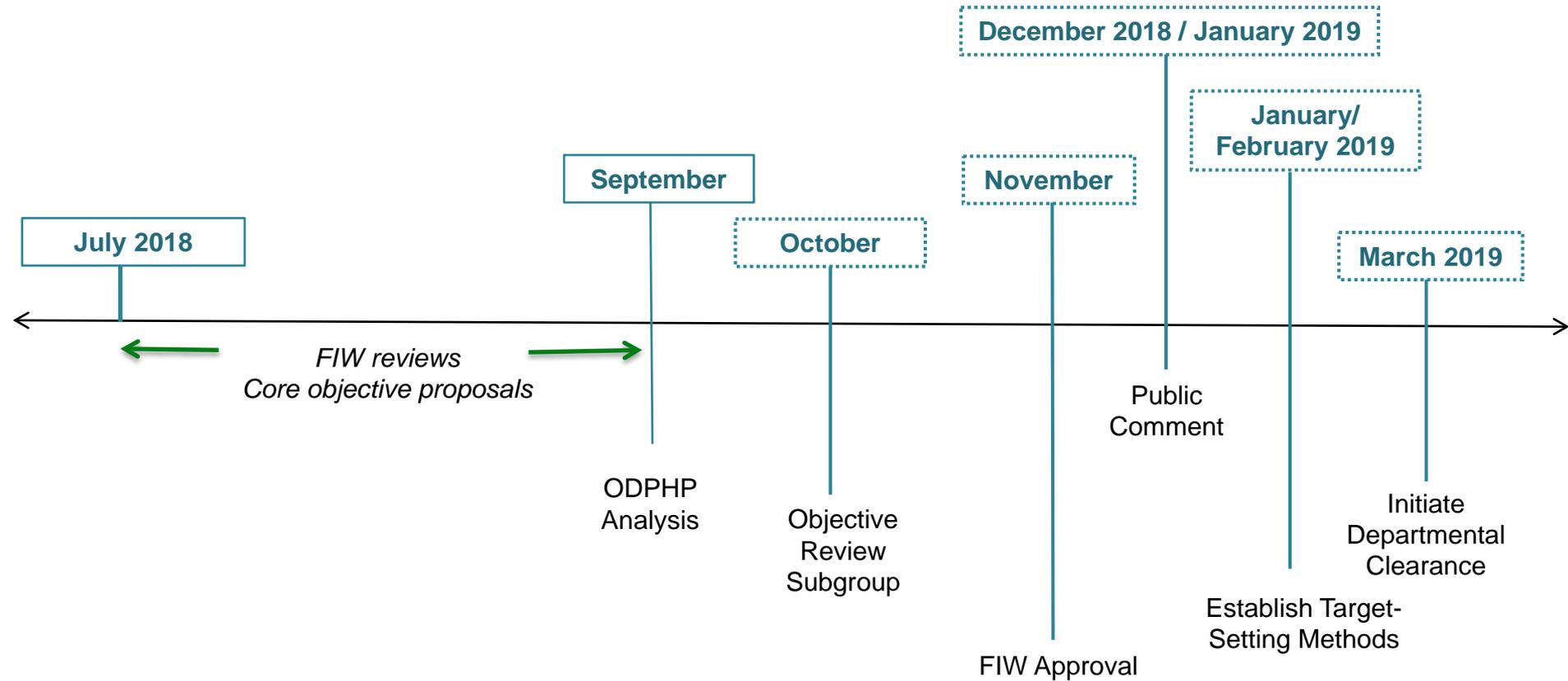


- Timeline
- Healthy People 2030 Objective Development
 - Healthy People Federal Interagency Workgroup (FIW) review
 - ODPHP analysis
 - Objective Selection Subgroup review
 - Public Comment
 - Departmental Clearance
- Other HP2030 Activities

Healthy People 2030 Development Timeline Overview



Phase II: Objective Development



- **Federal Interagency Workgroup review/approval of proposed Healthy People 2030 objectives (mid July – mid September)**
 - Topic Area Workgroup lead agencies propose objectives:
 - Maintain HP2020 objectives of highest impact
 - Create new objectives to address critical issues
 - FIW review for alignment with established objective selection criteria (e.g., data requirements, impact on disparities, burden)
 - Anticipate approximately 450 objective proposals

- **ODPHP analysis of FIW approved objectives**
 - Reduce to goal of approximately 375 objectives
 - Review for balance across multiple issues
 - Partner with NCHS to ensure measurement integrity

- Objective Review Subgroup (ORS) review of reduced set of proposed objectives (October 2018)
 - Provide high-level, broad public health perspective review to check for balance across issues
 - Identify critical issues that may be missing
 - Ensure alignment with Administration policies and priorities
- Healthy People FIW review/approval of proposed objectives for public comment

- **Public comment** on proposed objectives expected in late 2018/early 2019
 - Public comments will be accepted online at healthypeople.gov
 - Workgroup review of comments
 - Objectives revised as appropriate
- **Targets and Target-Setting Methods** for proposed objectives will be established after Public Comment and before Departmental Clearance.
- **Departmental Clearance** on proposed objectives expected Spring/Summer 2019

- Design of Healthy People 2030 **website**
- Development of the **Leading Health Indicators**
- Planning for **launch** in early 2020
- Development of **communication and implementation plan**

Questions and Answers

Moderated by
Dushanka Kleinman, DDS, MScD
Committee Co-Chair



Break



Overview and Purpose of the Issue-Specific Briefs developed by Subcommittees

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



Health Equity Subcommittee: Review and Discussion of the Brief

Cynthia A. Gómez, PhD
Chair, Health Equity Subcommittee



- Membership:
 - Chair: Cynthia Gómez, PhD
 - Susan Goekler, PhD, MCHES
 - Glenda Wrenn Gordon, MD, MSHP, FAPA
 - Dushanka V. Kleinman, DDS, MScD
 - Nico Pronk, PhD, MA, FACSM, FAWHP
 - Joel Teitelbaum, JD, LLM

- Meetings:
 - September 29, 2017
 - October 23, 2017
 - November 17, 2017
 - January 5, 2018

- Purpose
 - Provide current understanding of history and definition of term and related terms
- Process
 - Review of literature and Healthy People terminology and first draft created in September 2017
 - Input and review by full council in December 2017
 - Decision to expand to include Social Determinants of Health definitions and examples of how organizations implement
 - Input and review by full council in February 2018
 - Stakeholders & Communications Subcommittee Input, May 2018
 - Input and review by full council in May 2018
 - All input considered and final version created for approval

- Nomenclature
 - Alignment with HP2030 framework:
 - Foundational Principle: Healthy physical, social and economic **environments** strengthen the potential to achieve health and well-being.
 - Goal: Create social, physical, and economic **environments** that promote attaining full potential for health and well-being for all.
 - Environments vs. conditions vs. environmental factors vs. physical environment, etc.
- Change language from **social** determinants of health to determinants of health to include behavioral and biological determinants, and to expand understanding/role of non-health partners in achieving health equity.
- Measurement challenge

Determinant	Definition	Types
Behavioral	Behaviors (activities, actions, or patterns of actions) undertaken by individuals that have the potential to influence health	<ol style="list-style-type: none"> 1. Risk and/or protective behaviors 2. Health-seeking behaviors
Biological	Biological, physiological, cellular, molecular, organic and genetic affects or characteristics of the body that directly and measurably influence health	<ol style="list-style-type: none"> 1. Genetic 2. Body structure 3. Body functioning
Environmental (Physical)	Any external agent (biological, chemical, physical) that can be causally linked to an involuntary change in health status	<ol style="list-style-type: none"> 1. Water quality 2. Air quality 3. Climate and geography 4. Built environment 5. Food safety 6. Land and soil quality
Social	The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.	<ol style="list-style-type: none"> 1. Social 2. Economic 3. Cultural 4. Legal and Political

“**Health equity** means that everyone has a **fair and just** opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” (RWJF)

- To achieve health equity, we must recognize that multiple **determinants of health and well-being** interact with each other across the lifespan.
- The ability of Healthy People 2030 to measure its success in achieving health equity will depend on ongoing surveillance of health inequalities between more and less advantaged social groups.

Committee Discussion

Moderated by
Cynthia A. Gómez, PhD
Chair, Health Equity Subcommittee



Next Steps & Vote

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



- Does the brief inform the Committee's work, support the recommendations that the Committee has provided to the HHS Secretary, *and* enjoy the support of the Committee?

Complex System Science and Modeling Subcommittee: Review and Discussion of the Brief

Nico Pronk, PhD, MA, FACSM, FAWHP
Chair, System Science and Modeling Subcommittee



- Membership:
 - Chair: Nico Pronk, PhD, MA, FACSM, FAWHP
 - Steve Dehmer, PhD
 - Paul Halverson, DrPH, MHSA, FACHE
 - Ross Hammond, PhD
 - Bruce Lee, MD, MBA
- Meetings:
 - November 21, 2017
 - December 12, 2017
 - December 20, 2017
 - February 13, 2018
 - March 27, 2018
 - April 23, 2018

- Determinants of health and well-being, the social relationships in which people engage, the human body, health care delivery, public health, and the interdependent relationships among these levels all represent **complex systems**.
- Complex systems science can be helpful to Healthy People 2030 in:
 - Identification of factors of importance.
 - Visualization of major inter-related factors impacting the overarching goals of Healthy People 2030.
 - Selection of most appropriate target-setting methodologies.
 - Modeling the impact of achieving various degrees of progress towards the objective targets.
 - Mapping of stakeholders and the relationships among them
 - Identification of unattainable targets
 - Ability to raise questions regarding the value of certain processes or pathways that support resource allocation.
- During the implementation phase, using approaches such as systems mapping as part of the process to engage multiple stakeholders will provide important insights into the issues that matter to them.

Committee Discussion

Moderated by
Nico Pronk, PhD, MA, FACSM, FAWHP
Chair, System Science and Modeling Subcommittee



Next Steps & Vote

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



- Does the brief inform the Committee's work, support the recommendations that the Committee has provided to the HHS Secretary, *and* enjoy the support of the Committee?

Lunch



Summary Measures Subcommittee: Review and Discussion of the Brief

Edward Sondik, PhD
Chair, Summary Measures Subcommittee



- Membership:
 - Chair: Edward Sondik, PhD
 - Nico Pronk, PhD, MA, FACSM, FAWHP
 - Nirav Shah, MD, MPH
 - Dushanka V. Kleinman, DDS, MScD
 - Patrick Remington, MD, MPH
- Meetings:
 - December 19, 2017
 - February 12, 2018
 - March 5, 2018
 - March 27, 2018

- **Summary measures** should offer
 - ➔ An intuitive, simple way to report on overall progress, and to enable comparison of health and well-being in the U.S. with that in other countries.

- **From the Brief:**

Summary measures for Healthy People 2030 should reflect the assessment of whether or not people in the United States have better health determinants and live longer, live better, with more equity, at a cost that is considered good value - as compared to other countries.

- **From the Brief:**

Summary measures for Healthy People 2030 should reflect the assessment of whether or not people in the United States have better health determinants and live longer, live better, with more equity, at a cost that is considered good value - as compared to other countries.

- **This Brief** summarizes recommended guidance to the Secretary on Summary Measure development and use

- **Proposed criteria** to assure Summary Measures meet their objectives:
- Summary measures should be:
 - **Limited**—a few, not many measures;
 - **Material**—reflecting important health and well-being considerations;
 - **Scientifically Acceptable**—the measures are scientifically tested ;
 - **Understandable**—people know what they mean;
 - **Relevant**—the measures are meaningful (or informative) to a wide variety of audiences
 - **Actionable**—we can do something to improve upon what the measures report.

- **Example** of a summary measure of the US population:
 - The expectation of the number of years the current population will spend in a healthy state:
Years of Healthy Life
- Used in Healthy People 2000 and 2010:
- **Another measure:** Percent of the population that is disability-free

Another Approach to Summary Measures for Healthy People 2030

A two-part structure:

- A single objective of longer, healthier lives for all, in the context of behaviors and healthy development and engagement of stakeholders
- A second part being a set of measures that show clearly how health outcomes vary among various population groups (defined by race and ethnicity, age and income and perhaps other measures). These could include:
 - Measures of life expectancy
 - Measures of life satisfaction
 - Health status measures by the incidence and mortality of various diseases
 - A profile of risk factors
 - Investment in prevention
 - A measure of resource allocation such as the ratio of spending on social programs to medical care investments

- **Yet another approach:** Used by HealthPartners for their defined population: Three components:
 - A measure of **current health:** Disability-adjusted life years (DALYs),
 - **Sustainability of health** measured by a population's lifestyle behaviors
 - **Well-being or life satisfaction:** A combination of six subjective domains

- **Suggested alignment of the Summary Measures:**
 - The “foundation” Health Measures of the National Academy of Medicine
 - General health status
 - Health-related quality of life and well-being
 - Determinants of health
 - Disparities
 - And the Healthy People 2030 Overarching Goals
 - The National Academy of Medicine Vital Signs metrics

- **Summary Measures challenge:**
 - To find a **few measures** that adequately capture overall trends
- **Progress:** Is the nation making progress in improving health and well-being – the goals of the Healthy People?
- **Compared to whom:** How does the health and well-being of Americans compare with other countries?

And that **align** with Healthy People's and other goals

Committee Discussion

Moderated by
Edward Sondik, PhD
Chair, Summary Measures Subcommittee



Vote & Next Steps

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



- Does the brief inform the Committee's work, support the recommendations that the Committee has provided to the HHS Secretary, *and* enjoy the support of the Committee?

Healthy People 2030 Listening Sessions

Ayanna Johnson, MSPH
Public Health Advisor
Office of Disease Prevention and Health Promotion



- Healthy People 2030 Listening Session Background
- Audiences, Session Designs, and Findings
- Listening Session Limitations
- Summary of Recommendations
- Next Steps

- **Goal:** In 2018, host up to four listening sessions
- **Aims:**
 - Strengthen the overall Healthy People 2030 development process through public input
 - Provide opportunities for non-traditional partners and stakeholders to actively participate in and provide feedback in the Healthy People 2030 development process
 - Understand the value of Healthy People to stakeholders
 - Cultivate new partners for Healthy People and identify ways to develop partnerships on Healthy People 2030 activities
 - Identify best ways to engage and communicate with diverse stakeholder groups

Listening sessions have been held throughout the Nation to inform the planning and development of the Healthy People 2030 initiative and related products.

- Held in response to Secretary's Advisory Committee recommendations to engage multiple sectors in the development of Healthy People 2030
- Each listening session aimed to understand and gain feedback on how Healthy People 2030 can meet the needs of the stakeholders and session attendees.

There have been 4 listening sessions to date:

1. National Association of County and City Health Officials (NACCHO), July 2017, Washington, DC
2. American Public Health Association (**APHA**), November 2017, Atlanta
3. Association for Prevention Teaching and Research (**APTR**) – Philadelphia (April 2018)
4. National Conference on State Legislatures (**NCSL**) – Los Angeles (July 2018)



NCSL
Los Angeles,
2018



APTR
Philadelphia,
2018

NACCHO focused on:

- Healthy People utility and value to local health departments
- Tools and strategies that may support stakeholders in their use of HP2030 and/or make HP2030 more relevant
- Stakeholder engagement and collaborations

NACCHO had **23** attendees in the session representing **local health departments from:**

- Maryland, Ohio, Connecticut, Kansas, California, Kentucky, Oklahoma, North Dakota, Illinois, Michigan, Arizona, Georgia, Alabama, Texas, Florida, Washington, Oregon

- Two listening sessions were held at the NACCHO annual meeting
 - First session was for local public health leadership
 - Second session was for frontline staff
- Participants were given two exercises to complete focusing on HP tools and resources and existing user study profiles
- Participants also reflected back and shared ideas with the entire group, and the facilitator probed on key topics

- Healthy People is a great tool for supporting education and lending credibility to locally-identified public health priorities.
- Healthy People 2030 should prioritize objectives that would have the most impact and are evidenced-based.
- Healthy People should do a better job in communicating how this initiative is aligned with other federal priorities and initiatives.
- Participants are looking for local level data that can support their work, along with resources to implement in the field.

APHA focused on:

- Methods for engaging stakeholders in the development and implementation of HP2030
- Tools and strategies that may support stakeholders in their use of HP2030 and/or make HP2030 more relevant
- Stakeholder engagement and collaborations

APHA had **77** attendees in the session representing **5 sectors**:

- Academia
- Federal government
- State, local, tribal, and territorial government
- Non-profit/non-governmental
- Other

- The listening session consisted of an **initial presentation**, **breakout sessions** to gather input and promote interaction, and a **facilitated large-group discussion**.
- **Personas** were developed for the 5 audience sectors based on prior user research.
 - Attendees discussed how their persona could potentially use Healthy People in their work.
 - Groups reviewed a predefined list of information needs for their sector's persona and either confirmed or added to the list.
- ODPHP staff observed and took notes during the breakout discussions and the recaps. They also collected **comment cards** from attendees at the end of the session.

- Healthy People can better position itself as the organizing vision for improving the Nation's health.
- Healthy People has the opportunity to align disparate efforts and serve as the "connector."
- Public health stakeholders want Healthy People objectives and tools to be specific, customizable, and accessible.
- Attendees said they are seeking how-to information and resources on integrating Healthy People data, objectives, and tools into their work.

APTR focused on:

- Healthy People and teaching population health at the university level
- Increasing partnerships and interprofessional collaborations
- Developing HP2030

APTR had approximately **75 to 80** attendees. The group was comprised of:

- Academia
- Graduate students in health-related fields
- Public health and medical professionals
- Clinicians

The listening session consisted of an initial presentation, followed by 3 interactive activities:

- 1. Think-Pair-Share:** Participants received a handout of questions to think about individually, then discussed with a partner, and then shared ideas with the larger audience.
- 2. Mini-World Café:** Participants broke out into small groups. Each group brainstormed to answer a different set of questions and posted their ideas on sticky notes for everyone to see.
- 3. Town Hall:** Participants reflected back and shared ideas with the entire group, and the facilitator probed on key topics that came up during the session.

ODPHP staff observed and took notes during the breakout discussions and the recaps. They also collected **comment cards** from attendees at the end of the session.

Attendees said that they'd like:

- More tools and resources related to community engagement
- More guidance on how to use HealthyPeople.gov
- HP2030 objectives to focus on eliminating health disparities
- Increase visibility and engagement in the Healthy People initiative for those in academia
- 58% did not know about the Healthy People Curriculum Task Force, an APTR initiative aiming to integrate HP2020 into health professions education

- The listening session consisted of an **initial presentation**, followed by **small-group discussions** on each of the 3 topic areas:
 - Developing Healthy People 2030
 - Healthy People Utility and Value
 - Engagement and Collaborations
- Participants reflected back and shared ideas with the **entire group**, and the facilitator probed on key topics that came up during the session.
- ODPHP staff observed and took notes during the breakout discussions and the recaps. They also collected **comment cards** from attendees at the end of the session.

Attendees said that:

- They'd like more tools and resources related to health policies and policymaking
- They'd like more guidance on how to use Healthy People in their work, especially at the state-level and for strategies to apply health data to their work
- There is a need to enhance federal engagement and collaborations with legislators at the state-level

Session Limitations



- Large forums like these listening sessions tend to generate a **variety of new ideas** without time for much in-depth exploration.
- Unlike research methods where a moderator poses specific questions that all attendees then answer, group discussions generate open-ended conversations. This results in **some discussions that are not directly related to the session activity**.
- Unlike research methods where a moderator poses specific questions in the presence of a trained notetaker, most of these methods required attendees to take their own notes and conduct their own report-outs. Although we had members of the team stationed throughout the rooms to listen in, there may have been **some points that were not captured fully**.
- These sessions happened within existing professional conferences. This creates a potential bias in the responses received.

Summary of Recommendations



Make HealthyPeople.gov more usable and relevant for stakeholders.

- Identify and implement a comprehensive Healthy People communication strategy that involves and is tailored to key stakeholder groups.
- Organize website content in a way that helps users interested in community engagement take action and “find themselves” on the site. Pull in cross-sector audiences by calling out audience-specific strategies.
- Develop resources or tools (e.g., video vignettes, a how-to for site navigation, or an instructor’s guide) to help support various sectors that make an impact on health (i.e. academia, lawmakers, etc.).

Expand opportunities and resources for community and stakeholder engagement at the local level.

- Increase promotion of Healthy People and disseminate use cases and exemplars of how Healthy People has made an impact at the local level.
- Incorporate and cross-promote information about community interventions and resources throughout the site.
- Explore further opportunities to enhance and promote state-level data, including support for using it in stakeholders' work.

Increase visibility of the Healthy People initiative.

- Leverage the current website's visibility so stakeholders and their networks can easily look up and find out more about the initiative.
- Provide more education and promotion of Healthy People and its resources.

Next Steps



- ODPHP will continue to hold listening sessions throughout the Nation to inform recommendations for the planning and development of the HP2030 initiative and related products.
- There are 2 upcoming listening sessions this year:
 - Annual Conference of Epidemiologists – Cincinnati (September 2018)
 - National Public Health Law Conference – Phoenix (October 2018)
- ODPHP will also continue to leverage partnerships with federal and non-federal partners to continue engagement in HP2030 development.

Questions and Answers

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



Healthy People 2030 Website Design

Theresa Devine, MPH
Office of Disease Prevention and Health Promotion (HHS)

Sarah Pomerantz, MPH
CommunicateHealth, Inc.



- I. Healthy People 2020 Web Use and Goals
- II. Healthy People 2030 Web Strategy
- III. Healthy People 2030 Web Development Timeline
- IV. Healthy People 2030 Prototype Concepts
- V. Next Steps and Committee Discussion

Healthy People 2020 Web Use and Goals



Formative and usability research with current site users shows that they want to:

- Quickly find objectives related to their work
- Plan and measure progress to improve health outcomes
- Prioritize the most important health issues for their subject area, region, or population of interest

The Healthy People 2020 initiative can be overwhelming. Extensive testing on the current website has shown that many **users struggle to find information that's relevant to their work.**

Health professionals need smarter tools to spot trends and make connections across a variety of interrelated topics, objectives, and data points.

“I find it cumbersome that I have to go up and down until I find my objective... There are multiple pages so I have to do this a couple of times. This is the part I hate the most of all because my objective is one of the last ones in the list.”

— *Usability Study Participant*



28 objectives to scan in the Cancer topic area

Lack of Centralized Information About Objectives

Objective Block

MHMD-2 Reduce suicide attempts by adolescents

Baseline: 1.9 suicide attempts per 100 population occurred in 2009

Target: 1.7 suicide attempts per 100 population

Target-Setting Method: 10 percent improvement

Data Sources: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHS/STP

Data: [HP2020 data for this objective](#)
 Spotlight on Disparities: [Disparities by race and ethnicity](#)
[Map of state-level data for this objective](#)
[Details about the methodology and measurement of this HP2020 objective](#)
 The HP2010 objective with the same definition was 18-02.
[Search data for all HP2010 objectives](#)

More information: [Relevant research articles on PubMed](#)

Data Block

MHMD-2 Reduce suicide attempts by adolescents

Suicide attempts by adolescents that required medical attention (percent, grades 9-12)

2009 Baseline Year: 1.9 (2009) 2020 Target: 1.7 Desired Direction: Decrease desired

National Data: [National Data](#) Data may not be available for all states.

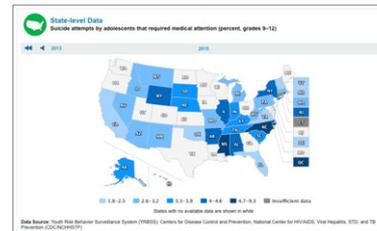
POPULATIONS	2005	2007	2009	2011	2013	2015
TOTAL	2.3	2.0	1.9	2.4	2.7	2.8

Data Source: Youth Risk Behavior Surveillance System (YRBSS), CDC/NCHS/STP

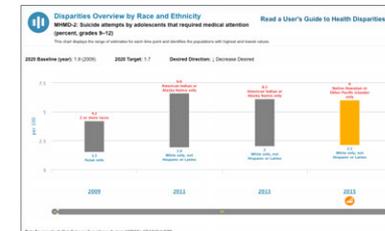
Data: [Map of state-level data for this objective](#)
[Learn more about the methodology and measurement of this HP2020 objective](#)
[Download all data for this HP2020 objective \(36.8 - 541.32 KB\)](#)

Feedback: [View All Feedback](#)

State Data



Disparities Data



Evidence-Based Resource

Depression in Children and Adolescents: Screening

Strength of Evidence: ★★★★ (4 out of 4)

Year Published: 2009

Description of Resource: The U.S. Preventive Services Task Force recommends screening adolescents (ages 12 to 16) for major depressive disorder when systems are in place to ensure accurate diagnosis, psychotherapy (cognitive-behavioral or interpersonal), and followup.

[View the Full Resource](#)

Evidence-Based Resource Details [Learn more about EBR criteria](#)

Developed By: U.S. Preventive Services Task Force

Developer Type: Federal Government

Healthy People 2020 Topic: Mental Health and Mental Disorders

Area(s):

Healthy People 2020 Objectives: [MHMD-1](#), [MHMD-1.2](#)

Story from the Field

Addressing Teen Suicide Through Evidence-Based Interventions

Organization Name: White Mountain Apache Tribe

Organization Type: Tribal Entity

Program Name/Program State/Area: Arizona

Topic Area(s): [Mental Health and Mental Disorders](#)

Objectives: [MHMD-1](#), [MHMD-2](#)

Date Posted: 05/23/2013

In this Who's Leading the Leading Health Indicators? story, we looked at the Empowering Our Spirits Initiative, a program developed by the White Mountain Apache Tribe to reduce Apache youth suicidal behavior.

Data Details

MHMD-2 Reduce suicide attempts by adolescents [Expand All](#)

About the Data: National

Description of the data source, numerator, denominator, survey questions, and other relevant details about the national estimate.

About the Data: State

Description of the data source, numerator, denominator, survey questions, and other relevant details about the state-level data.

Webinar

Wed 26

Healthy People 2020 Progress Review Webinar: Mental Health and Mental Disorders and Substance Abuse

[Download the PowerPoint Slides \(PDF - 4.2 MB\)](#)

Learn more about [Mental Health and Mental Disorders](#) and [Substance Abuse](#).

Healthy People 2030 Web Strategy



Goal: To create a dynamic tool for health professionals to plan, implement, and monitor progress toward achieving the Nation's public health objectives.

Key Priorities:

1. Align website services with health professionals' workflows and real-time needs
2. Organize information in a way that's simple, intuitive, and accessible to a diverse, multidisciplinary user base
3. Let users customize their experience and focus on information that's relevant to their specific work (by population, locality, and/or subject area)
4. Provide up-to-date, accurate data on objectives

Healthy People 2030 Web Development Timeline



Discovery (2016–2017)

- Conduct user research, synthesize findings, and formulate a problem statement to address users' priorities

Gather Requirements (2017–2018)

- Create a series of prototypes to check assumptions and potential solutions to inform technical requirements

Development (2018–2019)

- Complete web development and conduct ongoing user testing

Launch and Promotion (2020)

- Conduct promotion and targeted outreach upon initial launch

Healthy People 2030 Prototype Concepts



- Cross-cutting topics and objectives
- Personalized topic dashboard
- Streamlined data display
- Integrated search

- Group related objectives into topics — and allow objectives to appear in multiple topics
- Provide a landing page for each objective from which users can easily navigate to all relevant information about that objective, including cross-linked topics

Older Adults: 11 objectives

The number of older adults continues to grow as Americans live longer. Aging adults experience higher risk of chronic disease and may have a disproportionate burden of disease that affects quality of life. These objectives relate to conditions and risk factors that may impact older adults.

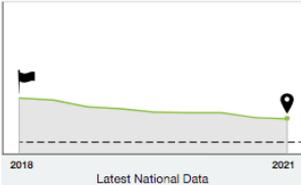
Sort by Alphabetical ▼

Disease Management

Patients with hypertension whose blood pressure is under control

 Baseline 43.4 per million (2018)	 Latest data 30.7 per million (2021)	Target ... 21.5 per million
Desired direction Decrease ↘	Status Improving	Change needed from latest data No data

Data Sources: [CDC/NCHS and Census](#)

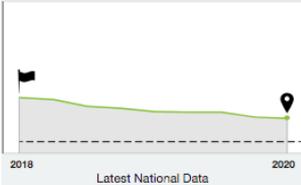


Health Care

Older adults who are up to date on a core set of clinical preventive services

 Baseline 41.4 per million (2018)	 Latest data 35.7 per million (2020)	Target ... 20.7 per million
Desired direction Decrease ↘	Status Improving	Change needed from latest data 10% decrease needed

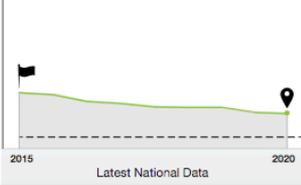
Data Sources: [CDC/NCHS and Census](#)

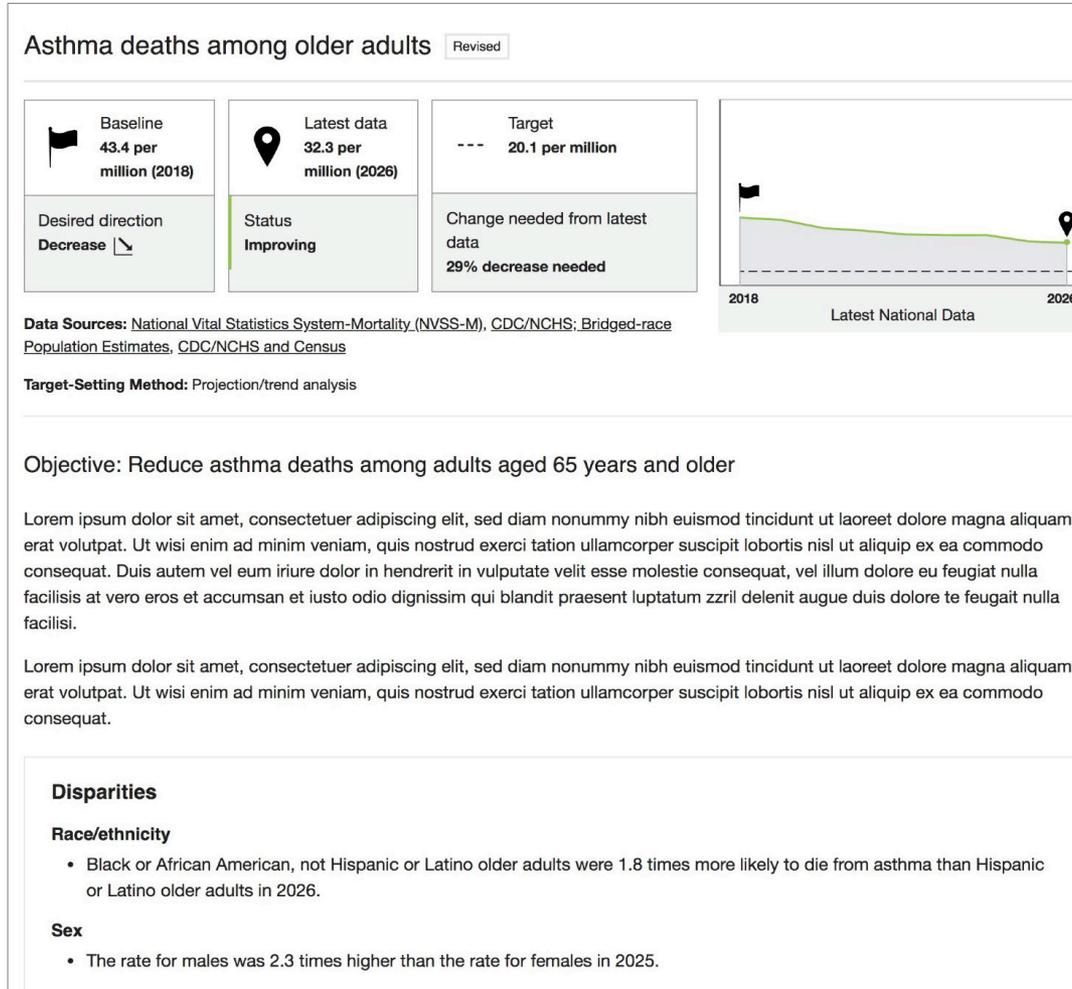


Persons who have a specific source of ongoing care (SDOH)

 Baseline 22.4 per million (2015)	 Latest data 20.7 per million (2020)	Target ... 18.7 per million
Desired direction Decrease ↘	Status Improving	Change needed from latest data 9% decrease needed

Data Sources: [CDC/NCHS and Census](#)





[Home](#) > My Topics

My Topics: 3

Start New Topic



Cancer Screenings

12 objectives

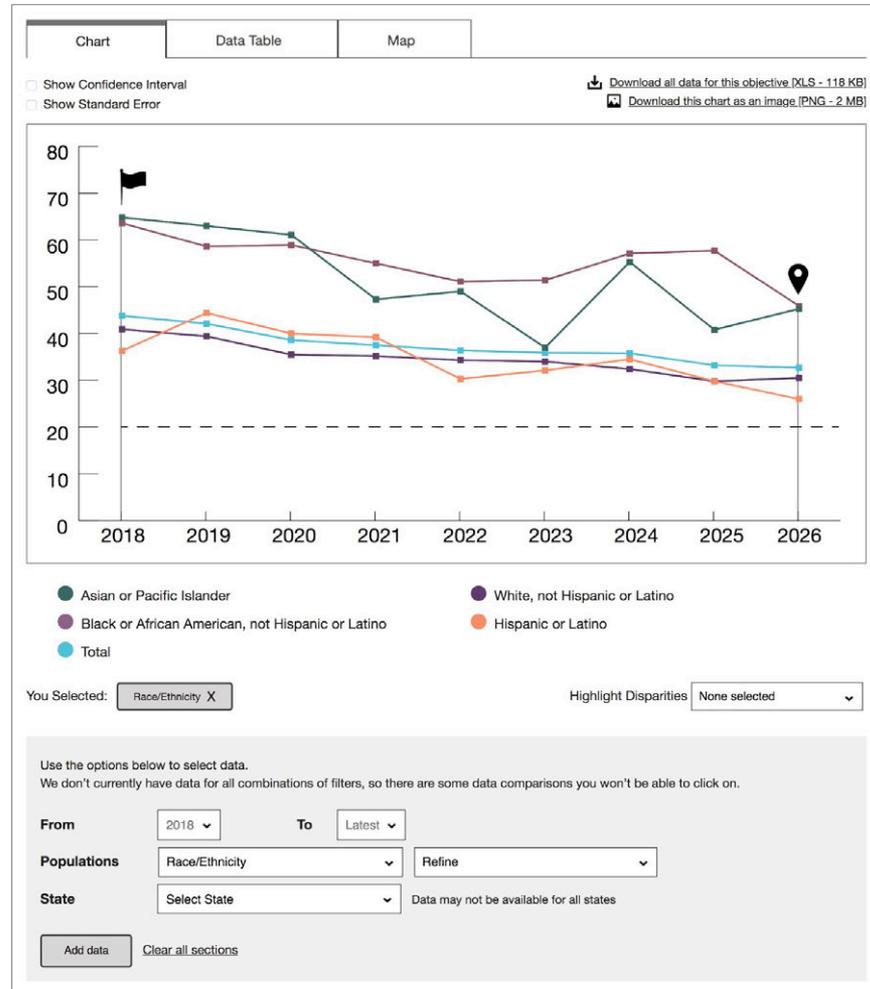
Women's Healthcare Utilization

4 objectives

Cook County Goals

5 objectives

Streamlined Data Display



You searched for "Asthma" | 140 total results

Filter results:

Content Type ▾ Sex ▾ Age Group ▾ Data Available for Location ▾ Show Leading Health Indicators Only

140 results for "Asthma"

Sort by Relevance ▾

Topic: [Asthma](#)

Asthma is a significant public health burden. These objectives relate to risk factors, surveillance, and treatment that may impact health outcomes. (11 objectives)

Story from the Field: [eHarlem TV Prevents Asthma-Induced Emergency Room Visits](#)

eHarlem TV, a television program locally produced by industry veterans, aired two 30-second spots and two 30-minute shows on prime time TV principally in New York showcasing childhood asthma in East Harlem, a community located in Manhattan.

Community Preventive Services Systematic Review: [Home-Based Multi-Trigger, Multicomponent Environmental Interventions – Children and Adolescents with Asthma](#)

The Community Preventive Services Task Force recommends the use of home-based multi-trigger, multicomponent interventions with an environmental focus for children and adolescents with asthma to improve overall quality of life and productivity.

Data Source: [National Asthma Control Program](#)

The National Asthma Control Program plays a critical role in helping Americans breathe easier by learning more about asthma and how to control it. The program provides funding to state health departments for asthma funding.

Objective: [Asthma deaths among children and young adults](#)

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Status:
Not applicable

Objective: [Asthma deaths among adults](#)

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Status:
Getting worse

Objective: [Asthma deaths among older adults](#)

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Status:
Improving

Objective: [Asthma hospitalizations among children](#)

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Status:
Little or no detectable change

Objective: [Asthma hospitalizations among adults](#)

Status:

Healthy People 2030 Progress Review Webinar:

[Respiratory Diseases and Sleep Health](#)

LHI Infographic
[Environmental Quality](#)



Stories from the Field:

[eHarlem TV Prevents Asthma-Induced Emergency Room Visits](#)

[Oregon Helps Reduce Childhood Asthma with Green Cleaning Workshops Environmental Quality](#)

Next Steps



- Continue to test and refine categories for objective taxonomy
- Develop and refine visual design
- Finalize technical requirements, including for data management
- Begin alpha build

Committee Questions & Answers



Break



HP2030 Framework Model Products

Sarah Pomerantz, MPH
CommunicateHealth, Inc.



Today, we will review progress to date for the HP2030 framework model products. Specifically, we'll discuss:

- An overview of the 3 proposed products: overview graphic, clickable graphic, and video
- A draft visual concept for the overview graphic
- A draft content template for one key component of the framework model

Where We Are in the Process



- ① Define **product requirements** — including audiences, purpose, use, formats, and key messages
- ② Identify **main components** of the framework model
- ③ Write **content** for each component that supports the main messages
- ④ Determine **relationships** between components
- ⑤ Create **visual design** to illustrate those relationships
- ⑥ **Test** with users and iterate on design
- ⑦ **Launch** in 2020 as part of HP2030 initiative

Proposed Products



- ① **Static overview graphic** to capture main components
- ② **Clickable graphic** that allows users to navigate to in-depth content about each component
- ③ **Video** to illustrate HP2030 in action with a real-world example

Overview Graphic



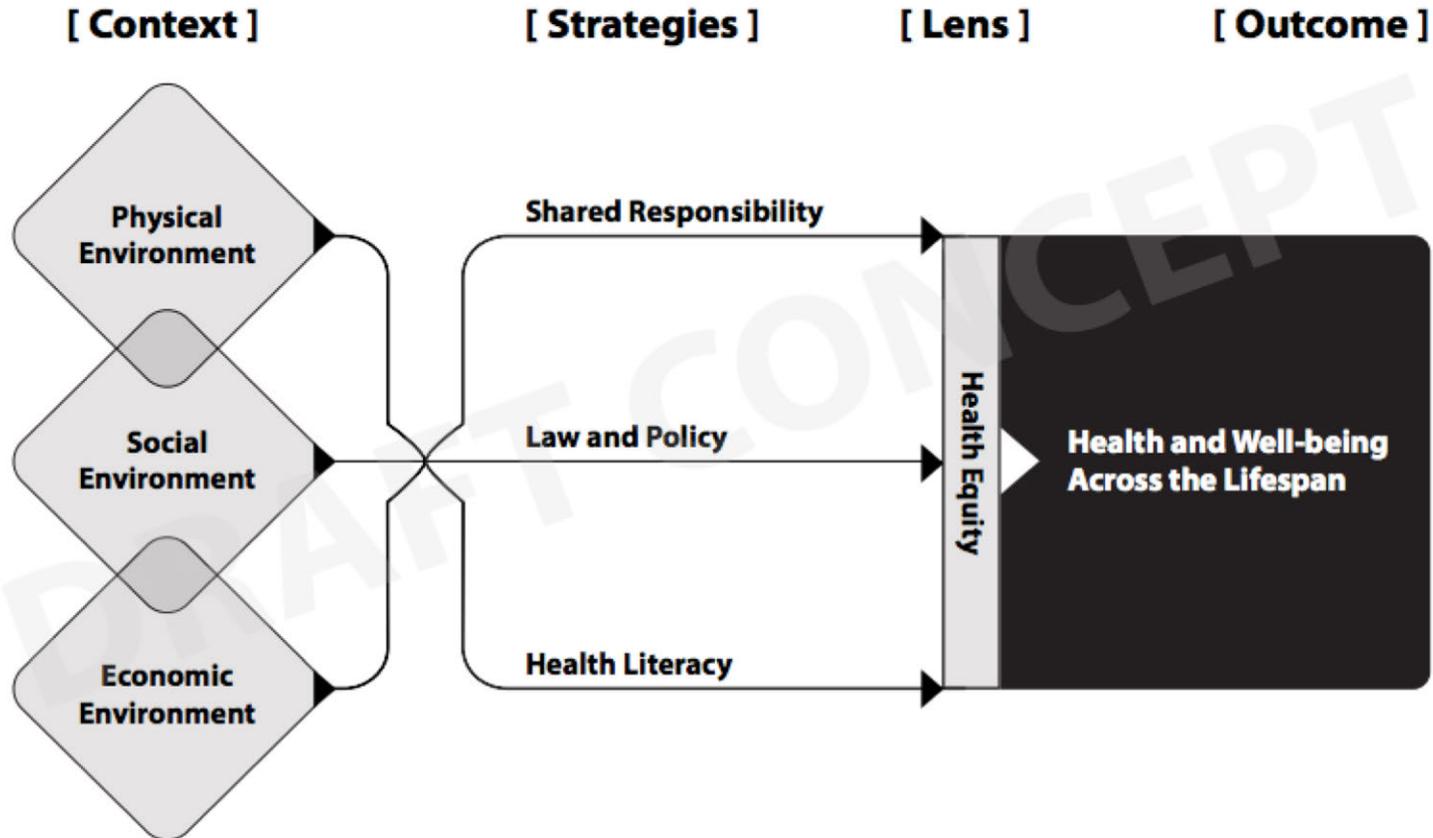
- Give a high-level, visual overview of the **what** of HP2030
- Build shared understanding of basic public health concepts
- Introduce the interactive graphic

The content will be developed to reach all sectors and be accessible to a diverse audience.

Key target audiences may include:

- Public health professionals
- Non-public health sector professionals
- Government staff

- Health equity
- Health literacy
- Social environments
- Physical environments
- Economic environments
- Shared responsibility across sectors
- Health and well-being across the lifespan



Each page will summarize key messages and action steps related to a key concept in the overview graphic, including:

- Information about why these concepts are vital to the Nation's health
- How the concepts relate to the overall Healthy People 2030 initiative, including crosslinks to related pages
- Examples of how the concepts are being used to plan, implement, and evaluate public health programs
- Supporting images and graphics
- Opportunities to get involved
- Links to additional information

See *HP2030-Framework_Health-Equity-Page-Content-Template_2018.06* to view the full draft content template for Health Equity.



What Is Health Equity?

Health equity means that everyone has access to a fair and just opportunity to achieve their full potential for health.

Achieving health equity is a visionary goal. We envision a future free from unjust inequalities in health, health care, and the conditions in which people live, work, learn, and play — a future in which everyone has an equal chance to live their healthiest life.

Next Steps



CH will continue to work with the Logic Model Subcommittee to develop the overview graphic and clickable graphic for launch in 2030.

- ODPHP will continue to draft content for each key component based on the content template
- CH will design the overview graphic based on the approved HP2030 look and feel

Questions?



Logic Model Subcommittee: Update and Recommendations

Shiriki Kumanyika, PhD, MPH

Chair, Logic Model Subcommittee

Immediate Past Vice Chair, Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2020



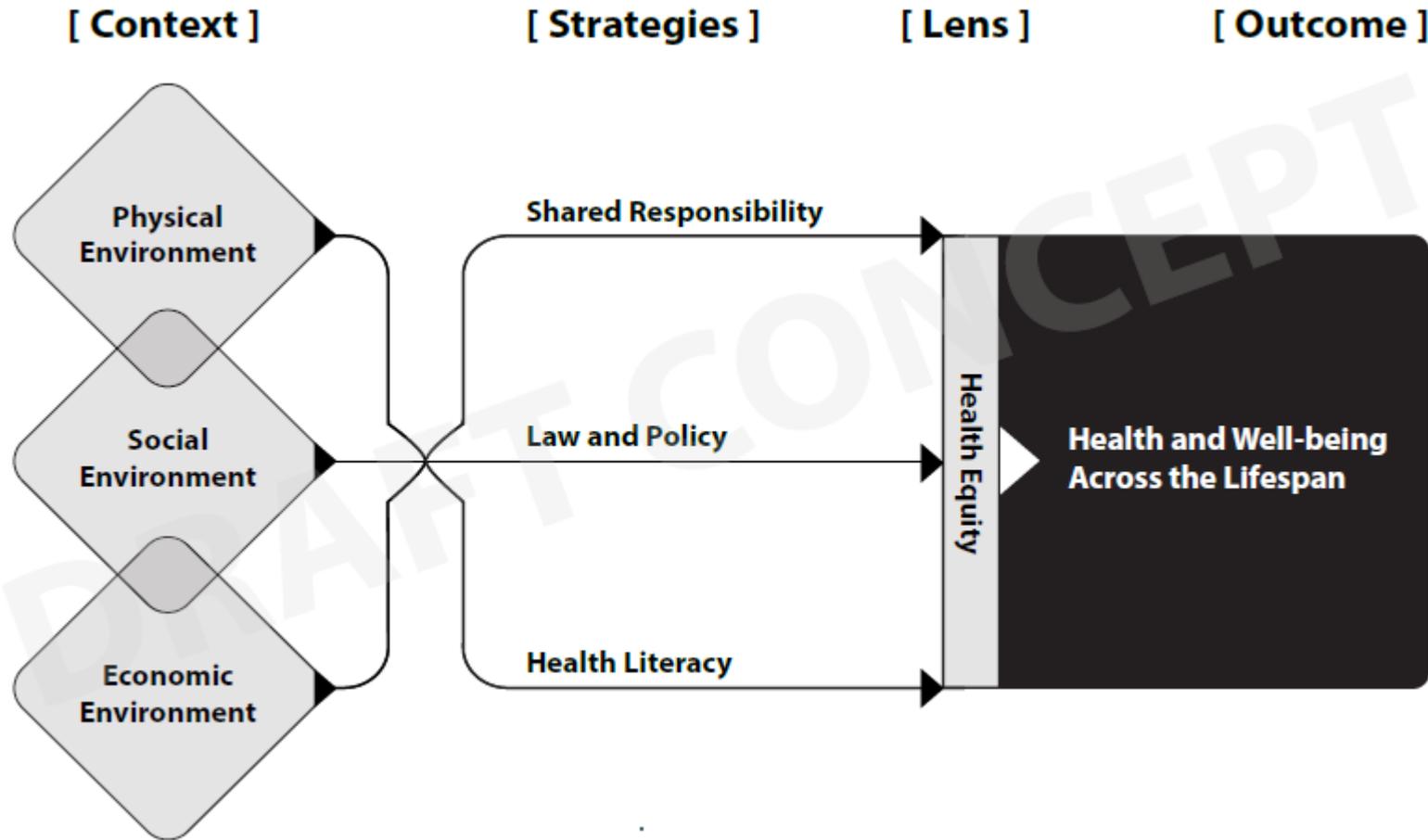
- Membership:
 - Chair: Shiriki Kumanyika, PhD, MPH
 - Jonathan Fielding, MD, MPH, MBA, MA
 - Paul Halverson, DrPH, MHSA, FACHE
 - Dushanka V. Kleinman, DDS, MScD
 - Nico Pronk, PhD, MA, FACSM, FAWHP
 - Steven Teutsch, MD, MPH
 - Nirav Shah, MD, MPH
 - Edward Sondik, PhD
 - Mary Pittman, DrPH
 - Therese Richmond, PhD, CRNP, FAAN
 - Namvar Zohoori, MD, MPH, PhD

Meetings:

- June 30, 2017
- July 21, 2017
- August 23, 2017
- January 10, 2018
- April 4, 2018
- June 25, 2018
- August 27, 2018

- The objective of the Logic Model is to tell the overall story, highlight key elements, and emphasize unique aspects or contributions of Healthy People 2030.
- The Logic Model should:
 - Give a high-level, visual overview of the what of HP2030
 - Build a shared understanding of basic public health concepts
 - Introduce the interactive graphic

- 1. Define product requirements – including audiences, purpose, use, formats, and key messages**
- 2. Identify main components of the framework model**
3. Write content for each component that supports the main messages
4. Determine relationships between components
5. Create visual design to illustrate those relationships
6. Test with users and iterate on design
7. Launch in 2020 as part of HP2030 initiative



The content will be developed to reach all sectors and be accessible to a diverse audience.

Key target audiences may include:

- Public health professionals
- Non-public health sector professionals
- Government staff

- Commerce and Business, including Investment and Financial Institutions
- Criminal Justice, Juvenile Justice, Law Enforcement, Public Safety
- Education
- Energy and Utilities
- Environment and Environmental Regulation
- Faith-based and Identity-based Organizations
- Food and Agriculture
- Foundations and Non-Profits
- Housing
- Technology and IT
- Labor and Labor Organizations, including Worker Safety
- Defense and Military
- State, Local, Territorial, and Tribal Governments
- Transportation
- Urban Planning and Development

- Benefits of health to other sectors include:
 - Productive workforce
 - Lower absenteeism in workplace
 - Lower healthcare costs
- The benefits could be built into the communication materials to show stakeholders how they can benefit from taking action

- Are there other topics to be added or changes that need to be made to the logic model?
- Does the Committee have any recommendations?

Committee Discussion

Moderated by

Shiriki Kumanyika, PhD, MPH

Chair, Logic Model Subcommittee

Immediate Past Vice Chair, Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2020



Next Steps

Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair



Office of Disease Prevention
and Health Promotion

Committee Discussion



Summary of Day 1 and Charge for Day 2

Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair



Meeting Adjourned for the Day



Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

September 7, 2018
8:30 am to 3:00 pm ET



Recap of Day 1 and Charge for Day 2

Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair



Remarks from the U.S. Surgeon General

Jerome M. Adams, MD, MPH
VADM, USPHS
United States Surgeon General
U.S. Department of Health and Human Services





Office of the Surgeon General



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Monitoring Progress throughout the Decade

Charles J. Rothwell, MBA, MS
Director
National Center for Health Statistics



INTRODUCTION

NCHS, in its capacity as a statistical agency, has partnered with the Office of the Assistant Secretary for Health on Healthy People since 1979

Part of the Federal Statistical System



Adapted from <https://www.gao.gov/assets/590/588856.pdf>

- Compiling, analyzing and disseminating information for statistical purposes such as describing population characteristics and trends, planning and monitoring programs, and conducting research and evaluation
- Using information from surveys, censuses, government administrative records, private-sector datasets, and internet sources that are judged of suitable quality and relevance for statistical use

Source: Principles and Practices for a Federal Statistical Agency. Fifth Edition. National Research Council. Washington, DC 2013.

- Serve as **Statistical Advisor** to HHS and the Topic Area workgroups on health promotion data
- **Conduct research and develop methods** for measuring the overarching goals of Healthy People (e.g., health disparities)
- Create **analytic and graphical presentations, and analytic products**, to display progress towards reaching the goals and objectives
- Maintain comprehensive **database** for all the Healthy People objectives
- Provide **expertise and technical assistance** to national, state, and local health monitoring efforts

NCHS statistical and data support for Healthy People 2020

The screenshot displays the HealthyPeople.gov website interface. At the top, there are navigation links for health.gov, healthfinder.gov, and HealthyPeople.gov, along with a search bar and a 'Log in' button. Below the navigation is a main menu with categories: Topics & Objectives, Leading Health Indicators, Data Search, Healthy People in Action, Tools & Resources, Webinars & Events, and About.

The main content area features a large graphic of the United States map filled with photos of diverse people. To the right of this graphic is a section titled 'Find State Healthy People Plans' with the text: 'Many states and territories use Healthy People as a guide to improving public health. Find your state or territory's plan.'

Below the main graphic are several content tiles:

- DATA2020 Search:** This interactive data tool allows users to explore data and technical information related to the Healthy People 2020 objectives. Search Healthy People data.
- Planning for Healthy People 2030:** Every decade, the Healthy People initiative develops a new set of objectives to improve the health of all Americans. Learn more and get involved.
- Health Disparities:** A health disparity is a health difference that is closely linked with social, economic, or environmental disadvantage. View the latest disparities for Leading Health Indicators. Browse by Leading Health Indicator or Disparity type. Find more health disparities data.
- LHI Infographics:** The Leading Health Indicators (LHIs) are high-priority health issues that serve as measures of the Nation's health. View Healthy People Infographics.
- Midcourse Review: Interactive Infographics:** Check out our interactive infographics to track the Nation's progress toward Healthy People 2020 targets.

On the right side of the bottom row, there is a 'Access to Health Services' section with a bar chart showing progress for various categories: Adolescent Health, Asthma, Chronic Diseases, and Chronic Risk Conditions, Blood Disorders and Blood Safety, Cancer, Chronic Kidney Disease, and Diabetes, including Alzheimer's Disease.

Data for the HealthyPeople.gov website



Data 2020

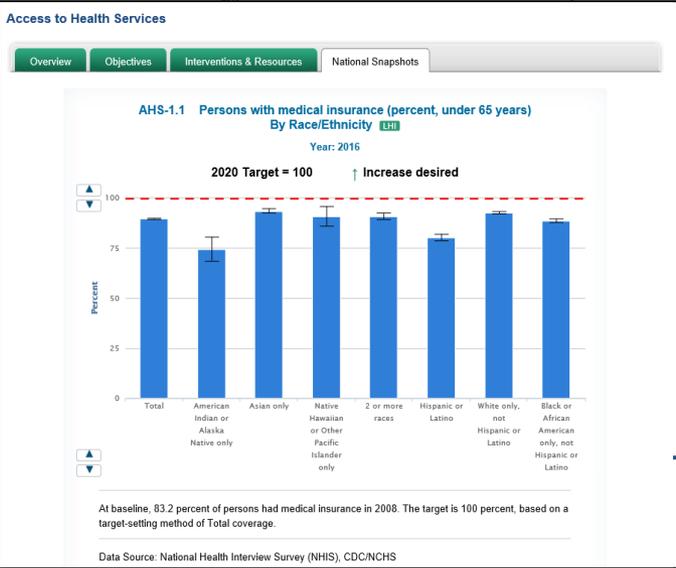
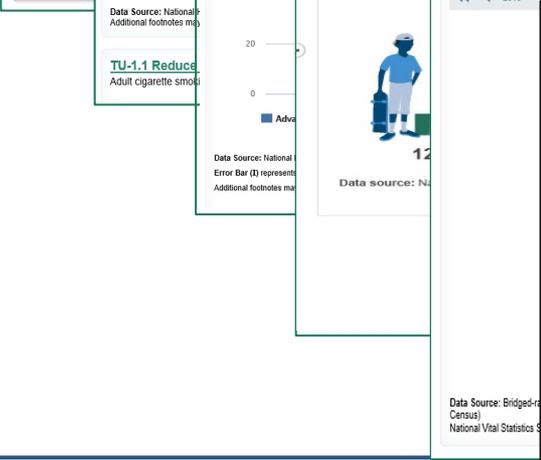
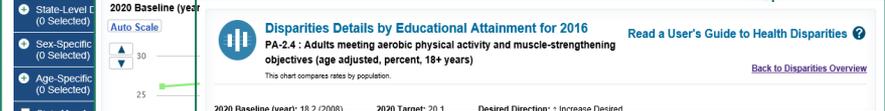
Trend data

Health disparities tool

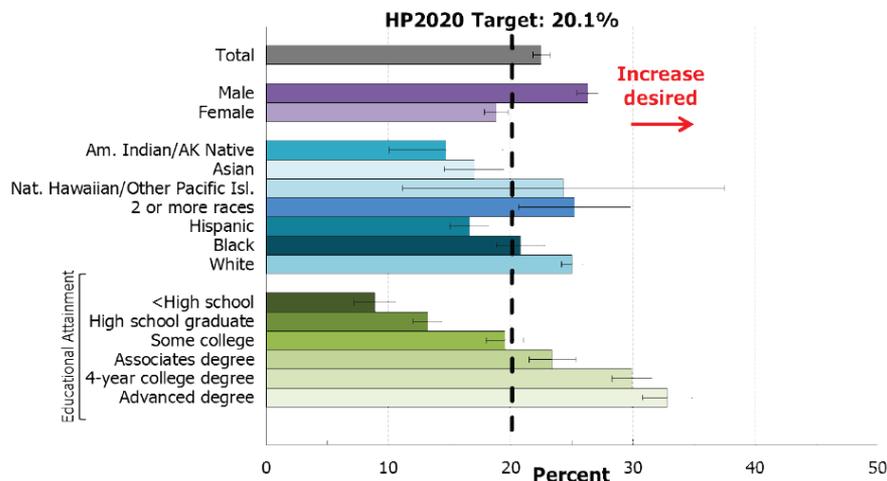
Infographics

State maps

National snapshots



Meeting the Aerobic and Muscle-Strengthening PA Guidelines, Adults, 2016



NOTES: — = 95% confidence interval. Data are for adults 18 years and over, except for education-level data that are for adults 25 years and over, who report light or moderate leisure time PA for at least 150 minutes per week or vigorous PA for 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing PA specifically designed to strengthen muscles at least twice per week. Data are age adjusted to the 2000 standard population. Am. Indian/AK Native = American Indian or Alaska Native. Nat. Hawaiian/Other Pacific Isl. = Native Hawaiian or Other Pacific Islander. Black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Data for the single race categories are for persons who reported only one racial group. SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. PA-2.4

Promoting Diabetes Prevention Programs and New Payment Options

A Healthy People 2020 Spotlight on Health Webinar



Thu
20

12:00pm EDT

Who's Leading the Leading Health Indicators? Webinar: Access to Health Services

Join us on Thursday, September 20 at 12:00 p.m. ET to learn about progress made toward achieving the Healthy People 2020 Access to Health Services Leading Indicators. You'll also learn about a nonprofit community benefit organization working to increase access to primary care providers for vulnerable populations.

[Register today!](#)

Learn more about [Access to Health Services](#).

Midcourse and Final Review

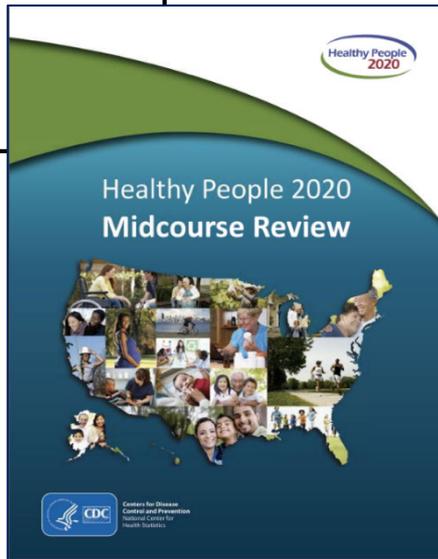
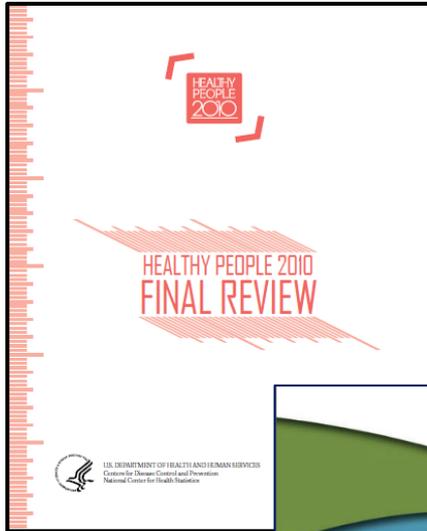


Table 36–2. Midcourse Progress for Measurable Respiratory Diseases Objectives

LEGEND

✔ Target met or exceeded
 + Improving
 ⦿ Little or no detectable change
 - Getting worse
 ■ Baseline only
 ■ Informational

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target	Movement Away From Baseline	Movement Statistically Significant
Asthma						
■ RD-1.1 Asthma deaths among children and adults (per million population, <35 years)	3.4 (2007)	3.7 (2013)				
- RD-1.2 Asthma deaths among adults (per million population, 35–64 years)	11.0 (2007)	12.0 (2013)	4.9		9.1%	Yes
+ RD-1.3 Asthma deaths among adults (per million population, 65+ years)	43.4 (2007)	35.7 (2013)	21.5	35.2%		Yes
⦿ RD-2.1 Hospitalizations for asthma among children (per 10,000 population, <5 years)	41.4 (2007)	33.1 (2010)	18.2	35.8%		No
✔ RD-7.1 Persons with asthma receiving written asthma plans from health care providers (age-adjusted, percent)	33.4% (2008)	40.5% (2013)	36.8%	208.8%		Yes

Progress Made toward Targets for Leading Health Indicators

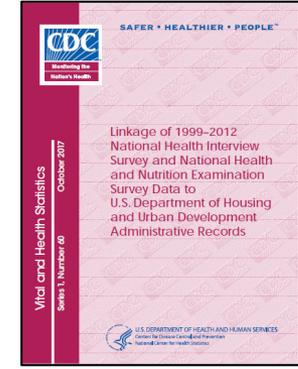
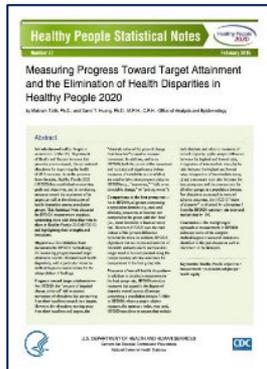
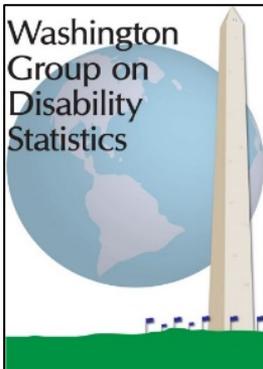
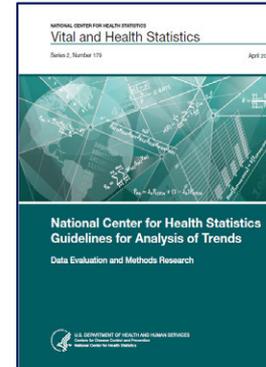
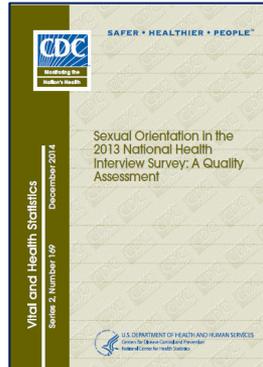
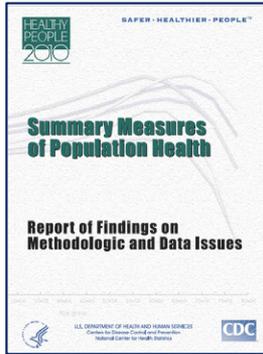
Sort By

Objective Status

Objective	Status	Baseline value (year)	Midcourse value (year)	Target for the year 2020
Adolescent Health Students graduating from high school 4 years after starting 9th grade (percent) [AH-5.1] LHI Topic: Social Determinants	Improving	79.0% (2010–2011)	81.0% (2012–2013)	87.0%
Access to Health Services Persons with medical insurance (percent, <65 years) [AHS-1.1] LHI Topic: Access to Health Services	Improving	83.2% (2008)	86.7% (2014)	100%
Access to Health Services Persons with a usual primary care provider (percent) [AHS-3] LHI Topic: Access to Health Services	Little or no detectable change	76.3% (2007)	76.5% (2012)	83.9%
Cancer Adults receiving colorectal cancer screening based on most recent guidelines (age-adjusted, percent, 50–75 years) [C-16] LHI Topic: Clinical Preventive Services	Improving	52.1% (2008)	58.2% (2013)	70.5%
Diabetes Persons with diagnosed diabetes whose A1c value is greater than 9 percent (age-adjusted, percent, 18+ years) [D-5.1] LHI Topic: Clinical Preventive Services	Little or no detectable change	18.0% (2005–2008)	21.0% (2009–2012)	16.2%

NCHS' Statistical Agency Work that Supports National Health Monitoring

DEVELOPING
Healthy People
2030



How is Healthy People 2020 being used?

For research/assessment:

As a data source	91%
To inform program planning to address health disparities	82%
For comparison with organization data (e.g. benchmarking)	80%
To develop community health improvement plans	79%
To conduct community health assessments	70%
For meeting national public health accreditation standards	51%

For collaboration/outreach or education:

As a resource for building community partnerships for promoting health	73%
As a learning tool for staff or students	67%

For setting internal priorities:

As a framework for planning, goal-setting or decision making	79%
To guide priorities for the organization/entity	73%
As a guide for allocating resources in the organization/entity	40%

Other uses:

To support applications for grants or other funding	79%
To inform policy development	70%
To create or inform quality improvement activities	66%
Other, please specify	29%

Evolution of Healthy People

Target Year	1990	2000	2010	2020
Prevention	<ul style="list-style-type: none"> Primary prevention oriented 	<ul style="list-style-type: none"> Mostly primary prevention oriented with addition of chronic disease and infrastructure/process topic areas 	<ul style="list-style-type: none"> Mostly primary prevention oriented with additional chronic disease topic areas increasing the focus on secondary prevention as well as additional infrastructure/process and population group topic areas 	<ul style="list-style-type: none"> Mostly primary prevention oriented with additional chronic disease topic areas increasing focus on secondary prevention as well as additional infrastructure/process and population group topic areas 
Framework	<ul style="list-style-type: none"> Topic areas not organized Objectives organized into 4 categories 	<ul style="list-style-type: none"> Topic areas organized into 4 categories Objectives organized into 3 categories 	<ul style="list-style-type: none"> Topic areas organized alphabetically Objectives organized in each TA by WG. No specific guidance 	<ul style="list-style-type: none"> Topic areas organized alphabetically Objectives organized in each TA by WG. No specific guidance
Chronic Disease and Infrastructure/Process Topic Areas	None	<ul style="list-style-type: none"> Added 3 chronic disease and 2 infrastructure/process topic areas 	<ul style="list-style-type: none"> Added 4 chronic disease, 2 infrastructure/process topic areas 	<ul style="list-style-type: none"> Added 2 chronic disease and 3 infrastructure/process topic areas
Population Group Topic Areas	None	None	<ul style="list-style-type: none"> Added 1 population group topic area 	<ul style="list-style-type: none"> Added 4 population group topic areas
# Topic Areas	15	22	28	42
# Objectives	226	319	969	>1,300

Criteria for identifying preliminary objectives

- National importance
- Measurable
- Useful and understandable
- Address range of issues
- Directed toward improving health
- Scientific evidence that measure is achievable
- Address health inequities
- Valid, reliable, representative data
- Address SDOH

Apply prioritization to rank based on impact

Recommendations pertaining to data

- Timeliness
- Frequency of data collection
- Quality of data

Planning for HP2030

The Federal Interagency Working Group for HP2030

NCHS has been working with the FIW Subgroup on HP2030 to

- Examine the content and structure of HP, the data sources, and the way data have been presented over the years
- Operationalize the criteria used to develop objectives (e.g., national importance, evidence based, etc.)
- Review the data sources used now and formalize the way we evaluate data systems for inclusion in Healthy People 2030
- Develop guidance to the agencies to critically consider objectives and data source quality.

Healthy People Highlights the National Priority, Provides Context for Data on Public Health

Times Free Press Local Business Sports Life Opinion Politics Obits National Right2Know Search Q SUBSCRIBE

CDC report: Only 1 in 5 adults get enough exercise

July 30th, 2018 | by Helena Oliviero/New York Times News Service | in Life Entertainment | Read Time: 3 mins.

f t s+ t in



Senior man swimming in dolphin style - Concept of sport and fun in swimming pool (Getty Images/iStockphoto/Maurizio Distefano)

ATLANTA — Several years ago, Shira Miller of Atlanta lost 50 pounds by eating better and exercising. But when she hit her late 40s, a demanding corporate job with long hours and a harder to eat healthy and fit regular exercise into her daily schedule.

By her 50th birthday, she found herself in line with most Americans who are not getting enough exercise.

Times Free Press Local Business Sports Life Opinion Politics Obits National Right2Know

CDC report: Only 1 in 5 adults get enough exercise

Experts hope more Americans will find the time to incorporate more exercise into their lives.

Just shy of 1 in 4 adults ages 18-64 in the U.S. (22.9 percent) meet guidelines for both aerobic and muscle-strengthening exercise during their leisure-time physical activities, according to a new National Health Statistics report. The findings are based on pooled data from the 2010-2015 National Health Interview Survey for all 50 states and Washington, D.C. This marks a slight increase of a baseline of 18.2 percent in 2008.

The U.S. Department of Health and Human Services guidelines set in 2008 recommend 150 minutes of moderate-intensity aerobic activity (or 75 minutes of vigorous aerobics) and two sessions of strength training each week.

Last week, the CDC's National Center for Health Statistics released the latest data from the government's Healthy People 2020 initiative, which launched in 2010 in hopes of encouraging 20.1 percent of adults in the United States (ages 18-64) to meet the government fitness guidelines.

While the goal was met, experts recognize more strides are needed in making Americans healthier.



\$23



Thank you!

Committee Discussion

Moderated by
Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair



Break



Stakeholder Engagement and Communications Subcommittee

Paul Halverson, DrPH, MHSA, FACHE
Chair, Stakeholder Engagement Subcommittee



Office of Disease Prevention
and Health Promotion

- Recommend an approach to increase awareness and use of Healthy People 2030 that delineates primary and secondary audiences for the initiative

- Membership:

- Chair: Paul Halverson, DrPH, MHSA, FACHE
- Marjorie Aelion, PhD
- Chris Aldridge, MSW
- Catherine Baase, MD
- Georges Benjamin, MD
- Michael Fraser, PhD, CAE
- Dushanka Kleinman, DDS, MScD
- Sanne Magnan, MD, PhD
- Jose Montero, MD, MHCDS
- Nico Pronk, PhD, MA, FACSM, FAWHP
- Nirav Shah, MD, MPH

- Meetings

- February 9, 2018
- March 29, 2018
- April 30, 2018
- May 21, 2018
- August 9, 2018

Focus of Discussions and Recommendations:

1. Finalize stakeholder groups and sector list
2. Develop sector template to gather input on how Healthy People 2030 could optimize engagement with the sectors identified and plan for outreach to various sectors
3. Complete sector information sheets for each identified sector
4. Discuss how to engage sectors in the development and implementation of Healthy People 2030

- Health and health care
 - Public health
 - Hospitals and health care delivery systems
 - Health insurance companies
 - Pharmaceutical companies
 - Emergency response
 - Environment/Environmental regulation
 - Transportation
 - Criminal justice, juvenile justice, law enforcement, public safety
 - Housing
 - Education
 - Energy and utilities
 - Urban planning and development
 - Labor/labor organizations
 - Worker safety
 - Food and agriculture
 - Commerce and business, including investment and financial institutions
 - Defense and military
 - Technology and IT
 - State and local government, tribes and territories
 - Foundations and non-profits
 - Faith-based organizations and identify-based organizations
-

- Subcommittee created a template as a resource to engage the sectors in the Healthy People 2030 process
 - The template leads partners through a process of developing engagement strategies by answering the following questions:
 - What are the shared values between the identified sector and health?
 - How does the sector influence health?
 - How would healthier people benefit the sector?
 - What would a successful partnership between the identified sector and Healthy People 2030 look like?
 - Outline an example of a time when the sector successfully engaged a health partner
 - Outline specific areas of overlap between the sector and relevant Healthy People goals, topics and objectives
 - How would the development of relevant targets benefit the sector?
 - How could we facilitate better interaction and partnership between the identified sector and the Healthy People initiative?
 - What metrics could be used to measure the success of the partnership?
-

- **Recommendation 1:** Broad engagement should include more than structured public comment periods for testimony or written comment.
- **Recommendation 2:** Adopt a Health **and Well-Being** in All Policies approach to identify sectors for inclusion in the process.

- **Recommendation 3:**
Use the existing sector-specific information sheets in targeted conversations to encourage greater participation of other sectors in developing, disseminating, and using Healthy People. Such activities should yield further insight into how these templates can be used to engage diverse stakeholders.

- **Recommendation 4a:** Healthy People 2030 should proactively engage stakeholders to provide meaningful input on the development of objectives.
 - **Recommendation 4b:** Healthy People 2030 topic area workgroups should include representatives from other sectors and should engage other sectors.
 - **Recommendation 4c:** Healthy People 2030 topic area workgroups should meaningfully engage with the public during the development process. Such engagement should include involving other sectors in the development of Healthy People 2030 objectives.
 - **Rationale**
 - The Subcommittee understands that, while desirable, it may not be practical to engage every sector in all areas of objective development and implementation.
 - The subcommittee strongly recommends strategically engaging as many relevant sectors as is practical. Such an approach will increase the likelihood of deeper multi-sector engagement enhance opportunities for significant goal achievement
-

Committee Discussion

Moderated by
Paul Halverson, DrPH, MHSA, FACHE
Chair, Stakeholder Engagement Subcommittee



Next Steps & Vote

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



Implementation Subcommittee: Issues, Considerations, and Approach

Mary Pittman, DrPH
Chair, Implementation Subcommittee



- **Membership:**
 - Chair: Mary Pittman, DrPH
 - Jonathan Fielding, MD, MPH, MBA, MA
 - Susan Goekler, PhD, MCHES
 - Paul Halverson, DrPH, MHSA, FACHE
 - Dushanka Kleinman, DDS, MScD
 - Nico Pronk, PhD, MA, FACSM, FAWHP
 - Therese Richmond, PhD, CRNP, FAAN
 - Nirav Shah, MD, MPH
 - Joel Teitelbaum, JD, LLM
 - Edward Sondik, PhD
 - Namvar Zohoori, MD, MPH, PhD
- **Meetings:**
 - August 13, 2018
 - August 21, 2018
 - September 17, 2018
 - October 23, 2018
 - October 31, 2018
 - November 2018 (2 meetings)
 - December 2018 (2 meetings)

Provide advice and guidance on approaches to implement Healthy People 2030. Advice should be provided for actions and approaches to be taken before the launch, at the launch and after the launch of Healthy People 2030.

The advice should:

- Use the Healthy People 2030 Framework as a foundation to anchor the guidance for implementation.
- Review past approaches to implementation and identify activities to incorporate that address the Framework into the implementation of Healthy People 2030.
- Build on the base of approved recommendations, provide overall recommendations and those specific to activities before the launch, at the launch and after the launch.
- Identify ways to connect health promotion and disease prevention efforts throughout the public, private and voluntary sectors; and to implement Healthy People across various settings (e.g., state and local) and sectors (e.g., health care, education).
- Frame a process for monitoring and reporting on objectives throughout the decade, including the progress reviews, midcourse review, national snapshots, and final review.

- **Implementation Subcommittee will be structured by the following categories:**
 - Pre-launch
 - Launch
 - Post-launch
- **Potential implementation activities identified by the Subcommittee:**
 - Training/Technical Assistance
 - Web Development
 - Data
 - Social Media
 - Webinars
 - Infographics
 - Content Syndication
- Engagement of external stakeholders on an ad hoc basis

- The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 has made recommendations on a variety of topics over the past two years.
- The included recommendations are from the following subcommittees:
 - Social Determinants of Health and Health Equity Subcommittee, Subcommittee on Prioritization and Criteria for Objective Selection (Prioritization Subcommittee), Data Subcommittee, and the Stakeholder Engagement and Communication Subcommittee

Committee Recommendations Relevance to Healthy People 2030 Implementation Efforts

Committee Recommendation	Subcommittee Who Recommended	Relevant for Implementation Activities <u>Before</u> HP2030 Launch	Relevant for Implementation Activities <u>During</u> HP2030 Launch	Relevant for Implementation Activities <u>After</u> HP2030 Launch
1.1: Include SDOH and health equity as cross-cutting themes in Healthy People 2030.	SDOH and Health Equity	X	X	X
3: Offer users flexible ways to organize objectives according to different interests or dimensions.	Prioritization	X	X	X
9.1: Identify both core and research objectives to include in HP2030. HHS should consider how to integrate information emanating from HP2030 into funding priorities for research, operations, and policy advocacy.	Prioritization			X
9.2: HHS should help stakeholders meet the Healthy People objectives.	Prioritization		X	X



Committee Recommendations Relevance to Healthy People 2030 Implementation Efforts

Committee Recommendation	Subcommittee Who Recommended	Relevant for Implementation Activities <u>Before</u> HP2030 Launch	Relevant for Implementation Activities <u>During</u> HP2030 Launch	Relevant for Implementation Activities <u>After</u> HP2030 Launch
10: Timeliness of data- data should be made available as soon as possible and no later than 1 year after the end of data collection.	Data		X	X
11: Frequency of data- data collection should occur annually.	Data		X	X
12.1: Objectives should have at least 3 data points within the decade.	Data			X
12.2: To establish reliable trends, data points from a prior decade may be included if those data points are comparable.	Data			X
13: Current data syndication efforts should continue for HP2030, and they should increase in frequency.	Data			X
15: To support programs and inform policies to meet the objectives, data specific to the community are needed. HHS should work with communities to frequently update community-level information.	Data		X	X



Committee Recommendation	Subcommittee Who Recommended	Relevant for Implementation Activities <u>Before</u> HP2030 Launch	Relevant for Implementation Activities <u>During</u> HP2030 Launch	Relevant for Implementation Activities <u>After</u> HP2030 Launch
<u>16:</u> Stakeholder engagement process- Broad engagement should include more than structured public comment periods for testimony or written comment.	Stakeholder Engagement and Communication	X	X	X
<u>17:</u> Stakeholder types- Adopt a Health in All Policies approach to identifying sectors for inclusion in the process.	Stakeholder Engagement and Communication	X	X	X



- **August 13, 2018 Implementation Subcommittee Meeting**
 - Discussed Subcommittee Charge and deliverables
 - Discussed overall vision and structure for the Subcommittee
 - Presentations on Healthy People implementation efforts:
 - Healthy People implementation efforts across the decade (ODPHP), Healthy People 2020 User study (NORC), Healthy People web Development (Communicate Health)
- **August 21, 2018 Implementation Subcommittee Meeting**
 - Healthy People 2020 Topic Area Workgroup Implementation Presentations
 - Tobacco Topic Area Workgroup (CDC)
 - SDOH Topic Area Workgroup (SDOH)
 - Healthy People Data Implementation Presentation (NCHS)

- Develop Implementation Subcommittee Engagement Crosswalk Document (**September 2018**)
- Identify potential sector presentations for future meetings (**September 2018/October 2018**)
- Develop proposed Healthy People 2030 implementation recommendations (**October 2018 – January 2019**)
- Develop Healthy People 2030 implementation process recommendations (**January 2019 – March 2019**)

Dissemination and Implementation Considerations:

- Healthy People 2030 Framework recommendations
- Pre-launch, Launch, Post-launch activities
- Sector and stakeholder engagement
- Level of sector and stakeholder engagement
- Presentations to the Subcommittee to inform its work
- Interactive website enhancements
- Tools/Resources
- Various levels of implementation (federal, government, national, state, local, tribal)
- Opportunities for technical assistance, partnership, and collaboration
- Monitoring, and reporting of objectives throughout the decade
- Evaluation activities

Issues

- Specific implementation issues/areas of concern that should be addressed
- Proposed Approach of the Implementation Subcommittee
- Overall structure of the Implementation Subcommittee
- Focus areas of the Implementation Subcommittee

Questions

- What sectors/organizations should be engaged in the implementation process? How to engage sectors/organizations in the implementation process?
- How to incorporate recommendations from the Stakeholder Engagement and Communications Subcommittee, including the sector templates?
- How to incorporate recommendations from the Data Subcommittee?
- Future presenters/presentations to the Implementation Subcommittee?

Committee Discussion

Moderated by
Mary Pittman, DrPH
Chair, Implementation Subcommittee



Break



Committee Discussion: Implementation and Approach for Developing Implementation Recommendations

Moderated by

Dushanka V. Kleinman, DDS, MScD, Committee Co-Chair
Nico Pronk, PhD, MA, FACSM, FAWHP, Committee Co-Chair
Mary Pittman, DrPH, Chair, Implementation Subcommittee



Topics for Future Meetings, Unfinished Business, and Action Items

Moderated by
Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair



Summary of Day 2

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



Meeting Adjourned

