Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2030 Fourteenth
Meeting: Wednesday, June 26, 2019, 12:00 to 2:25 p.m. ET, via webinar
Meeting Minutes

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

Chair Emeritus
- Jonathan Fielding, MD, MPH, MA, MBA

Members
- Susan F. Goekler, PhD, MCHES
- Cynthia A. Gómez, PhD
- Paul K. Halverson, DrPH, MHSA, FACHE
- Mary A. Pittman, DrPH
- Therese S. Richmond, PhD, CRNP, FAAN
- Nirav R. Shah, MD, MPH
- Edward J. Sondik, PhD
- Joel B. Teitelbaum, JD, LLM
- Glenda L. Wrenn Gordon, MD, MSHP, FAPA
- Namvar Zohoori, MD, MPH, PhD

Welcome
12:00–12:05 p.m.

Dr. Don Wright (ODPHP) welcomed members to the fourteenth meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. The goal for the meeting is to finalize recommendations for a static and interactive Healthy People 2030 (HP2030) graphic and prioritize the implementation recommendations that were approved at the March 27, 2019, Committee meeting.

Dr. Wright provided updates from HHS on the development of HP2030. HHS completed review of the nearly 5,000 public comments submitted on the proposed HP2030 objectives as well as the Committee's recommendations on the proposed slate. As a result of public comment, revisions were proposed by subject matter experts and reviewed and approved by the HP2030 Federal Interagency Workgroup (FIW). The final slate of HP2030 objectives is currently in HHS departmental clearance.

HHS has engaged the National Academies of Sciences, Engineering, and Medicine in a study to determine the scope, criteria, topics, and objectives for the HP2030 Leading Health Indicators (LHIs). Several Committee members presented to the National Academies' LHI study group, which has also been provided with all of the Committee's recommendations to date. The LHI study group will build on the Committee's work to develop 2 brief summary reports regarding the scope and criteria for the HP2030 LHIs and produce recommendations for the specific LHI topics and measures. HHS anticipates the HP2030 LHIs to launch in 2021.

Goals for the Meeting
12:05–12:10 p.m.

Dr. Dushanka V. Kleinman provided an overview of the meeting agenda. The meeting included a presentation from Dr. Shiriki Kumanyika, chair of the Graphics Subcommittee, to share the work of the Graphics Subcommittee and its recommendations for the static and interactive graphic. Dr. Mary Pittman, chair of the Implementation Subcommittee, discussed the efforts of the Implementation Subcommittee to prioritize the 38 implementation recommendations previously approved during the March 27, 2019, Committee meeting.

Dr. Kleinman reviewed the following goals for the meeting:

- Review the HP2030 graphic developed by the Graphics Subcommittee, including the top-level and sub-level concepts
- Come to consensus on outstanding top-level and sub-level concepts in the HP2030 graphic
- Review the Implementation Subcommittee's recommendations for prioritizing the activities to implement HP2030 during the pre-launch, launch, and post-launch phases
- Come to consensus regarding the priorities for implementing HP2030

Graphics Subcommittee: Revised HP2030 Graphic
12:10–1:40 p.m.

Dr. Shiriki Kumanyika introduced the work of the Graphics Subcommittee and thanked the members for their contributions. The Graphics Subcommittee has convened 15 times since June 30, 2017. Dr. Kumanyika provided an overview of the subcommittee's presentation, noting that representatives from CommunicateHealth will first present the revised HP2030 graphic. After discussion, the Committee will vote on the top-level and sub-level concepts.

Ms. Sonia Barkat and Mr. Adam Moorman from CommunicateHealth presented the updated HP2030 graphic. The framework graphic is designed to help tell the story of HP2030 and build a shared understanding of fundamental public health concepts among a wide range of users, including users in sectors outside of public health. The static graphic captures the main components of the HP2030 framework, called "top-level concepts." The interactivity of the graphic will introduce users to a wide breadth of information and allow them to explore the concepts in more detail through "sub-level concepts." CommunicateHealth will develop content pages linked to the top-level, sub-level, and ribbon concepts on the graphic. The content pages will include links and resources to explore HP2030 site features, including objectives and LHIs.

Ms. Barkat reviewed the top-level concepts recommended by the Graphics Subcommittee and discussed during the March Committee meeting:
- Closing Gaps
- Cultivating Healthier Environments (previously Creating Healthier Environments)
- Increasing Knowledge and Action
- Health and Well-Being Across the Lifespan

She explained the top-level concepts act as an umbrella category of HP2030's overarching goals and foundational principles.

Ms. Barkat presented the latest version of the static graphic and explained how users will be able to select the top-level concepts then dig deeper through the sub-level concepts. She presented the changes made to the graphic after the March Committee meeting. First, in the revised version, the sub-level concept "Strategic Resource Allocation" was removed and "Strategic Resources" was added to the ribbon on the graphic.

Ms. Barkat reviewed the proposed sub-level concepts and described the changes since the March Committee meeting:

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 (previously Shared responsibility across sectors, including public health and health care)
- Public health successes (previously Outcomes data and public health successes)
- Evidence-based laws, policies, and practices (previously Support for evidence-based laws, policies, programs, and clinical interventions)
- Objectives and data (previously National objectives and data to drive targeted action and evaluate progress)

Health and Well-Being Across the Lifespan
- Physical, mental, and social dimensions (previously Physical, mental, and social dimensions)
- Access to quality public health and clinical care systems (previously Access to quality clinical care)

Ms. Barkat discussed how CommunicateHealth will work with ODPHP to continue developing the framework graphic site map:
- The framework graphic site map reflects the information architecture for top-level and sub-level concepts
- In response to the Graphics Subcommittee's recommendations, the site map includes links to various pages on the Healthy People website
- In addition to directing users to related Healthy People webpages, the proposed site map also aims to create a narrative that will engage users

Ms. Barkat shared a high-level example of the framework graphic site map which will be on the HP2030 homepage at launch:

- **Graphic** — Static framework graphic will be featured on the HP2030 homepage at launch and serve as a gateway to framework concepts and site features. Shows top-level concepts.
  - **Top-level concept** — Description of how the top-level concept relates to the HP2030 framework. Description of how users can work to address the top-level concept with examples that link to related sub-level concepts.
    - **Sub-level concept** — General definition of sub-level concept and description of how it relates to the framework. Public health success stories. Data. Tools and resources.

Ms. Barkat explained how each top-level concept will have its own content page and presented a sample top-level concept outline:
- Closing Gaps
  - How the concept of Closing Gaps relates to the HP2030 framework
  - How users can work toward the HP2030 vision by helping to close gaps
- Health Disparities
  - How users can contribute to Closing Gaps by eliminating health disparities
- Health Equity
  - How users can contribute to Closing Gaps by achieving health equity
- Health Literacy
  - How users can contribute to Closing Gaps by addressing health literacy
- HP2030 Framework
  - About
  - Resources

Ms. Barkat added that each sub-level concept will also have its own content page with HP2030 information, such as Stories from the Field and tools and resources. She presented a sub-level concept outline:
- Health Disparities
  - General definition of health disparities
  - How the concept of health disparities relates to the HP2030 framework
- Public Health Success Stories
  - Links to related Stories from the Field or Law and Health Policy Bright Spots
  - [Additional content types TBD]
- Data
  - Links to related data
- Tools and Resources
  - Links to related Evidence-Based Resources
  - [Additional content types TBD]
- Closing Gaps
  - Link back to Closing Gaps top-level concept
  - Links to other Closing Gaps sub-level concepts
- HP2030 Framework
  - About
  - Resources

Committee Discussion

Dr. Jonathan Fielding commented on the sub-level concepts under "Cultivating Healthier Environments", noting that economic environments are determined by social environments. Dr. Therese S. Richmond added that physical, social, and economic environments are affected by each other, and it is important to keep them separate. Dr. Fielding agreed and further emphasized the interrelatedness of the environments to the Committee.

Dr. Susan F. Goekler suggested changing the sub-level concept "Shared responsibility across sectors" to "Shared responsibility across sectors and settings" because "settings" is a more physical concept than "sectors." Dr. Kumanyika asked if Dr. Goekler primarily means physical settings or a broader abstract idea. Dr. Goekler noted that past Implementation Subcommittee reports define settings as the time, place, or circumstances in which something occurs or develops. Dr. Nico Pronk agreed with Dr. Goekler's suggested change to highlight settings along with sectors. Dr. Cynthia Gomez noted that "settings" could be confusing with the sub-level concepts under "Cultivating Healthier Environments," and that it relates to multiple areas of health presented on the graphic. She suggested adding "contexts" to the graphic.

Mr. Moorman noted that as the graphic and content site maps become more interactive during development, a visual could be introduced to dive into settings or other topics not directly stated on the graphic. Dr. Kleinman noted that the issue of settings or contexts would affect all aspects of the graphic and it is a larger matter to be emphasized. Dr. Gomez agreed with Dr. Kleinman and stated that the sub-level or top-level concepts do not need to include settings or contexts as long as the issue is highlighted in the graphic. She was unsure about Mr. Moorman's recommendation because the issue of settings or contexts is important and could be missed if users need to dig deeper.

Dr. Kleinman asked Dr. Goekler if she preferred the word "settings" to be added to the graphic, sub-level, or top-level concepts. Dr. Goekler replied that she had no preference to where it appears as long as it is included. Dr. Gomez noted that the graphic is designed to be simple and interactive in order to increase user engagement, so it may be better not to add more words. Dr. Pronk added that if both settings and sectors relate to multiple sub-level and top-level concepts, then "settings" should appear at a higher level. Dr. Edward J. Sondik suggested adding it to the related top-level concept: "Cultivating Healthier Environments *and Settings*." Dr. Kumanyika agreed, but worried that it could dilute the responsibilities aspect of the top-level concept. Additionally, Dr. Richmond noted that changing "Cultivating Healthier Environments" would make it inconsistent with the HP2030 framework and foundational principles.

Mr. Moorman explained that visuals will be added to the graphic framework conveying both top-level and sub-level concepts, so it could also be possible to represent settings through visuals. For example, in "Cultivating Healthier Environments," a visual could depict physical, social, and economic environments and fit into the graphic to show how the framework exists in a tangible environment. This would help emphasize important concepts like settings. Dr. Namvar Zohoori noted the graphic will invite interaction from users and agreed with the suggestion of adding settings to the sub-level concept "Shared responsibilities across sectors." Dr. Pittman agreed with Dr. Zohoori's suggestion and also noted that creating a header for the graphic could help broaden the idea of settings while also engaging users. Dr. Fielding did not agree that settings should be included in the title of the graphic because it would make it too specific to users unfamiliar with HP2030. Ms. Ochiai suggested the possible title of "Healthy

People 2030 Principles" or "Principles of Healthy People 2030." Dr. Kumanyika noted that could be confusing with the HP2030 foundational principles.

The Committee discussed how the graphic will be presented on the website and if there will be a header for the graphic. Dr. Kumanyika noted the previous HP2020 version was called an "Action Model." A few Committee members liked the "action" language and how it conveys HP2030 moving forward. Mr. Moorman described how CommunicateHealth intends to present the graphic, including vignettes interacting with the graphic to convey the idea that the framework is dynamically involved in this environment. He wants to add to the narrative and show what factors are affecting it. The end goal is for the graphic and site map to tell a complete story, and CommunicateHealth will continue to develop different elements to achieve this goal.

The Committee discussed whether the term "health" is used sufficiently in the sub-level and top-level concepts. Dr. Fielding suggested adding "health" to top-level concepts and changing "Closing Gaps" to "Closing *Health* Gaps" in order to use more plain language and target a wider range of audiences. Dr. Kleinman noted that the graphic is 3D and that "Health and Well-Being Across the Lifespan" at the center of the graphic is the driving force for all top-level concepts. Dr. Zohoori added that the idea behind "Closing Gaps" is not only about health—rather, many different gaps exist that are not necessarily related to health but apply more broadly to other areas. Dr. Pronk agreed and said that the graphic's concepts are all interrelated and centered on "Health and Well-Being Across the Lifespan." Mr. Moorman noted that CommunicateHealth will explore how to stack different ideas and will further develop the visuals of the graphic and framework site map.

Dr. Kumanyika suggested changing "Shared responsibility across sectors" to "Shared responsibility *and engagement* across sectors" because it would address both settings and sectors. A few Committee members agreed because adding the word "settings" could detract from the sense of action conveyed in the top-level concept, "Increasing Knowledge and Action." Dr. Kleinman suggested the Committee could vote on adding the word "settings" to "Shared Responsibility Across Sectors." She also noted that she preferred not to add a bullet to the top-level concept because it already has 4.

Dr. Kumanyika asked Dr. Pittman to clarify the reference to settings in the Implementation Subcommittee's recommendations. Dr. Pittman explained that the concept of settings is addressed throughout their recommendations—for example, their recommendation for launch to "adopt a multisectoral approach to engage public health, medical care, and other sectors in launching HP2030 in a variety of settings." Dr. Kumanyika noted that it may not be necessary to include settings since the concept is conveyed in the Implementation Subcommittee's recommendations; Dr. Pittman agreed. Ms. Ochiai agreed that the word "settings" is not needed in that bullet and noted that the concept of settings will be conveyed elsewhere—for example, HP2030 will include both interventions and data for various settings. Ms. Ochiai indicated that she liked CommunicateHealth's recommendations to implement design elements and visuals to convey different settings.

Committee Vote

The Committee voted to approve the top-level and sub-level concepts of the HP2030 static and interactive graphic. The vote was not unanimous. Dr. Pronk and Dr. Goekler noted that they would support the Committee's vote but would prefer the word "settings" to be explicitly included in the graphic. Dr. Goekler noted that it would help stakeholders feel better represented on the graphic and in

HP2030. The Committee revisited the options for adding the word "settings" to the graphic, including revising "Shared responsibility across sectors" to "Shared responsibility across sectors *and settings*." Ms. Ochiai suggested changing the third bullet from "Evidence-based laws, policies, and practices" to "Evidence-based laws, policies, and practices *across settings*." A few Committee members liked this suggestion, noting that it better addresses both action and stakeholders. Dr. Richmond suggested another approach: "Shared responsibility across sectors *in all settings*."

The Committee determined that the best approach was to vote to approve the top-level and sub-level concepts with the understanding that CommunicateHealth will consider how best incorporate explicit language such as "across settings" and/or visuals that communicate the idea that action should occur in all settings. The Committee unanimously approved this recommendation. The Graphics Subcommittee does not plan on developing any additional recommendations or holding any additional meetings, though it may reconvene if ODPHP requests further guidance on the HP2030 graphic as the development process continues.

Break
1:40–1:50 p.m.

Implementation Subcommittee: Prioritization of Approved Recommendations
1:50–2:20 p.m.

Dr. Mary Pittman, chair of the Implementation Subcommittee, briefly reviewed the subcommittee's charge, membership, and past meetings. They have met 13 times over the last year. Dr. Pittman provided a brief overview of the implementation recommendations that were approved by the Committee. After the recommendations were approved, the Implementation Subcommittee identified the key recommendations for the pre-launch, launch, and post-launch phases.

A survey was developed, first completed by the Implementation Subcommittee members and then distributed to all Committee members. Survey results were compiled and the top 3 to 4 recommendations in each phase were identified. Dr. Pittman presented the prioritized recommendations for each phase. The Committee did not have any further questions or comments.

Committee Vote

The Committee unanimously voted to approve the following recommendations for prioritization. Within each phase (pre-launch, launch, and post-launch), the Committee approved recommendations on the top 3 to 4 priorities. The Implementation Subcommittee is now retired.

Pre-launch Prioritization Recommendation
- Develop and initiate a Healthy People 2030 Communications Plan. *(Recommendation 1)*
- Provide a single repository for Healthy People 2030 data and ensure access to that data. *(Recommendation 2)*
- HHS should make the updated, interactive website a priority for Healthy People resources. *(Recommendation 6)*
- Encourage those who use the Healthy People 2030 objectives to make them relevant to their areas of influence *(Recommendation 14)*

Launch Prioritization Recommendation
- Adopt a multisectoral approach to engage public health, medical care, and other sectors in launching Healthy People 2030 in a variety of settings. *(Recommendation 16)*
- Release information through targeted, strategic outreach to partners that have large networks, such as America's Health Insurance Plans (AHIP) or other networks of business, professional, and educational coalitions at the national, state, or local level. *(Recommendation 21)*
- 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. *(Recommendation 25)*

Post-launch Prioritization Recommendation
- 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. *(Recommendation 27)*
- 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. *(Recommendation 37)*
- Conduct a mid-decade review and generate a report looking at progress on objectives from an equity perspective. *(Recommendation 38)*

Meeting Summary: Recommendations, Action Items, and Next Steps
2:20–2:25 p.m.

Dr. Pronk thanked the Graphics and Implementation Subcommittees for their work and thoughtful recommendations. In collaboration with ODPHP, Dr. Pronk and Dr. Kleinman will submit the Committee's eighth report, which will include the recommendations approved at today's meeting. The Committee's final report to the HHS Secretary will be published on HealthyPeople.gov upon delivery to the HHS Secretary. Dr. Pronk thanked the members of the public for their continued interest in the development of HP2030 and invited them to sign up for email announcements on upcoming Healthy People activities.

Meeting Adjourned
2:25 p.m.