

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

February 26, 2019
11:30 am to 1:30 pm ET



Welcome

Don Wright, MD, MPH

Deputy Assistant Secretary for Health

(Disease Prevention and Health Promotion)

Director, Office of Disease Prevention and Health Promotion

U.S. Department of Health and Human Services



Office of Disease Prevention
and Health Promotion

Goals for the Meeting

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



- Deliberate the recommendations from the Objective Review Subcommittee
- Develop consensus recommendations regarding proposed slate of HP2030 objectives

Objective Review Subcommittee

Therese S. Richmond, PhD, CRNP, FAAN
Objective Review Subcommittee Chair



- **Membership**

- Chair: Therese S. Richmond, PhD, CRNP, FAAN
- Cynthia A. Gómez, PhD
- Dushanka V. Kleinman, DDS, MScD
- Nico Pronk, PhD, MA, FACSM, FAWHP
- Joel Teitelbaum, JD, LL.M
- Edward Sondik, PhD
- Namvar Zohoori, MD, MPH, PhD

- **Meetings**

- October 19, 2018
- November 30, 2018
- December 14, 2018
- January 11, 2019

Review and assess the collective set of proposed Healthy People 2030 Core objectives in light of the Healthy People 2030 Framework and the Committee's recommendations

The subcommittee was tasked to draft recommendations on the issues of:

- Whether the proposed set of Healthy People 2030 objectives is **comprehensive**;
- Whether there is **balance** across the topics with regard to health and well-being;
- Whether there are **substantive gaps** for which objectives should be identified; and
- Whether any of the proposed Healthy People 2030 **objectives should be reconsidered**.

- The Federal Interagency Workgroup (FIW) developed a template that operationalizes the Committee's 2017 recommendations for **criteria to be used to prioritize and set quantifiable core objectives**, and for processes to **reduce the overall number** of measurable objectives.
- The FIW topic area workgroups proposed core objectives, each with a **detailed, completed template**, which were then reviewed by the FIW as a whole.
- Through an iterative process of refining the draft set of core objectives, the FIW included **355 objectives in the final draft set**.
- The Objective Review subcommittee reviewed all completed **templates**, a grid that the FIW used to **rank the core objectives**, and the objectives that had been left "**on the cutting room floor.**"

- Objective, baseline, and baseline year
- Rationale for inclusion
- Data requirements
- Technical information (e.g., numerator/denominator)
- Health equity, disparity, and how it advances health equity
- National importance
- Existence of evidence base for interventions
- Organizational support

- This review was not to replicate the FIW efforts, but instead to offer **high-level feedback** on the proposed objective set.
- The subcommittee developed a set of considerations to guide its review.
- All subcommittee members individually reviewed the set of 355 proposed Healthy People 2030 using first and second level considerations, then **came to consensus** on major recommendations.

- **First Level Considerations**

- As a set, are the proposed objectives comprehensive?
- Is there balance across topic areas that captures health and well-being?
- As a set, will these objectives help move the health and well-being of the nation forward?
- As a set, do the objectives adequately address the social determinants of health and also health equity?

- **Second Level Considerations**

- Are there substantive gaps? If so, what are the gaps for which objectives should be identified?
- Are there objectives that were selected for inclusion that should be reconsidered?
- Are there objectives on the cutting room floor that should be reconsidered?

- The Subcommittee
 - Appreciates the **careful, thorough, and detailed process** used by the FIW to reduce the >1200 Healthy People 2020 objectives to the proposed set of 355 Healthy People 2030 objectives.
 - Finds the FIW template **effectively operationalizes** many of the Committee's recommendations with a focus on data quality, health disparities and equity, and national importance.

- **As a set, are the proposed objectives comprehensive? If not, explain why not?**
 - The objectives remain primarily focused on **morbidity and mortality**.
 - The objectives approach health and well-being from a **disease orientation**, which is important but insufficient.
 - Several concepts that are emphasized in the Healthy People 2030 Framework are **not adequately addressed** within the draft set, including:
 - Health and well-being;
 - Health equity, health promotion, and health literacy;
 - Upstream and structural determinants of health and well-being;
 - Public health infrastructure and disaster preparedness; and
 - Vulnerable populations (i.e., areas pertaining to disparity and equity).

- **Is there balance across topic areas that capture health and well-being? If there is an imbalance, where is it?**
 - Health and well-being and upstream determinants of health are **not adequately captured** by the set of proposed objectives.
 - As such, a reassessment of the balance between disease objectives and health, well-being, and health promotion objectives is warranted.
 - The balance between objectives related to disease, health and well-being should be **visible and easily discernable to stakeholders**.
 - It is important to add more objectives that address well-being across the lifespan and at the individual and community levels.

- **As a set, will these objectives help move the health and well-being of the nation forward?**
 - As a set, these objectives **will** help move the health and well-being of the nation forward.
 - The majority focuses on **prevalence** rather than **incidence**.
 - The set of draft objectives is relatively silent as to the **mechanisms or underlying processes** that are needed to help achieve objective targets.
 - For each objective, it will be important for users of the HealthyPeople.gov website to be able to access linked information about **risks, causes, and protective factors**.
 - The web portal should be carefully designed in a way that stakeholders are **engaged and incentivized**, and to enable various stakeholders to adopt and adapt the objectives to be **relevant to local or specific stakeholder needs**.

- **As a set, do the objectives adequately address the social determinants of health and health equity?**
 - The subcommittee undertook a detailed analysis of health equity and the social determinants of health within the proposed objective set, using five categories:
 - Removing obstacles to health and well-being;
 - Addressing structural and systematic prejudice and discrimination;
 - Policies and practices that promote health equity;
 - Conditions that give children and youth opportunities to attain their highest level of health and well-being throughout the lifespan; and
 - Healthy physical, social and economic environments.
 - Approximately **30%** of the 355 objectives would **overtly** address health equity.
 - **One objective** addresses structural and systematic discrimination, which is linked to a specific population (LGBT).

- **As a set, do the objectives adequately address the social determinants of health and health equity?**
 - Tools should be available on the web portal to show stakeholders how to **examine disparities and inequities in the objectives**, where data are available, and how to drive evidence-based interventions that impact disparities and inequities.
 - Creating objectives that target the general population is necessary to reduce the overall number of objectives, but exquisite care should be taken to **avoid objective integration at the potential expense of particularly marginalized populations**.
 - Consideration should be given to preventing conditions that have **life-long impact**, such as Adverse Childhood Experiences (ACEs).

○ **Are there substantive gaps?**

- The subcommittee believes there are **substantive gaps** that should be addressed to round out the draft set of objectives and align them with the Healthy People 2030 Framework.
- Specific areas that would benefit from a few overarching objectives are:
 - Health and well-being;
 - Public health infrastructure;
 - Stakeholder engagement;
 - Environments (physical, social and economic) that are upstream determinants of health and well-being;
 - Community well-being; and
 - Health promotion.
- The subcommittee is concerned that the topic area of Health-related Quality of Life and Well-being has been **eliminated**.
- Consider broadening the **law- and policy-focused** objectives beyond those specific to tobacco or environmental toxins.

- The emphasis on health equity in Healthy People 2030 marks a **critical shift** from focusing on disease outcomes, which can often be attributed to individual behaviors, to addressing **historical and current structural and systematic prejudice and discrimination**.
- Policies and practices to promote health equity must **reduce or eliminate health inequities and healthcare disparities** that are determinants of people's health and well-being.
- To achieve health equity, we must recognize that **multiple determinants** of health and well-being interact with each other **across the lifespan**.
- The Healthy People 2030 Framework emphasizes the need for healthy physical, social, and economic **environments** that promote attaining full potential for health and well-being for all.

- Based on the Health People 2030 Framework and a more detailed expansion of the definition of health equity, the subcommittee would expect to see objectives that fall under these primary categories:
 - **Remove obstacles** to health (mostly social determinants of health)
 - Address structural and systematic **prejudice and discrimination**
 - Policies and practices that **promote** health equity (including preventative care)
 - **Children and youth** are given conditions and opportunities that would allow them to attain their highest level of health and well-being throughout their lifespan
 - Healthy physical, social and economic **environments**
- Dr. Gómez identified objectives in the proposed slate for Healthy People 2030 that fall within each category.
- Objectives that refer to individual change but are dependent on systems change were included; if an objective's mechanism of change was intended to be the individual, it was not considered a health equity objective.

- **Recommendation 1:** Given that the preponderance of objectives focused on morbidity and mortality, add up to ten cross-cutting objectives that explicitly address the upstream determinants of health and well-being, **health promotion**, public health infrastructure and disaster-preparedness, health equity, and health literacy.
- **Recommendation 2:** Add cross-cutting objectives that directly address structural and systematic prejudices and discrimination through law, policy, and organizational practices.
- **Recommendation 3:** Given the importance of prevention, consider an increased focus on disease incidence.

- **Recommendation 4:** The objectives are relatively silent as to the mechanism or processes underlying achieving the objectives. It is essential to link these objectives with information about risks, causes, and protective factors and with evidence-based practices **applicable to varied settings in many sectors** to maximize the likelihood of achieving the objectives.
- **Recommendation 5:** Provide a clear and detailed narrative that explicitly guides stakeholders **in building on strengths and assets and in** reducing the continued disparities and inequities that impede the overall improvement of health and well-being for the nation.

- **Recommendation 6:** The implementation strategies should be carefully designed in a way that fully engages stakeholders to a) adopt and adapt the objectives to be relevant to local or specific stakeholder needs; b) provide strategies and tools to facilitate such adaptation; and c) present interventions and approaches needed to achieve the objectives.
- **Recommendation 6 (alternate language):** Objectives should be linked to implementation strategies designed in a way that fully engages stakeholders to a) adopt and adapt the objectives to be relevant to local or specific stakeholder needs; b) provide strategies and tools to facilitate such adaptation; and c) present interventions and approaches that can contribute to achieving the objectives.

- **Recommendation 7:** Consider adding high priority objectives that allow comparison of health and well-being in the U.S. to that in other OECD nations, or recast existing objectives to facilitate such comparison.
- **Recommendation 8:** Create a systematic and regular process to assess progress in meeting the overarching goals of HP2030. Because this broader assessment is at a higher level than individual objectives, the assessment should involve stakeholders and supplementary national or local data to inform progress in meeting the overarching goals and may be informed by the ideas expressed in the forthcoming issue brief on summary measures of health and well-being.

Subcommittee members provided reflections from their individual reviews, listed here, which ultimately informed the subcommittee's discussions and the development of their major recommendations. Individual member feedback is compiled in a separate attachment.

- **Are there objectives that were selected for inclusion that should be reconsidered**
 - The primary reasons provided for reconsidering objectives selected for inclusion include: clarification of intent, redundancy among objectives, and consideration of possible combinations.
- **Are there objectives left on the cutting room floor that should be reconsidered? If so, why?**
 - Guided by the Healthy People 2030 Framework, individual subcommittee members identified specific objectives on the cutting room floor and categories of objectives that should be reconsidered.
 - They also proposed other areas to consider for objectives.

Committee Discussion

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



Committee Votes

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



Meeting Summary: Recommendations, Action Items, and Next Steps

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



Meeting Adjourned

