- Review each of the Data Subcommittee's recommendations regarding implementation activities that pertain to use of Healthy People 2030 (HP2030) data
- Review each of the Implementation Subcommittee's recommendations regarding activities to implement HP2030 during the pre-launch, launch, and post-launch phases
- Come to consensus regarding our recommendations for implementing HP2030
- Review the HP2030 graphic developed by the Graphics Subcommittee
- Come to consensus regarding the top-level and sub-level concepts in the HP2030 graphic

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Data Subcommittee

Edward Sondik, PhD
Data Subcommittee Chair

- **Membership:**
  - Chair: Edward Sondik, PhD
  - Dushanka V. Kleinman, DDS, MScD
  - Nico Pronk, PhD, MA, FACSM, FAWHP
  - Therese Richmond, PhD, CRNP, FAAN
  - Nirav Shah, MD, MPH
  - Namvar Zohoori, MD, MPH, PhD

- **Meetings:**
  - October 19, 2018
  - November 30, 2018
  - January 9, 2019
  - January 30, 2019

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Develop recommendations regarding:

- **Data Considerations** (data needs, data source standards, and progress reporting)

- **Data Innovation** (changes in data sources, analysis and reporting; community data; summary measures; and the future of health data)

- The Data subcommittee was asked to consider how Healthy People could assist states, tribes and communities in their use of data to achieve the Healthy People objectives.

- Examples might include:

  - Developing objectives and measures that tailor the Healthy People objectives to local conditions;
  - Encouraging data collection that would support states, tribes and communities in their Healthy People programs and relate to HP's national data sources; and
  - Healthy People webinars to share data quality guidelines and data analysis and collection tools with states, tribes and communities.

Background

- The Data subcommittee has developed five recommendations focused on guidance and partnerships to ensure data quality at the national, state, tribal and community levels.

- The subcommittee also reviewed data recommendations suggested by the Implementation subcommittee.

Data Subcommittee Recommendations

DEVELOPING HealthyPeople 2030

- **Recommendation 1: Develop a Data Partnership Infrastructure for Healthy People 2030 beginning with Launch (or Earlier).**
  - At both the national and local levels, accurate data from credible sources are essential to realizing the potential of Healthy People.
  - To expand the scope and content of existing data, the Data subcommittee proposes leveraging existing activities through a new infrastructure of Data Partnerships. Such an infrastructure could guide and support HP 2030 in:
    - The rapid growth of data;
    - Demand for new types of data;
    - The need for subnational data; and
    - Data analytics and innovation.

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- **A Data Partnership Infrastructure for Healthy People 2030 (continued)**

  - There is an abundance of data sources and new tools: Examples –-

    - County Rankings and Roadmaps;
    - Public Health Alliance of Southern California;
    - State-level open data portals;
    - Community data dashboards;
    - Administrative data resources;
    - USALEEP: Neighborhood Life Expectancy Project; and
    - FoodNet: Extensive information on foodborne illnesses.

- **Recommendation 2: Offer guidance on data collection and analysis to the Healthy People 2030 community at the Launch.**

  - Healthy People 2030 stakeholders and the public – the "Healthy People community" – may need guidance in using national, state, tribal and community data to meet the Healthy People objectives.

  - Prepare guidance (perhaps through an expert committee) on:
    - Sources of State, tribal and community data (e.g., the California Data Portal);
    - Assessing data quality and representativeness;
    - Relating subnational to national data sources that support Healthy People 2030; and
    - Assessing progress in meeting objectives by combining national and state, tribal and community data.

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- **Recommendation 3: Release information through targeted, strategic outreach to partners that have a large network, such as America's Health Insurance Plans (AHIP) or other networks of business, professional, and educational coalitions at the national, state, tribal or community level.**

  o The subcommittee suggests selecting a few key partners (e.g., groups of three to five organizations per sector, such as health plans) that can distribute Healthy People information to their networks.

- **Recommendation 4: Develop case examples of data analysis that focus on specific themes such as equity, summary measures, or different topics.**

- **Recommendation 5: Create a framework for summarizing the objectives and data availability.**

  o Suggested format: The tabular outline of Healthy People objectives in "Arkansas's Chronic Disease Framework for Action"

  o Suggestion: Add indicators of potential data availability at the state, tribal and community levels.

- The Data subcommittee reviewed all data-related recommendations of the Implementation subcommittee, and recommended several refinements and additions.

- The Implementation subcommittee data-related recommendations are consistent with the discussions held by the Data subcommittee.

Implementation Subcommittee

Mary Pittman, DrPH
Implementation Subcommittee Chair

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.

- **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
  - Nirav Shah, MD, MPH
  - Joel Teitelbaum, JD, LLM
  - Edward Sondik, PhD
  - Namvar Zohoori, MD, MPH, PhD

Implementation Subcommittee Meetings

- **Meetings:**
  - August 13, 2018
  - August 21, 2018
  - September 17, 2018
  - October 23, 2018
  - October 31, 2018
  - November 16, 2018
  - November 27, 2018
  - December 11, 2018
  - December 17, 2018
  - January 14, 2019
  - January 30, 2019
  - April 22, 2019 (scheduled)

Implementation Subcommittee Presentations Received

- **Presentations Received:**
  - August 13, 2018
    - Healthy People Implementation Efforts Across the Decade (ODPHP), Healthy People 2020 User study (NORC), Healthy People web Development (Communicate Health)
  - August 21, 2018
    - Tobacco Topic Area Workgroup, Healthy People Tobacco Use Promotion and Outreach (CDC)
    - SDOH Topic Area Workgroup, Healthy People 2020: Social Determinants of Health (ODPHP)
    - Healthy People Initiative: Overview of Healthy People Tools and Resources (NCHS)
  - September 17, 2018
    - The California Healthy Places Index: Data for Action (Public Health Alliance of Southern California)
    - Dynamic Ways to Visualize and Transform Data into Action (Velir)

Implementation Subcommittee Presentations Received

- **Presentations Received:**
  - October 23, 2018
    - Building a Healthier Community: Local Health Department Implementation of HP2020 (NACCHO)
    - State and Territorial Health Department Implementation of Healthy People (ASTHO)
  - October 31, 2018
    - Healthy People Implementation: Health Professions Education (Association for Prevention Teaching and Research, Healthy People Curriculum Taskforce)
    - Healthy People 2030 Implementation Subcommittee (Community Initiatives, Institute for People, Place, and Possibility)
  - December 11, 2018
    - Healthy Alaskans 2020 (Alaska Department of Health and Social Services, Alaska Native Tribal Health Consortium)

Focus of Discussions and Recommendations:

1. Discussion of Healthy People 2020 implementation recommendations (pre-launch, launch, post-launch)

2. Gain insight into the functions that Healthy People currently serves, as well as unmet needs and potential opportunities for Healthy People 2030

3. Discuss how to engage stakeholders from a variety of sectors in the implementation of Healthy People 2030

4. Communications activities throughout the decade

Implementation Subcommittee Recommendation Phases

- <u>Pre-Launch</u> – Implementation activities to precede the launch of Healthy People 2030 (May 2019 – January 2020)

- <u>Launch</u> – Implementation activities to occur at the launch of Healthy People 2030 (January 2020 – March 2020)

- <u>Post-Launch</u> - Implementation activities to follow the launch of Healthy People 2030 (March 2020 – Midcourse Review)

Implementation Subcommittee Focus Areas

- **Implementation activities identified fit in the following topic areas:**
  - Communications
  - Stakeholder Engagement
  - Data
  - Objective Review

Communications Recommendations

- **Recommendation 1: Develop and initiate a Healthy People 2030 Communications Plan.**
  - o Communications and messaging will address **what Healthy People is**, **how it can be used** by various stakeholders, sectors, and levels, and **what data sources are available** for purposes such as developing goals and objectives at other levels of the public health system.

- **Recommendation 2: HHS should make the updated, interactive website a priority for Healthy People resources.**
  - o The website should be updated and renewed on an ongoing basis. The website is a critical resource for providing implementation guidance. It should complement and reinforce information that is disseminated through social media.

- **Recommendation 3: Healthy People 2030 should take advantage of all social media and technology tools when considering implementation efforts.**
  - o HHS should incorporate detailed strategies and tactical approaches for the website, social media, and technology tools in the Healthy People 2030 communication plan.

Stakeholder Recommendations

- **Recommendation 4**: Healthy People 2030 should engage two different groups of stakeholders:

  o **Current stakeholders** include state, tribal, local, and territorial health departments and others that are aware of Healthy People and need guidance to plan for Healthy People 2030.

  o **New stakeholders** include sectors that have an impact on the achievement of Healthy People objectives, but that have not necessarily been engaged in the initiative in the past. These include sectors that address the determinants of health necessary to achieve HP2030.

Recommendation 4.A. Current Stakeholders

- **Recommendation 4.A.1**: **Engage organizations and government entities in this phase**. Emphasize public health stakeholders.

- **Recommendation 4.A.2**: **Explore avenues to engage partner organizations (both directly and indirectly, via the Federal Register)**, while being clear that there is no federal funding available.
    - Encourage key organizations to incorporate relevant Healthy People objectives into their strategic plans. (HHS currently has cooperative agreements for large national associations and aggregator groups, e.g., ASTHO, NACCHO, APHA.)
    - Identify foundations that might wish to support the launch and implementation of HP2030.

Recommendation 4.A. Current Stakeholders

- **Recommendation 4.A.3: Make certain that leaders within governmental agencies have the support they need to transition from Healthy People 2020 to Healthy People 2030, ensuring continuity.**
    - o Identify the technical assistance needs of key stakeholders that are interested in facilitating the transition process.
    - o Communicate about the reduced number and different types of objectives in Healthy People 2030.
    - o Use findings from past Healthy People user studies and other analyses to highlight states that have exemplary Healthy People efforts. Partnering must be approached in a way that ensures equal opportunity.
    - o Identify and share information on states with exemplary practices or best practices.

- **Recommendation 4.A.4: Encourage stakeholders to endorse the Healthy People 2030 Framework, and the approach of the Federal Interagency Workgroup (FIW—see Appendix 5).**

Recommendation 4.B. New Stakeholders

- <u>**Recommendation 4.B.1**</u>: **HHS staff should communicate with new stakeholders (see Appendix 1) to establish contact and build awareness of Healthy People. Communicate with sector representatives to demonstrate how health and well-being relate to their sector (see Appendix 2).**
  - o Engage businesses/create synergies to achieve progress on the objectives.
  - o Reach out to a collaborative of tribes and territories (e.g., <u>Seven Directions</u>, <u>National Congress of American Indians</u>, others) to establish a formal agreement to assist tribes and territories in using Healthy People 2030.
  - o Follow existing models (e.g., National Academy of Sciences) for existing processes to seek feedback from businesses and other stakeholders.
  - o Communications could explain how the initiative informs the work they do and how critical their role may be, particularly in addressing upstream determinants of health and achieving health equity. Any materials to be shared with sectors will need to go through the full HHS departmental clearance process.

Recommendation 4.B. New Stakeholders

- **Recommendation 4.B.2: Engage companies/organizations that create simulations and deploy gamification to ascertain their interest in showing how health can be influenced by different sectors and relate to Healthy People.**
  - Through a competitive process (e.g., a hackathon), engage with organizations that can help gamify the Leading Health Indicators to reach populations that might not otherwise be reached, or to use for educational training.
  - Such products are resource-intensive. To be successful, a federal agency would need to determine that this is sufficiently worthwhile to invest resources in it.

- <u>**Recommendation 5**</u>**: Develop messaging on the HP2030 Framework and approach to help stakeholders disseminate information to their constituencies.**
    - Stakeholders should be informed about HP2030 and know what the opportunities are to be informed about HP2030 and avail themselves of resources for taking action (see Appendix 2).
    - The plan should clearly articulate the goals and purpose of the website and social media platforms and should keep these up-to-date.

- <u>**Recommendation 6**</u>**: Provide a single repository for Healthy People 2030 data and ensure access to that data.**
  - o It is critical for states and (when possible) localities to have state, tribal, local, and territorial health information that links to their data. Examples could be provided on the Healthy People website.
  - o The Healthy People 2030 objectives should enable the initiative's users to support the achievement of national objectives by developing and adapting local objectives be based on local data and circumstances. Examples could be provided on the Healthy People website.

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- **<u>Recommendation 7</u>: Identify and conduct outreach to organizations that have or are developing tools for local data that could be relevant to Healthy People 2030; ensure they know where to submit these tools for sharing with other entities.**
  - Outreach could involve a variety of organizations including state, tribal, local and territorial health departments, nonprofits, and other groups.
  - Host a webinar to discuss tools (e.g., specific local and other data tools) that are relevant to Healthy People2030 to stimulate participation in the launch and post-launch.

Recommendations Pre-Launch: Data

- **Recommendation 8**: Determine an effective way to communicate about, and offer guidance on, data issues at the state, tribal, local, and territorial levels.
  - Guidance could relate to data quality, data analysis, use of administrative data, and other topics such as development of local Healthy People objectives that support national ones.
  - Guidance could be offered through an expert group, a white paper, or some other document.
  - Develop toolkits to help state, tribal, local, and territorial governments prepare targets and metrics, as well as data that help track progress toward Healthy People 2030.
  - To assist the Healthy People 2030 community, including organizations and individuals, in using data from state, local, and other levels in addition to the national data sources that are cited in the objectives, we recommend convening an expert panel to prepare guidance on the following topics:
    - **Sources of state, tribal, local, and territorial data** (e.g., the California Data Portal);
    - Assessing **data quality and representativeness**;
    - Issues in **relating subnational data sets to the national data sources** that support Healthy People 2030; and
    - Assessing progress in meeting objectives by **combining national level data with data from other levels.**

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- <u>**Recommendation 9**</u>: **Develop a resource list of entities that make state, tribal, local, and territorial-level data available through data-sharing platforms. This list could be included on the website to advance the use of Healthy People.**
  - o Invite current stakeholders from across the U.S. to submit examples of their past use of Healthy People data to effectively target specific populations, evaluate impact, and assess interventions. Examples that highlight what is working could be shown on HealthyPeople.gov during the pre-launch.

- **<u>Recommendation 10</u>: Develop a Healthy People 2030 Data Partnership Infrastructure, starting at launch (or earlier).**
  - o At the national level as well as the state, tribal, local and territorial levels, accurate data from credible sources are essential to realizing the potential of Healthy People.
  - o An abundance of data activities relevant to health and well-being are rapidly emerging. These include national examples (e.g., the County Rankings and Roadmaps), local examples (e.g. Public Health Alliance of Southern California), and various other sources, including state-level open data portals, community data dashboards, and emerging administrative data resources.

- **<u>Recommendation 11</u>: Facilitate planning and design of a quantitative analysis of the Overarching Goals.**

Objective Review Recommendations

- **Recommendation 12: Communicate about the new categories of objectives: Core, Developmental, and Research.**
  - o Explain to research agencies that the Research objectives will be coming forward.
  - o Clarify the cross-cutting focus of Healthy People 2030 on determinants of health, health equity, well-being, and health across the lifespan.

- **Recommendation 13: House and monitor Developmental objectives with a single agency, partner agency, or external group/ organization.**

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Objective Review Recommendations

- **Recommendation 14**: Encourage those who use the Healthy People 2030 objectives to make them relevant to their areas of influence by:
  - **Adapting the objectives** with local data that are relevant to the local issues,
  - **Using the objectives** to support action, and
  - **Allowing all sectors to take the lead** on some initiatives. Some issues may not be directly health-related but may influence health.

- **Recommendation 15**: Identify novel ways to get people excited about meeting the Healthy People objectives.
  - Consider contests or awards as a way to motivate existing and new Healthy People stakeholders.

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Stakeholder Engagement Recommendations

- **Recommendation 16: Adopt a multi-sectoral approach to engage public health, medical care, and other sectors in launching Healthy People 2030 in a variety of settings.**
  - o Explore ways of aligning objectives across sectors (see Appendix 2) to help create a healthier nation, and to ensure that those who are least well-off have access to healthier lives.
  - o Use content from existing sector-specific information sheets in targeted conversations to encourage greater participation of other sectors (see Appendix 2) in developing, disseminating, and using Healthy People. Such activities should help people understand how the objectives were developed (i.e., where they came from).

- **Recommendation 17: Allocate resources for the dissemination of Healthy People 2030 toolkits and curricula.**

Stakeholder Engagement Recommendations

- **Recommendation 18**: **Support and promote Healthy People State Coordinators.**
  - o Convene Healthy People State Coordinators.
  - o Identify ways that Healthy People can support State Coordinators.
  - o Create a network of State Coordinators so that they can offer support to one another.

- **Recommendation 19**: **Continue to endorse the Healthy People 2030 Framework and the FIW's approach of:**
  - o Producing webinars that engage members of stakeholder groups on an ongoing basis, with updated interventions and the most current data.
  - o Using social media to promote online presence and webinars.
  - o Syndicating content (e.g., making code available on the Healthy People website so the public can include Healthy People information on their own websites free of charge).
  - o Developing and using infographics and identifying evidence-based resources that the public can access through the website.

Data Recommendations

- <u>**Recommendation 20**</u>**: Offer guidance on data collection and analysis to the Healthy People 2030 community at the time of the launch.**
  - o Healthy People 2030 stakeholders and the public may need guidance for using national, state and local data to meet the Healthy People objectives. To this end, convene an expert panel to prepare guidance on the following topics:
    - Sources of state and local data (e.g., the California Data Portal);
    - Assessing data quality and representativeness;
    - Relating subnational to national data sources that support Healthy People 2030; and
    - Assessing progress in meeting objectives by combining national and state/local data.

- <u>**Recommendation 21**</u>**: Release information through targeted, strategic outreach to partners that have a large network, such as America's Health Insurance Plans (AHIP) or other networks of business, professional, and educational coalitions at the national, state or local level.**
  - o Select a few key partners (e.g., groups of three to five organizations per sector such as health plans) that can then distribute Healthy People information to their networks.

- **Recommendation 22**: Encourage the development and adoption of local objectives, based on local data and circumstances, that support the achievement of national objectives. To help achieve this:
  - o Create an online presence that is user centered and includes interactive tools.
  - o Produce webinars that engage members of stakeholder groups on an ongoing basis, address local situations, and showcase the most current interventions and data.

- **Recommendation 23**: Develop case examples of complex data analysis demonstrating how different populations and stakeholders have been using Healthy People data.
  - o Stimulate uptake of Healthy People data with case examples that highlight different features of the data and more complex types of analysis that can be conducted.
  - o Identify existing examples from HHS, CDC and other government websites that have made effective use of Healthy People data. Examples could focus on specific themes such as, equity, summary measures or different topics.
  - o Because CDC grants often include requirements that relate to Healthy People, the CDC website may be one source for success stories.

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Objective Review Recommendations

- **Recommendation 24: Encourage the use of Healthy People 2030 objectives in ways that are locally relevant, and that contribute to achieving progress on the national objectives.**
    - Local agencies and entities are free to adapt objectives from HP2020 that continue to be relevant to their needs.

- **Recommendation 25: Create a guide to support the transition between HP2020 and HP2030 and build upon the existing foundation of knowledge and experience. The guide could:**
    - Be a web-based program or toolkit.
    - Provide linkages among objectives (from one decade to the other and between Core, Developmental and Research objectives).
    - Link resources and evidence-based interventions to objectives.
    - Outline where HP2030 differs from HP2020.
    - Highlight areas of increased relevance for stakeholder action and where/how local action can be aligned with progress towards achieving objectives at the national level.

- **<u>Recommendation 26</u>: Highlight Research objectives during the launch, since they are new.**
  - o Package and organize objectives in ways that are useful to specific funders and researchers.
  - o Create communication materials for funders, explaining that there are gaps in knowledge and that these objectives are important to creating a healthier nation.

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Stakeholder Engagement Recommendations

- **Recommendation 27**: **Adopt a multi-sectoral approach to ensure Healthy People and HHS have processes in place for ongoing engagement in the use of Healthy People data, objectives, and tools to create well-being and a healthier nation.**
  - The sector grid should be updated to capture how the indicators are being used in the various sectors (e.g., a scorecard).

- **Recommendation 28**: **Implement processes for ongoing engagement and communications with public health, medical care, and other stakeholders.**
  - Engage multiple sectors in implementation and monitoring of objectives.
  - Reach out to federal research agencies.
  - Identify existing examples from HHS, CDC and other government websites that make effective use of Healthy People data and refer to Healthy People on their websites. Examples could focus on themes such as equity, summary measures or other topics.

- **<u>Recommendation 29</u>: Explore gamification, simulations, and other promising engagement tools and interactive innovations.**
  - o Modeling the positive impacts of Healthy People on various sectors would be a compelling way to engage partners. Consider ways to build enough enthusiasm to get financial support for this.

- **<u>Recommendation 30</u>: Provide narrative case examples of success stories.**
  - o Obtain video clips that illustrate the objectives and that could be incorporated on the website.
  - o Highlight success stories that have been submitted.
  - o Create a speakers' bureau of people from other sectors, ensuring that people are included from the top 40 metro areas and smaller rural areas, who are knowledgeable and supportive of Healthy People.

Data Recommendations

- **Recommendation 31**: **Create a framework for summarizing the objectives and data availability.**
  - o Suggest that state health departments track potential local data sources for the Healthy People objectives (for an example, see "Arkansas's Chronic Disease Framework for Action").

- **Recommendation 32**: **Update Healthy People objectives as data become available and should incorporate rapidly emerging issues.**
  - o Consider the impacts of climate change and other environmental and social events (fires, severe weather events, bioterrorism, violence, epidemics) on public health agencies and the general population.
  - o Highlight Developmental and Research objectives that have created sufficient evidence or data to become Core objectives.
  - o Explore new ways to analyze (i.e., conduct data analysis and visualize) data and pursue the creation of new objectives as health issues emerge.
  - o Use data to support linkages between objectives and across topic areas.

- **Recommendation 33**: **Convene an Advisory Committee to work with HHS staff to review changes in health, as well as new data trends, and evaluate progress.**

- **Recommendation 34**: **Build a compelling story that uses the release of LHIs to energize action and data use.**
  - o Graph an indicator with links to more indicators and objectives so that users can access a larger collection of data by clicking on the graph.
  - o Link objectives across topic areas, not just within one topic area.
  - o Build on current efforts to tag related objectives.

- **Recommendation 35**: **Begin planning for Healthy People 2040 early.**
  - o Engage stakeholders proactively to provide meaningful input on the development of objectives.
  - o Consider examining progress against benchmarks that are measured in other OECD countries.

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Objective Review Recommendations

- <u>**Recommendation 36**</u>: **Highlight and celebrate objectives that have exceeded their goals and encourage continued progress on them.**

- <u>**Recommendation 37**</u>: **Monitor, robustly address, and frequently update key areas, including chronic disease, behavioral health, and equity, through a special review of related objectives to ensure the initiative's continued timeliness and relevance.**

- <u>**Recommendation 38**</u>: **Conduct a mid-decade review/ generate a report looking at progress on objectives from an equity perspective.**
  - Be vigilant for unintended consequences that can aggravate equity issues.
  - Highlight emerging objectives related to equity and monitor their progress.

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

Communications

1. Communications plan
2. Interactive website
3. Social media technology and tools

Stakeholder Engagement

4.A. Current Stakeholders

    4.A.1. Engage organizations and government entities

    4.A.2. Explore avenues to engage partner organizations

    4.A.3. Ensure transition support for leaders within governmental agencies

    4.A.4. Encourage stakeholders to endorse the Framework and FIW approach

4.B. New Stakeholders

    4.B.1. Communicate and build awareness of Healthy People

    4.B.2. Engage organizations on simulations and gamification

5. Framework messaging

Data

6. Single data repository
7. Outreach to organizations with local data tools
8. Communicate data issues
9. List of entities with data available on various levels
10. Data partnership infrastructure
11. Quantitative analysis of Overarching Goals

Objective Review

12. New objective categories
13. Developmental objectives under one group
14. Adapt objectives; allow all sectors to lead
15. Novel ways to get people excited

Stakeholder Engagement
16. Multi-sectoral engagement approach
17. Resources for toolkits and curricula
18. State coordinators
19. Endorse Framework

Data
20. Guidance on data collection/analysis
21. Strategic outreach to partners
22. Develop local objectives
23. Different groups use HP2030

Objective Review
24. Local objective utilization
25. Transition guide
26. Highlight Research objectives

Stakeholder Engagement

27. Multi-sectoral approach to ongoing engagement
28. Stakeholder engagement and communications
29. Gamification
30. Narrative success stories

Data

31. Framework for objectives and data availability
32. Update objectives as data are available; emerging issues
33. New Advisory Committee to review progress
34. LHIs to energize action
35. Plan for HP2040 early

Objective Review

36. Objectives that exceed goals
37. Monitoring/updates for timeliness and relevance
38. Mid-decade review, equity progress

Graphics Subcommittee

Shiriki Kumanyika, PhD, MPH
Graphics Subcommittee Chair

HP2030 Framework Graphic

Sonia Barkat
Katie Cheung
Adam Moorman
CommunicateHealth, Inc.

Today, we'll review:

- Framework graphic concepts

- Sample static graphic design

- Capture the main components of the HP2030 framework using:

  o Static graphic

  o Top-level concepts

- Allow users to drill down for more information using:

  o Graphic interactivity

  o Sub-level concepts

- Help build a shared understanding of fundamental public health concepts for a range of users

Content Approach

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- Top-level concepts convey broad approaches of the HP2030 framework

- Relevant sub-level concepts will be featured within each top-level concept

- Benefits include:

  o More inclusivity of specific sub-level concepts

  o Cleaner, simpler visuals to appeal to a wider audience

The Graphics Subcommittee developed the following top-level concepts:

- Closing Gaps

- Creating Healthier Environments

  - Revised from "Building Healthier Communities"

- Increasing Knowledge and Action

  - Revised from "Increasing Engagement"

- Health and Well-Being Across the Lifespan

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Sub-Level Concepts

Closing Gaps

- Health disparities

- Health equity

- Health literacy

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Creating Healthier Environments

- Physical environments

- Economic environments

- Social environments

- Climate resilience

- Disaster preparedness

- Violence prevention

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Increasing Knowledge and Action

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- Shared responsibility across sectors (including public health and health care)

- Outcomes data and public health successes (including site features like Stories from the Field, Leading Health Indicators, and Law and Health Policy)

- Support for evidence-based laws, policies, programs, and clinical interventions

- National objectives and data to drive targeted action and evaluate progress

Health and Well-Being Across the Lifespan

- Emotional and spiritual well-being

- Access to quality clinical care

- Strategic resource allocation

- The Graphics Subcommittee identified "Controlling Excess Medical Care Costs" as a key Healthy People issue in a survey from December 2018

- The subcommittee has continued to deliberate on how to include this concept within the framework graphic

- The subcommittee requests additional feedback from the Advisory Committee

Questions?

Office of Disease Prevention
and Health Promotion
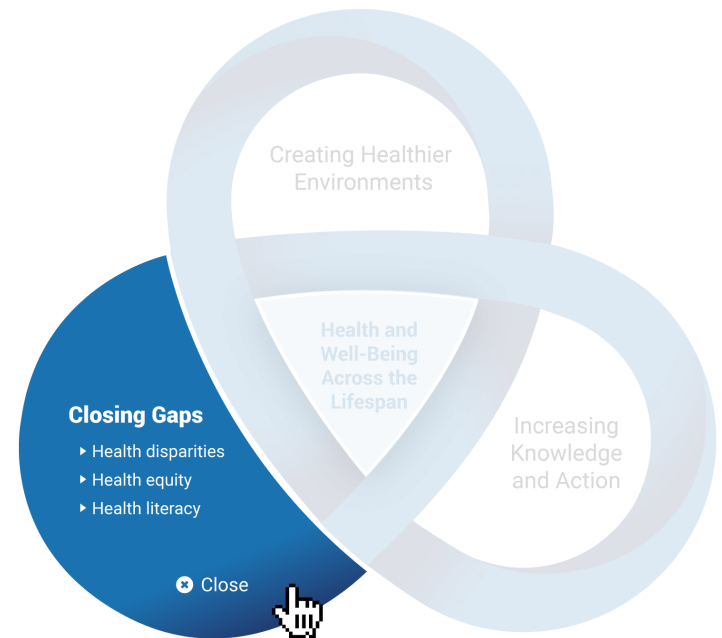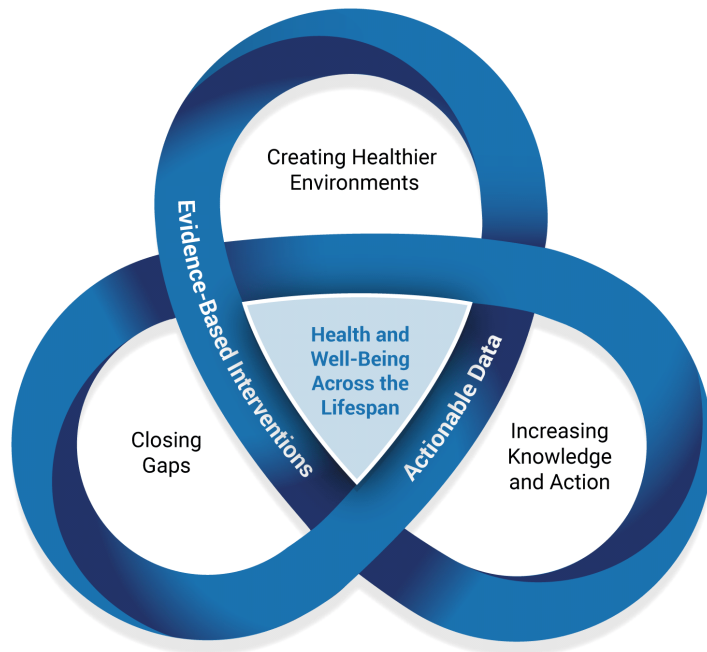
- The subcommittee will continue to refine sub-level concepts

- CH will continue to iterate on the design of the static graphic

- CH will develop recommendations for the interactive graphic

Committee Vote & Next Steps

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

Meeting Adjourned