SECRETARY'S ADVISORY COMMITTEE ON NATIONAL HEALTH PROMOTION AND DISEASE PREVENTION OBJECTIVES FOR 2030, REPORT #8

IMPLEMENTATION OF HEALTHY PEOPLE 2030: RECOMMENDATIONS FOR IMPLEMENTATION AND THE FRAMEWORK GRAPHIC FOR HEALTHY PEOPLE 2030

Submitted to the Secretary of the
U.S. Department of Health and Human Services

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

AUGUST 2019

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I. INTRODUCTION

The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (the Committee) is a federal advisory committee composed of non-federal, independent subject matter experts. It is responsible for making recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) on the development and implementation of national health promotion and disease prevention objectives for 2030.

After its inaugural meeting in December 2016, the Committee appointed several subcommittees, charging each with providing guidance on aspects of the initiative's development. Since then, the Committee has met 14 times (3 times in person and 11 times via webinar) to discuss, revise, vote on, and finalize subcommittee recommendations for submission to the HHS Secretary. At its September 2018 meeting, the Committee appointed the Implementation Subcommittee to provide advice and guidance on implementation before, during, and after the launch of Healthy People 2030. Separately, the Committee appointed a Logic Model Subcommittee in June 2017. This group was later renamed the Graphics Subcommittee to more accurately reflect its charge and work. The Graphic Subcommittee was charged to develop a framework graphic that would depict the overall story of the Healthy People initiative.

This report presents the Committee's recommendations for implementing Healthy People 2030. It is based on the combined products of 2 separate subcommittees: the Implementation Subcommittee and the Graphics Subcommittee. The Implementation Subcommittee convened 13 times between August 2018 and February 2019. The Graphics Subcommittee met 15 times between June 2017 and May 2018. In the course of its work on the framework graphic, the Graphics Subcommittee provided progress updates and sought input from the full Committee at various public meetings (i.e., September 6, 2017; February 28, 2018; July 10, 2018; September 6, 2018; March 27, 2019; and June 26, 2019). As of July 2019, this work is ongoing.

This report's purpose is to: 1) highlight issues for HHS to consider in its planning for and implementation of Healthy People 2030; 2) recommend specific actions for HHS to take at each stage of implementation (pre-launch, launch, and post-launch); and 3) introduce the framework graphic concept for Healthy People 2030. The Implementation Subcommittee developed draft recommendations for the report through iterative rounds of writing, discussion, and revision. The full Committee reviewed, discussed, and provided feedback on each draft.

Committee members amended and approved the final recommendations during web-based meetings on March 27, 2019, and June 26, 2019. After the March meeting, staff sent 2 rounds of a prioritization survey to members of the Implementation Subcommittee (first round) and the full Committee (second round), offering the opportunity to prioritize the report's 38 recommendations. Based on survey results, this report presents the Committee's 38 implementation recommendations and lists the top 3 priorities for each phase. At the June meeting, the Committee approved the prioritized, top 3 recommendations for each phase of implementation, as well as top-level and sub-level concepts for the framework graphic (see Appendix 1).

II. BACKGROUND

To learn about the functions that Healthy People currently serves, as well as potential opportunities for the initiative, the Implementation Subcommittee invited presentations from stakeholders, including the National Association of County and City Health Officials (NACCHO), the Association of State and Territorial Health Officials (ASTHO), the Association for Prevention Teaching and Research (APTR), and the Institute for People, Place and Possibility (IP3). Other presentations were provided by regional programs, including the Public Health Alliance of Southern California and Healthy Alaskans 2020. Presenters highlighted the growing interest in using community-level data but noted that this type of data often isn't available. They suggested that Healthy People 2030 explore ways to leverage hospitals' community health needs assessments, community health improvement plans, and other types of community needs assessments. Information gathered through these presentations complemented the Committee's earlier work exploring the potential relevance of Healthy People 2030 to other sectors (see Appendices 1, 2).

Members of the Graphics Subcommittee worked in collaboration with a health communication organization to create a framework graphic that will be developed in both static and interactive formats to appeal to key audiences. The purpose of the framework graphic is to: 1) capture main components of the Healthy People 2030 framework in an action model; 2) allow users to drill down for more detailed information in the action model; and 3) build a shared understanding of fundamental public health concepts for a range of users. The process of developing the graphics involved:

- Defining the product requirements (i.e., audiences, purpose, use, formats, key messages)
- Identifying the main components of a static action model
- Identifying the main components of an interactive action model
- Determining the relationships among the components
- Creating a visual design to illustrate those relationships
- Identifying how the static and interactive action models will offer additional gateways for Healthy People 2030 users to access information and tools
- Reviewing the information architecture that will support the components of the action model

The geopolitical scope of Healthy People encompasses the national level as well as the tribal, state, territorial, and local levels. Throughout this report, the Committee discusses its recommendations for engaging stakeholders of the Healthy People initiative (see Committee Report #5, Stakeholder Engagement and Communication for Healthy People 2030) across multiple sectors and settings. Three categories—stakeholders, sectors, and settings—offer alternative ways to think about the rollout of Healthy People 2030. Healthy People stakeholders are those who actively use Healthy People resources, such as the website, data, interactive tools, and reports. For the purposes of this report, definitions include:

- **Current stakeholders** are those who are aware of Healthy People and need guidance to use Healthy People 2030 for their disease prevention and health promotion efforts. Current Healthy People stakeholders are often public health professionals, academics, and students who are based in public health settings (e.g., tribal, state, territorial, and local public health departments, academic departments, foundations, and others).

- **New stakeholders** are those from 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 Healthy People (e.g., city planners, social service agencies, and others).

- **Sectors** are sociological, economic, or political subdivisions of society.[1]

- **Multisectoral collaboration** refers to deliberate collaboration among various stakeholder groups (e.g., government, civil society, and private sector) and sectors (e.g., health, environment, economy) to achieve Healthy People 2030 goals and objectives.

- **Settings** refer to the time, place, and circumstances in which something occurs or develops. This term may include facilities such as schools, worksites, community centers, faith-based institutions, and others.

- **Communities** may be self-identified and are not limited to geopolitical definitions of "local," though they may be locally placed.

Healthy People 2030 should engage sectors other than governmental public health, such as health care, environmental/environmental regulation, transportation, criminal justice, civil law, housing, and education (see Appendix 4). Examples of how selected stakeholders can act to meet Healthy People targets are shown in Table 1.

Table 1. Examples of How Selected Stakeholders Can Act to Meet Healthy People Targets

Local Health Departments
■ Decide internal priorities; create a roadmap to achieve goals; establish benchmarks
■ Align activities of local health departments with state and national public health priorities
■ Engage partners around common goals and metrics
Tribal, State, and Territorial Health Departments
■ Find common language that public health officials at all levels can use to communicate priorities
■ Identify clear benchmarks and directions for progress
■ Facilitate partnerships, foster shared vision, and build momentum across settings
Academic and Professional Health-Related Educational Institutions
■ Align general curricula and accreditation standards with national goals
■ Align education for health professions students from all disciplines with national goals
■ Use interprofessional approaches in curricula to train professionals in health care and other health service-related fields, thus setting the stage for collaboration across disciplines
Cross-Disciplinary Leaders (e.g., transportation, commerce, agriculture)
■ Use Healthy People to align common goals and standards across disciplines
■ Raise awareness of Healthy People among decision-makers in other sectors
■ Educate and train professionals in fields that influence social determinants of health to collaborate with the public health and health care sectors

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[1] "sector." *Merriam-Webster.com.* 2019. https://www.merriam-webster.com (17 January 2019).

In the sections that follow, the Committee proposes actions to plan, initiate, and build momentum for the implementation of Healthy People 2030. These recommendations are presented in 3 phases: pre-launch, launch, and post-launch. **The recommendations are guided by the Healthy People 2030 framework and reflect its foundational principles** (see Box 1).

Box 1. Healthy People 2030 Foundational Principles

Foundational Principles "*What guides our actions*"

Foundational Principles explain the thinking that guides decisions about Healthy People 2030.

- Health and well-being of all people and communities are essential to a **thriving, equitable society**.
- Promoting health and well-being and preventing disease are linked efforts that encompass physical, mental, and social health dimensions.
- Investing to achieve the full potential for health and well-being for all provides **valuable benefits to**
- Achieving health and well-being requires eliminating health disparities, achieving health equity, and
- **Healthy physical, social, and economic environments** strengthen the potential to achieve health
- Promoting and achieving the Nation's health and well-being is a **shared responsibility** that is
- Working to attain the full potential for health and well-being of the population is a component of

The Committee highlights its top 3 prioritized recommendations for each phase at the beginning of that section. **Note that prioritization is simply intended to inform implementation efforts—not to indicate overall importance.** Since the recommendations build on one another, they are all are essential to the pre-launch, launch, and post-launch phases.

The recommendations address 4 cross-cutting themes that have emerged from deliberations of the Committee and Implementation Subcommittee: communications, data, stakeholder engagement, and objective review. Topics covered in this report include stakeholder engagement, data, multisectoral partnerships, and collaboration with communities. Additional themes highlight the importance of multisectoral partnerships; ready access to updated data, resources, and toolkits; and alignment with the Healthy People 2030 framework. A narrative discussion follows each recommendation, providing additional clarification and guidance.

III. RECOMMENDATIONS

1. Pre-launch: Implementation Activities to Precede the Launch of Healthy People 2030, May 2019 through January 2020

Activities in the pre-launch phase should be designed to set Healthy People 2030 up for success. During this phase, Healthy People 2030 should reach out to current stakeholders—those somewhat familiar with the initiative—and other sectors that are less familiar with Healthy People (see Appendix 2). The purpose of such outreach will be to guide these current and new stakeholders to the website, recommend that they become involved in the initiative, and familiarize them with the foundational principles of Healthy People 2030 (see Box 1).

Top Priorities for the Pre-launch Phase

First Priority, Pre-launch	Recommendation 1:	Develop and initiate a Healthy People 2030 Communications Plan.
Second Priority, Pre-launch	Recommendation 6:	Provide a single repository for Healthy People 2030 data and ensure access to that data.
Third Priority,* Pre-launch*	Recommendation 2:	HHS should make the updated, interactive website a priority for Healthy People resources.
	Recommendation 14:	Encourage those who use the Healthy People 2030 objectives to make them relevant to their areas of influence by adapting the objectives, using the objectives, and allowing all sectors to take the lead.

* Due to a tied vote for third place, 4 priority recommendations are listed for the pre-launch.

Communications Recommendations

1. Develop and initiate a Healthy People 2030 Communications Plan.

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.

- A communications plan will be important to the implementation of Healthy People 2030. The Committee recognizes that HHS is working separately to develop such a plan by early 2019 and therefore recommends that HHS coordinate implementation activities proposed in this report with those in the Healthy People 2030 Communications Plan. Seamless messaging and rollout of implementation activities at each phase should occur throughout the decade, as stakeholders work toward meeting Healthy People objectives.

- During the pre-launch phase, Healthy People 2030 should undertake communications activities that include launching the Healthy People 2030 website; developing the overarching graphic; preparing presentations and talking points; and notifying funders of the new categories of objectives (i.e., core, research, and developmental objectives).

- Those championing Healthy People, including interested Committee members, can use such materials for presentations and to foster discussion about Healthy People 2030.
- The Healthy People 2030 Communications Plan should use themes from the Healthy People 2030 framework (see Box 1) to develop messaging for use before launch. Messaging should address the concept and history of Healthy People, how the initiative can be used by current stakeholders, and what data sources are available to current and new stakeholders.

2. **HHS should make the updated, interactive website a priority for Healthy People resources.**

- 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.

3. **Healthy People 2030 should take advantage of all social media and technology tools when considering implementation efforts.**

- HHS should incorporate detailed strategies and tactical approaches for the website, social media, and technology tools into the Healthy People 2030 Communications Plan.

Stakeholder Engagement Recommendations

4. **Healthy People 2030 should engage 2 different groups of stakeholders (see Appendix 2):**

4.A. Current Stakeholders

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

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, such as ASTHO, NACCHO, and APHA.)
  - Ensure that they are actively involved in the pre-launch and launch, and share their activities.
- Identify foundations that might wish to support the launch and implementation of Healthy People 2030.

4.A.3. Make sure that leaders within governmental agencies have the support they need to seamlessly transition from Healthy People 2020 to Healthy People 2030.

- Identify the technical assistance needs of key stakeholders that are interested in facilitating the transition process.
  - One example of how Healthy People 2030 might communicate about the reduced number of objectives is shown in Figure 1. It illustrates the process that

was followed by Healthy Alaskans, a joint effort between the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium. Healthy Alaskans collected and compiled community input through a series of surveys to develop an initial list of hundreds of possible Leading Health Indicators (LHIs). The list was refined by an advisory body, resulting in the final selection of 25 LHIs (see Figure 1).

Figure 1. Healthy Alaskans Process to Determine 25 Leading Health Indicators
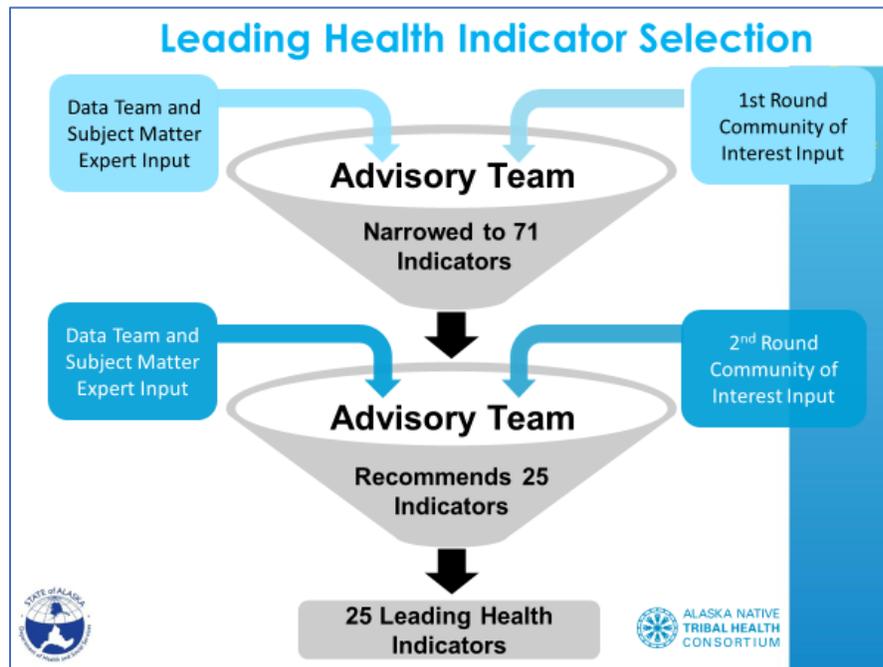
- Fewer objectives allow for a more focused effort that aims to make the highest-priority changes in health and well-being. In effect, fewer objectives could achieve a greater overall impact.
- Use findings from past Healthy People user studies and other analyses to highlight states that have especially strong Healthy People efforts. Partnering must be approached in a way that ensures equal opportunity.
- Identify and share information on states with exemplary practices.

4.A.4. Encourage stakeholders to endorse the Healthy People 2030 framework, and the approach of the Federal Interagency Workgroup (FIW) (see Appendix 5).

- Communicate about the reduced number and different types of objectives in Healthy People 2030.
  - Healthy People 2020 includes more than 1,200 objectives and sub-objectives, organized into 42 topic areas. Given limited resources of staff and funding within HHS, tracking and monitoring this large number of objectives presents both management challenges and opportunity costs. HHS has therefore asked the Committee to provide advice on approaches to streamline and significantly reduce, by half or more, the number of Healthy People objectives (see Committee Report #2).

4.B. New Stakeholders

4.B.1. HHS staff should communicate with new stakeholders (see Appendix 2) 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 3).

- Engage businesses and create synergies to achieve progress toward objectives.
- Reach out to a collaborative of tribes and territories (e.g., Seven Directions, National Congress of American Indians) to establish a formal agreement to assist tribes and territories in using Healthy People 2030.
- Follow existing models (e.g., National Academies of Sciences, Engineering, and Medicine) for processes to seek feedback from businesses and other stakeholders.[2]
- 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.

4.B.2. Engage companies and organizations that create simulations and use gamification to gauge interest in showing how health is influenced by different sectors and relates to Healthy People.

- Through a competitive process (e.g., a hackathon), engage with organizations that can help gamify LHIs to reach populations that might not otherwise be reached—or to use for training.
- The development of such products is resource intensive. To be successful, a federal agency would need to determine that this approach is worth investing the resources it would require.
  - Support from the HHS Secretary or Assistant Secretary for Health could help make this happen.
  - Private sector or foundational support may be available to enable this resource-intensive work to move forward.

5. **Develop messaging on the Healthy People 2030 framework and approach to help stakeholders disseminate information to their constituencies.**

- Stakeholders should be informed about Healthy People 2030. They need to be aware of opportunities to learn about the initiative and use the resources available to take action (see Appendix 3).
- The plan should clearly articulate the goals and purpose of the website and social media platforms, which should be kept up to date.

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[2] National Academies of Sciences, Engineering, and Medicine, "Our Study Process." http://www.nationalacademies.org/studyprocess/?_ga=2.41258466.1712245690.1566308878-907473705.1566308878

Data Recommendations

Data are central to the Healthy People initiative, as high-quality data drive decision-making to ensure progress toward achieving objectives. The geopolitical scope of Healthy People encompasses the national level, as well as the tribal, state, territorial, and local levels. To inform strategic efforts across sectors at all levels, high-quality data collection, analyses, and timely reporting are essential.

6. **Provide a single repository for Healthy People 2030 data and ensure access to that data.**

   - It is critical for states and, when possible, localities to have accurate and accessible state and local health data that aligns with the national health objectives. Examples could be provided on the Healthy People website.
   - The single repository would house national data, as well as tribal, state, territorial, and local data.
     - Tribal, state, territorial, and local data may not meet the data standards of the National Center for Health Statistics (NCHS), but they would be available within the data repository for purposes of comparison.

7. **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 tribal, state, territorial, and local health departments; nonprofits; and other groups.
   - Host a webinar to discuss tools (e.g., specific local data tools) that are relevant to Healthy People 2030 to stimulate participation in the launch and post-launch phases.
   - Encourage such partners to place tools in an accessible repository that will be curated and maintained.
   - Communities may be self-identified and are not always defined in geopolitical terms.

8. **Offer guidance on data collection and analysis to stakeholders at launch.**

   - Healthy People stakeholders may need guidance in using national, tribal, state, territorial, and local data to meet Healthy People objectives.
   - To this end, the Committee recommends convening an expert panel to prepare guidance on the following topics:
     - **Identifying sources of tribal, state, territorial, and local data** (e.g., the California Data Portal).
     - Assessing **data quality and representativeness**.
     - **Relating subnational to national data sources** supporting Healthy People 2030.
     - Assessing progress on objectives **by combining national data with data from the tribal, state, territorial, or local levels**.
     - **Developing and adapting local objectives based on local data and circumstances** that support the achievement of national objectives.

- In some cases, states or localities may be able to use the same language as Healthy People objectives, while developing baselines and targets that are specific to their state or locality.

9. **Develop a resource list of entities that make tribal, state, territorial, and local data available through data-sharing platforms. This list could be included on the website to advance the use of Healthy People.**

   - Invite current stakeholders from across the United States 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 the Healthy People website during pre-launch.

10. **Develop a data partnership infrastructure for Healthy People 2030, starting at or before launch.**

    - At the national, tribal, state, territorial, 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, one option could be to leverage existing activities through a new infrastructure of data partnerships.
      - This infrastructure could support the rapid growth of data, demand for new types of data, and need for subnational data. It would accomplish this by harnessing existing and emerging data efforts, supporting data analytics and innovation, and promoting the presentation of data to guide activities that address Healthy People 2030.
    - An abundance of data activities relevant to health and well-being are rapidly emerging. National examples include the County Health Rankings & Roadmaps. Local examples include the California Healthy Places Index and a variety of other sources, such as state-level open data portals, community data dashboards, and emerging administrative data resources.
    - These sources have the potential to form a data infrastructure that builds on efforts such as: the U.S. Small-area Life Expectancy Estimates Project (USALEEP) Neighborhood Life Expectancy Project; the NCHS-HUD data linkage, which expands content of NCHS surveys to include housing data; and the Foodborne Diseases Active Surveillance Network (FoodNet), which provides extensive information on foodborne illness (see Appendix 4 for details).
    - A data infrastructure that links national, tribal, state, territorial, and local data through partnerships and collaborations could enhance the Nation's capacity to meet Healthy People objectives and overarching goals, placing emphasis on local action.

11. **Facilitate planning and design of a quantitative analysis of the overarching goals.**

Objective Review Recommendations

12. **Communicate about the new categories of objectives: core, developmental, and research.**

- Explain to research agencies that Healthy People 2030 will include research objectives.
- Clarify the cross-cutting focus of Healthy People 2030 on determinants of health, health equity, well-being, and health across the lifespan.
- Explain to research agencies that Healthy People 2030 will include developmental objectives, highlighting a need for new data sources and baseline measures.

13. **House and monitor developmental objectives with a single agency, partner agency, or external group or organization.**

14. **Encourage those who use Healthy People 2030 objectives to make them relevant to their areas of influence. For example:**

- Adapting objectives with local data that are relevant to local issues.
- Using the objectives to support action.
- Allowing all sectors to take the lead on some initiatives. Some issues may not be directly health-related but may influence health.

15. **Identify novel ways to get people excited about meeting Healthy People objectives.**

- Consider contests or awards as a way to motivate existing and new Healthy People stakeholders.

2. Launch: Implementation Activities to Occur at the Launch of Healthy People 2030, January 2020 through March 2020

The launch of Healthy People 2030 will occur in early 2020. It will entail a series of rollout activities with key messaging on themes and provides an opportunity to stimulate action and enthusiasm among current and new stakeholders and partners.

Top Priorities for the Launch Phase

First Priority, Launch	Recommendation 16:	Adopt a multisectoral approach to engage public health, health care, and other sectors in launching Healthy People 2030 in a variety of settings.
Second Priority, Launch	Recommendation 21:	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, tribal, state, territorial, or local levels.
Third Priority, Launch	Recommendation 25:	Create a guide to support the transition between Healthy People 2020 and Healthy People 2030 and build upon the existing foundation of knowledge and experience.

Stakeholder Engagement Recommendations

16. **Adopt a multisectoral approach to engage public health, health care, and other sectors in launching Healthy People 2030 in a variety of settings.**

    - Explore ways of aligning objectives across sectors (see Appendix 3) to help create a healthier Nation to ensure all Americans can enjoy longer, healthier lives.
    - Use content from existing sector-specific information sheets in targeted conversations to encourage greater participation of other sectors (see Appendix 3) in developing, disseminating, and using Healthy People.
    - Such activities should help people understand how the objectives were developed and how they benefit the other sectors (see Appendix 3).

17. **Continue to endorse the Healthy People 2030 framework and the FIW's approach of:**

    - Producing webinars that engage members of stakeholder groups on an ongoing basis, with updated interventions and the most current data.
    - Using social media to promote online presence and webinars.
    - Syndicating content—in other words, making code available on the Healthy People website so the public can include Healthy People content on their own websites free of charge).
    - Developing and using infographics and identifying evidence-based resources that the public can access through the website.

18. **Allocate resources for the dissemination of Healthy People 2030 toolkits and curricula.**

19. **Support and promote Healthy People State Coordinators.**

    - Convene Healthy People State Coordinators.
    - Identify ways that Healthy People can support these State Coordinators.
    - Create a network of Healthy People State Coordinators so that they can support one another.

Data Recommendations

20. **Offer guidance on data collection and analysis to stakeholders at launch.**

    - Healthy People 2030 stakeholders and the public may need guidance for using national, tribal, state, territorial, and local data to meet Healthy People objectives.

21. **Release information to—and prompt action 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, tribal, state, territorial, or local levels.**

    - Select a few key partners (e.g., groups of 3 to 5 organizations per sector, such as health plans) that can then distribute Healthy People information to their networks.
    - The emphasis should be on encouraging partners and their networks to take action.

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:**

    - Create an online presence that is user-centered and includes interactive tools.
    - Produce webinars that engage members of stakeholder groups on an ongoing basis, address local situations, and showcase the most current interventions and data.

23. **Develop case examples of complex data analysis demonstrating how different populations and stakeholders have been using Healthy People data.**

    - 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.
    - Identify existing examples from HHS, CDC, and other government websites that have effectively used Healthy People data. Examples could focus on specific themes, such as equity, summary measures, and other topics.
    - Because CDC grants often include requirements that relate to Healthy People, the CDC website may be one source for success stories.
    - The examples could focus on specific themes, such as equity, summary measures, and other topics.

Objective Review Recommendations

As noted in the Healthy People 2030 framework and foundational principles, Healthy People 2030 is intended to serve as a catalyst for changing focus from disease-specific to more upstream efforts.

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 Healthy People 2020 that continue to be relevant to their needs.
   - Develop talking points to explain categories of objectives and the process for LHIs.
   - Develop talking points to explain and describe the role of LHIs.

25. **Create a guide to support the transition from Healthy People 2020 to Healthy People 2030 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, development and research objectives).
   - Link resources and evidence-based interventions to objectives.
   - Outline where Healthy People 2030 differs from Healthy People 2020.
   - Highlight areas of increased relevance for stakeholder action and where and how local action can be aligned with progress toward achieving objectives at the national level.

26. **Highlight research objectives during launch since they are new.**

   - Package and organize objectives in ways that are useful to specific funders and researchers.
   - Create communication materials for funders, explaining that there are gaps in knowledge and that these objectives are important to creating a healthier Nation.
   - Show data from other nations to demonstrate that the United States is currently far from being the healthiest nation. Offer global comparison as a touchpoint.
   - Ask research agencies to review and internally track their progress on research objectives that align with their strategic plans. Request that that they report this information back to Healthy People 2030 so that it can be included in the mid-decade review.

3. Post-launch: Implementation Activities to Follow the Launch of Healthy People 2030, March 2020 through Midcourse Review

During the post-launch phase, Healthy People 2030 should conduct activities to conduct activities to continue implementation of the initiative and familiarize and engage users with the Healthy People tools that can help them achieve their goals Healthy People 2030 should also work to establish evaluation milestones (i.e., a timeline for reports on the initiative's progress), so users will view Healthy People implementation as a continuous process.

Top Priorities for the Post-launch Phase

First Priority, Post-launch	Recommendation 27:	Adopt a multisectoral 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.
Second Priority, Post-launch	Recommendation 37:	Monitor, robustly address, and frequently update key areas of objectives and LHIs that have disproportionate impacts on the health of the Nation—including chronic disease, behavioral health, and equity—through a special review of related objectives to ensure the initiative's continued timeliness and relevance.
Third Priority, Post-launch	Recommendation 38:	Conduct a mid-decade review and generate a report looking at progress toward objectives from an equity perspective

Stakeholder Engagement Recommendations

27. **Adopt a multisectoral 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 objectives are being used in the various sectors (e.g., a scorecard).

28. **Implement processes for ongoing engagement and communications with public health, health 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 specific themes, such as equity, summary measures, and other topics.

29. **Explore gamification, simulations, and other promising engagement tools and interactive innovations.**

    - 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 approach.

30. **Provide narrative case examples of success stories.**

- Obtain video clips that illustrate the objectives and could be incorporated on the website.
- Highlight success stories that have been submitted.
- Create a speakers bureau with representatives from other sectors who are knowledgeable and supportive of Healthy People, making sure to include people from the top 40 metro areas and smaller rural areas.

Data Recommendations

31. **Create a framework for summarizing objective and data availability.**

- Suggest that state health departments track potential local data sources for the Healthy People objectives (for a sample format, see Arkansas's Chronic Disease Framework for Action.)
  - Add a column for potential community data to a tabular outline of Healthy People objectives (as in the Arkansas's Chronic Disease Framework for Action.)
  - Add one or more columns to indicate potential data availability for key objectives at the tribal, state, territorial, and local levels.

32. **Update Healthy People objectives as data become available and incorporate rapidly emerging issues.**

- Consider the impacts of climate change and other environmental and social events (e.g., fires, severe weather events, bioterrorism, violence, and epidemics) on public health agencies and the general population.
- Highlight developmental and research objectives that now have sufficient evidence or data to be classified as core objectives.
  - Explore new ways to analyze data (i.e., conduct data analysis and visualize) and pursue the creation of new objectives as health issues emerge.
  - Use data to support linkages between objectives and across topic areas.

33. **Convene an advisory committee that will work with HHS staff to review changes in health and well-being as well as new data trends and evaluate progress.**

34. **Build a compelling story that uses the release of LHIs to stimulate action and data use.**

- Graph LHIs with links to other indicators and objectives so that users can access a larger collection of data by clicking on the graph.
- Link objectives across topic areas—not just within one topic area.
- Build on current efforts to tag related objectives.

35. **Begin planning for Healthy People 2040 early.**

- Engage stakeholders proactively to provide meaningful input on the development of objectives.
- Consider examining progress against benchmarks that are measured in other Organisation for Economic Cooperation and Development (OECD) countries.

Objective Review Recommendations

36. **Highlight and celebrate objectives that have exceeded their targets and encourage continued progress on them.**

37. **Monitor, robustly address, and frequently update key areas of objectives and LHIs that have a disproportionate impact on the health of the Nation**—including chronic disease, behavioral health, and equity—through a special review of related objectives to ensure the initiative's continued timeliness and relevance.

38. **Conduct a mid-decade review and generate a report looking at progress on objectives from an equity perspective.**

- Be vigilant about unintended consequences that can aggravate equity issues.
- Highlight emerging objectives related to equity and monitor their progress.

4. Framework Graphic for Healthy People 2030

The framework graphic for Healthy People 2030 is meant to visually communicate the main components of the Healthy People 2030 framework (i.e., the foundational principles, overarching goals, and plan of action). The model will be developed in a static format (see Appendix 1) and a web-based, interactive format that enables users to drill down for more detailed information. Top-level concepts included in the static graphic are: closing gaps; cultivating healthier environments; increasing knowledge and action; and health and well-being across the lifespan. Sub-level components are as follows:

Closing Gaps

- Health disparities
- Health equity
- Health literacy

Cultivating Healthier Environments

- Physical environments
- Social environments
- Economic environments

Increasing Knowledge and Action

- Shared responsibility across sectors
- Public health successes
- Evidence-based laws, policies, and practices
- Objectives and data

Health and Well-Being Across the Lifespan

- Physical, mental, and social dimensions
- Access to quality public health and clinical care

The Committee recommends that HHS identify a title for the Healthy People 2030 framework graphic, as the Committee was unable to come to a consensus. A few of the titles recommended by members of the Committee include "action model," "shared responsibility across sectors," and "shared responsibility and engagement across sectors."

APPENDIX 1. ACTION MODEL FOR HEALTHY PEOPLE 2030

APPENDIX 2. HEALTHY PEOPLE 2030: SECTOR ENGAGEMENT GRID

Sector	Pre-launch	Launch	Post-Launch
■ Health and health care			
o Public health			
o Hospitals and health care delivery systems			
o Health insurance companies			
o Pharmaceutical companies			
o Emergency response			
■ Environment/environmental regulation			
■ Transportation			
■ Criminal justice, juvenile justice, law enforcement, public safety			
■ Civil legal sector			
o Civil legal aid			
o National law firms			
o General counsels			
■ Housing			
■ Education			
■ Energy and utilities			
■ Urban planning and development			
■ Labor/labor organizations			
o 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 nonprofits			
■ Faith-based organizations			
■ Identity-based organizations			

APPENDIX 3. POTENTIAL RELEVANCE OF HEALTHY PEOPLE 2030 TO OTHER SECTORS AS SPECIFIED IN APPENDIX 2.

Sector	How Sector Shapes Health	Why Engaging in Healthy People 2030 Benefits the Sector
Health and health care ○ Public health ○ Hospitals and health care delivery systems ○ Health insurance companies ○ Pharmaceutical companies ○ Emergency response	Improve individual and population-level disease outcomes, health, well-being, and quality of life	When overall population health improves, health outcomes across all diseases and overall quality of life improves
Environment/environmental regulation	Create, monitor and enforce environmental regulations that impact health; slow environmental degradation and preserve for future generations	Healthier people will participate more in environmental and outdoor activities that continue the cycle of positive change
Transportation	Improve transportation safety through infrastructure and laws/policies; improve public transportation to connect individuals with services; increase opportunities for physical activity	A healthy workforce, including both employees and consumers, benefits transportation in a number of ways
Criminal justice, juvenile justice, law enforcement, public safety	Prevent injury and violence; influence social determinants of health in at-risk populations	Healthier people may be less likely to commit crimes, and those working in criminal justice may be better able to manage high-stress situations
Civil legal sector ○ Civil legal aid ○ National law firms ○ General counsels	*(Examples not currently available)*	*(Examples not currently available)*
Housing	Poor quality and limited maintenance of housing contribute to health risks, such as exposure to toxic substances (lead, mold) and injuries; such housing can create unsafe environments	Healthier people will benefit the housing sector by building healthier communities
Education	Education levels are linked to better health behaviors (e.g., not smoking) and health outcomes; literacy enables informed health decisions	Healthy individuals can attend school and learn the skills needed to succeed both economically and socially
Energy and utilities	Health and safety of workforce; environmental impact of energy harvesting and consumption	Healthier people may be more willing to advocate for energy and utility options that improve environmental health

Sector	How Sector Shapes Health	Why Engaging in Healthy People 2030 Benefits the Sector
■ **Urban planning and development**	Combat infectious disease; create green spaces to encourage physical activity; improve environmental quality; decrease violence	Healthier people can be champions for urban planning and development work to improve the health and economic base of cities
■ **Labor/labor organizations** ○ Worker safety	Promote healthy physical and social work conditions; target social inequities; ensure use of safety equipment and procedures; provide safety training	A healthier workforce benefits employers by increasing productivity reducing lost workdays and health insurance costs
■ **Food and agriculture**	Contribute to healthier diets; increase income and safety of rural workforce	Healthier people may take greater interest in this sector and promote healthier foods and more sustainable practices
■ **Commerce and business, including investment and financial institutions**	Leadership in communities; ability to help address health challenges (e.g., addiction, hunger)	A healthy workforce is critical to maximize productivity, reduce health care costs, and promote economic growth
■ **Military and defense**	Provide disaster relief services; contribute to advances in health research	The military relies on a healthy population in order to maintain their ranks and ensure there is a military workforce that meets physical requirements
■ **Technology and IT**	Enable data sharing via electronic health records and mobile and cloud platforms; increase access to services via telehealth; allow individuals to track their own health outcomes	Healthier people may benefit technology and IT by shifting the focus of health IT and technology from high-risk patient needs to preventive medicine
■ **State and local government, tribes and territories**	Influence and create policies and regulations; implement programs	A healthier community means lower health care costs, a more productive workforce, improved quality of life, and stronger local economies
■ **Foundations and nonprofits**	Provide funding opportunities for projects; ability to help address health challenges (e.g., addiction, hunger)	Healthier people would allow this sector to invest in less common health issues, and could provide greater insight into contributing factors to complex health problems
■ **Faith-based organizations**	Advocate for social policies; provide infrastructure and guidance to community-level agencies	Healthier people have more agency and are better equipped to be active members of their community
■ **Identity-based organizations**	Identifies identity-specific needs, including inequities and disparities; creates communities of practice; communicates to special populations	Provides data and targets for members to prioritize for prevention efforts and Healthy People 2030 interventions; focus on equality across sectors and populations

APPENDIX 4. POTENTIAL COMPONENTS OF A NATIONAL DATA INFRASTRUCTURE.

The National Data Infrastructure could link data efforts at the national and local levels and build upon existing efforts, such as:

- **The U.S. Small-area Life Expectancy Estimates Project (USALEEP)** is a partnership between NCHS, the Robert Wood Johnson Foundation, and the National Association for Public Health Statistics and Information Systems (NAPHSIS). It developed small-area estimates of life expectancy at the census tract level for the period 2010 to 2015.

- **The NCHS-HUD data linkage**, an interagency partnership between NCHS and the Department of Housing and Urban Development (HUD). It expands the content of NCHS surveys to include housing data, thereby creating opportunities to study housing as a social determinant of health. The NCHS-HUD partnership has also resulted in geocoded data for NCHS data systems that can support research incorporating geographic, contextual factors.

- **The Foodborne Diseases Active Surveillance Network** (FoodNet), a collaborative program that includes CDC, 10 state public health departments, the U.S. Department of Agriculture's Food Safety and Inspection Service (USDA-FSIS), and the Food and Drug Administration (FDA). Targeted toward surveillance of specific pathogens and select geographic areas, FoodNet captures data through a combination of active surveillance; surveys of laboratories, physicians, and the general population; and population-based epidemiologic studies.

APPENDIX 5. THE HEALTHY PEOPLE 2030 FEDERAL INTERAGENCY WORKGROUP (FIW)

The Healthy People 2030 topic areas were developed by the Lead Federal Agencies with the most relevant scientific expertise. Experts from these agencies formed topic area workgroups.

The following is a list of the Lead Federal Agencies, primarily from HHS, that participated in Healthy People 2030 topic area workgroups.

Administration on Aging
- Older Adults

Agency for Healthcare Research and Quality
- Access to Health Services (co-lead)
- Genomics (co-lead)
- Healthcare-Associated Infections (co-lead)

Centers for Disease Control and Prevention
- Adolescent Health (co-lead)
- Arthritis, Osteoporosis, and Chronic Back Conditions (co-lead)
- Cancer (co-lead)
- Chronic Kidney Disease (co-lead)
- Dementias, Including Alzheimer's Disease (co-lead)
- Diabetes (co-lead)
- Disability and Health (co-lead)
- Early and Middle Childhood (co-lead)
- Educational and Community-Based Programs (co-lead)
- Environmental Health (co-lead)
- Genomics (co-lead)
- Global Health (co-lead)
- Health Communication and Health IT (co-lead)
- Healthcare-Associated Infections (co-lead)
- Health-Related Quality of Life and Well-Being
- Heart Disease and Stroke (co-lead)
- HIV (co-lead)
- Immunization and Infectious Diseases

Indian Health Services
- Oral Health (co-lead)

National Institutes of Health
- Arthritis, Osteoporosis, and Chronic Back Conditions (co-lead)
- Blood Disorders and Blood Safety (co-lead)
- Cancer (co-lead)
- Chronic Kidney Disease (co-lead)
- Dementias, Including Alzheimer's Disease (co-lead)
- Diabetes (co-lead)
- Disability and Health (co-lead)
- Environmental Health (co-lead)
- Hearing and Other Sensory or Communication Disorders
- Heart Disease and Stroke (co-lead)
- Mental Health and Mental Disorders (co-lead)
- Nutrition and Weight Status (co-lead)
- Older Adults (co-lead)
- Oral Health (co-lead)
- Respiratory Diseases (co-lead)
- Sleep Health
- Substance Abuse (co-lead)
- Vision

Office of Disease Prevention and Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary
- Health Communication and Health IT (co-lead)
- Healthcare-Associated Infections (co-lead)

- Injury and Violence Prevention
- Maternal, Infant, and Child Health (co-lead)
- Nutrition and Weight Status (co-lead)
- Occupational Safety and Health
- Oral Health (co-lead)
- Physical Activity (co-lead)
- Public Health Infrastructure (co-lead)
- Preparedness (co-lead)
- Respiratory Diseases (co-lead)
- Sexually Transmitted Diseases
- Social Determinants of Health (co-lead)
- Tobacco Use

Food and Drug Administration

- Food Safety (co-lead)
- Medical Product Safety
- Nutrition and Weight Status (co-lead)

Health Resources and Services Administration

- Access to Health Services (co-lead)
- Adolescent Health (co-lead)
- Blood Disorders and Blood Safety (co-lead)
- Early and Middle Childhood (co-lead)
- Educational and Community-Based Programs (co-lead)
- HIV (co-lead)
- Lesbian, Gay, Bisexual, and Transgender Health (co-lead)
- Maternal, Infant, and Child Health (co-lead)
- Oral Health (co-lead)
- Public Health Infrastructure (co-lead)
- Social Determinants of Health (co-lead)
- Social Determinants of Health (co-lead)

Office of Global Health Affairs, Office of the Secretary

- Global Health (co-lead)

Office of the National Coordinator for Health IT, Office of the Secretary

- Health Communication and Health IT (co-lead)

Office of Policy, Strategic Planning, and Communications, Office of the Assistant Secretary for Preparedness and Response, Office of the Secretary

- Preparedness

Office of Population Affairs, Office of the Assistant Secretary for Health, Office of the Secretary

- Family Planning

President's Council on Sports, Fitness and Nutrition, Office of the Assistant Secretary for Health, Office of the Secretary

- Physical Activity (co-lead)

Substance Abuse and Mental Health Services Administration

- Lesbian, Gay, Bisexual, and Transgender Health (co-lead)
- Mental Health and Mental Disorders (co-lead)
- Substance Abuse (co-lead)
- U.S. Department of Agriculture
- Food Safety (co-lead)

U.S. Department of Education

- Disability and Health (co-lead)