

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

December 11, 2017
3:00 pm to 5:00 pm ET

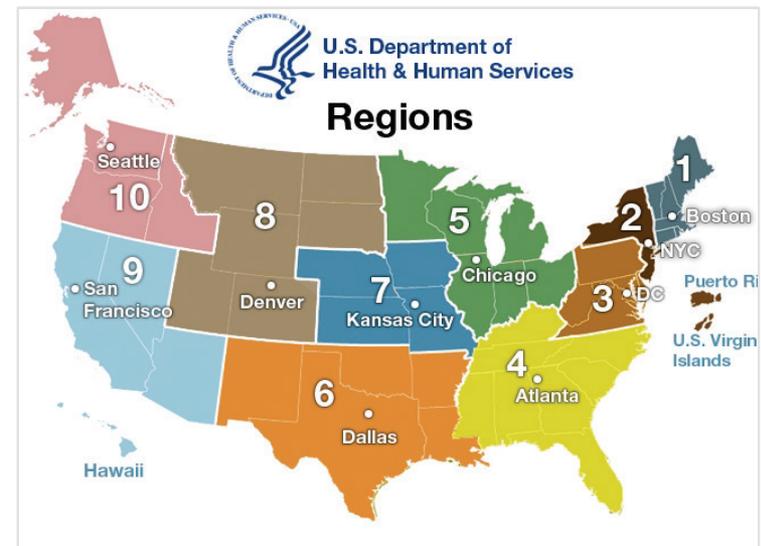


Welcome

Don Wright, MD, MPH
Acting Assistant Secretary for Health
U.S. Department of Health and Human Services



- In 2018, host up to four (4) regional listening sessions
- Aims:
 - Strengthen the overall Healthy People 2030 development process through public input
 - Provide opportunities for non-traditional partners and stakeholders to actively participate in and provide feedback in the Healthy People 2030 development process
 - Understand the value of Healthy People to stakeholders
 - Cultivate new partners for Healthy People and identify ways to develop partnerships on Healthy People 2030 activities
 - Identify best ways to engage and communicate with diverse stakeholder groups



- Second Listening Session was held in November 2017 at the American Public Health Association Conference in Atlanta
- Session attendees: **77 in total**
 - **28** from academic institutions
 - **15** from federal agencies
 - **13** from state, local, tribal, and territorial agencies
 - **14** from non-profit/non-governmental organizations
 - **7** from “other” sectors
- 35 attendees provided their contact information to Healthy People for future engagement opportunities

- Healthy People can better position itself as the organizing vision for improving the Nation's health.
 - Driving force for change; steers research agendas; guides funding criteria
- Healthy People can serve as the “connector” for organizations and individuals.
 - Clearinghouse for interventions; connect groups working on the same objectives; increased technical assistance
- Public health stakeholders want Healthy People objectives and tools to be specific, customizable, and accessible.
- Stakeholders are seeking how-to information and resources on integrating Healthy People data, objectives, and tools into their work.

- Academia
 - Healthy People should serve as the link between research agendas and goals for interventions; retain specificity of objectives
- Non-profit/Non-governmental
 - Healthy People can be used for creating funding decisions and support partnership building
- State, local, tribal, territorial government
 - Ensure that new objectives are “specific, measurable, and actionable”
 - Add more rural, local, granular data
- Federal government
 - Provide more technical assistance
 - Improve data visualization, including adding trends on objectives throughout the history of Healthy People
- Other
 - Show how objectives or different health topics relate to each other

Approaches Subcommittee: Review of Public Comments and its Recommendations for the Proposed Healthy People 2030 Framework

Therese S. Richmond, PhD, CRNP, FAAN
Approaches Subcommittee Chair



- Members:

- Chair: Therese Richmond, PhD, CRNP, FAAN
- Susan Goekler, PhD, MCHES
- Cynthia Gómez, PhD
- Dushanka Kleinman, DDS, MScD
- Nico Pronk, PhD, MA, FACSM, FAWHP
- Edward Sondik, PhD
- Joel Teitelbaum, JD, LL.M
- Glenda Wrenn Gordon, MD, MSHP, FAPA

Committee Discussion

Moderated by
Therese S. Richmond, PhD, CRNP, FAAN
Approaches Subcommittee Chair



Next Steps

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



Stakeholder Engagement Subcommittee: Update and Recommendations

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



- Members:

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

- Recommend an approach to increase awareness and utilization of Healthy People 2030 and to delineate the primary and secondary audiences for Healthy People 2030

Since the last Secretary's Advisory Committee meeting, the Stakeholder Engagement Subcommittee met once by conference call:

- November 17, 2017

Focus of Discussions:

1. Revise stakeholder groups and sector list based on September Committee discussion
2. Develop plan for outreach to various sectors
3. Discuss how to engage sectors earlier on in the Healthy People 2030 development process
4. Receive updates on the APHA Listening Session on Healthy People 2030 development

- **Recommendation 1:** Adopt the Health in All Policies approach in identifying sectors for inclusion in the process
- **Feedback from Committee (September 2017 meeting)**
 - Reframe Recommendation 1 around SDOH rather than a Health in All Policies framework.
 - Develop revised list that is as diverse as possible across the range of public, private and non-profit sectors.

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

● **Identifying Sectors:**

- Finalize sector list based on Committee feedback
- Develop communication materials (one-pager) to engage with each sector. Key areas may include:
 - Relationship of sector and health outcomes
 - Shared value between the sector and Healthy People 2030
 - Collaboration benefits to the sector
 - Opportunities for engagement (action-oriented)
 - Relevant Healthy People objectives and data
 - Relevant national organizations and points of contact

● **Broad Engagement:**

- Ongoing listening sessions managed by HHS

Committee Discussion

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



Next Steps

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



Overview of the Subcommittees Developing Issue-specific Briefs

Nico Pronk, Committee Co-Chair
Dushanka Kleinman, Committee Co-Chair
Therese Richmond, Committee Member



Health and Well-Being Subcommittee: Report on the Brief Developed

Nico Pronk, PhD, MA, FACSM, FAWHP
Health and Well-Being Subcommittee Chair



- Members:

- Chair: Nico Pronk, PhD, MA, FACSM, FAWHP
- Thomas Kottke, MD, MSPH
- Robert Milstein, PhD, MPH
- Rebecca Rossom, MD, MSCR
- Matt Stiefel, MS, MPA

- The Committee's recommendations for Healthy People 2030 refer to "health and well-being" in every aspect of the proposed framework, including the vision, mission, foundational principles, overarching goals, and plan of action
- The two terms appear together, not because they are synonyms, but because they are mutually-reinforcing.
 - In some cases, well-being may improve even as health fades:
 - Dying at peace
 - Accepting deafness, without experiencing it as a disability
- Health and well-being align with elimination of health disparities, achievement of health literacy, formation of multi-sectoral policy, and the implementation of positive [social] determinants of health.

Health and Well-being: *How this Topic is Defined*

- The terms “health” and “well-being” describe separate but related states.
 - Health refers to a person’s physical and mental condition; it implies fitness under changing circumstances, to be safeguarded against threats from illness, injury, or death.
 - Well-being is more inclusive, encompassing many aspects of life and states of being, including physical, mental, emotional, social, financial, occupational, intellectual, or spiritual.
- Taken together, “health and well-being” describe health-related factors rooted in personal and societal values, like social justice, as well as practical concerns like safety, prosperity, and environmental integrity.
- Within the Healthy People 2030 framework, ***health and well-being can be defined as how people think, feel, and function—at a personal and a social level—and how they evaluate their lives as a whole.***

Health and Well-being: *Issues for Committee Consideration*

- In concept and in measurement, Healthy People 2020 currently approaches HRQOL and well-being from a multi-dimensional perspective that encompasses three domains:
 - 1) self-rated physical and mental health;
 - 2) overall well-being; and
 - 3) participation in society.
- These markers of health and well-being reflect the physical, mental, and social aspects of a person's life.
 - How people **think, feel, and function** affects their beliefs about whether life has meaning and purpose.
 - Broader conditions shape individual experiences of health and well-being; those conditions can be influenced by organized individuals and groups.
- Dynamic systems of investments and actions strongly shape the exposures, choices, and services that people experience in different settings.
- Health and well-being can be improved for all and experienced more equitably, but only by embracing interdependencies among individuals and the wider systems within which we live.

- The proposed Healthy People 2030 framework links health and well-being with practical imperatives to achieve health equity and to enhance [social] determinants through multi-sectoral policy.
- Sound, systematic measurement is important as a central activity of the Healthy People initiative.
 - Measurement of health and well-being includes how people evaluate their lives as whole.
 - Instruments to measure well-being have been developed and the various dimensions of health and well-being may be measured separately.
 - Evaluations of peoples' lives as a whole may call for overarching measures such as life satisfaction or social cohesion at both the individual and population levels.

Committee Discussion and Next Steps

Moderated by
Nico Pronk, PhD, MA, FACSM, FAWHP
Health and Well-Being Subcommittee Chair



Health Literacy Subcommittee: Report on the Brief Developed

Dushanka V. Kleinman, DDS, MScD
Health Literacy Subcommittee Chair



- Members:

- Chair: Dushanka Kleinman, DDS, MScD
- Cynthia Baur, PhD
- Donald Rubin, PhD
- Rima Rudd, ScD

Health Literacy: *Why this Topic is Important*

- The foundational principles and overarching goals of the proposed framework for 2030 include a call to **attain health literacy**, achieve health equity and eliminate health disparities, improve the health and well-being of all populations.
- Health literacy is a social determinant of health with both individual- and system-level causes and effects.
- Health literacy is fundamental to individual, population, and community health and well-being.
 - To reduce health disparities and move toward health equity, everyone must be able to access easy-to-use information, services.
- Health literacy can usefully characterize how well health resources, interventions meet individual and population needs.

- The Committee's proposed framework defines health literacy as:

"The alignment of available health information and services in a society with people's capacities to find, understand, and use health information and services for informed decisions and actions."

- The concept of health literacy encompasses:
 - Skills and abilities of individuals to find, comprehend, and use health information;
 - Contributing factors that occur at the systems-level, such as the quality of health materials and forms;
 - Communication skills of health professionals;
 - Characteristics of health and health care institutions and systems.

Health Literacy: *Issues for Committee Consideration*

- The Healthy People health literacy objectives have stimulated measure development, and health literacy measures continue to evolve.
- National measures of individuals' literacy and health literacy skills are being supplemented by:
 - Evaluations of provider and organizational performance
 - Tools to analyze health information products
 - State and local data collection on health literacy, along with health promotion and chronic disease-related behaviors.
- New measures and methods are being developed and tested to assess materials and capture complex interactions and processes, such as:
 - The CDC Clear Communication Index
 - Assessments of how orally delivered information or numerical concepts are communicated by professionals, or are understood by consumers/ laypersons
 - Task analysis
 - A checklist of "Ten attributes of health literate health care organizations."

- Health literacy involves an array of skills for consumers, patients and professionals.
 - These skills are enhanced or diminished by the context in which health activities take place.
- To advance health literacy, interventions are needed at multiple levels, for individuals, families and caregivers, organizations and communities.

Committee Discussion and Next Steps

Moderated by
Dushanka V. Kleinman, DDS, MScD
Health Literacy Subcommittee Chair



Meeting Summary: Recommendations, Action Items, and Next Steps

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



Meeting Adjourned

