

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

February 28, 2018
2:00 pm to 5:00 pm ET



Welcome

Don Wright, MD, MPH
Deputy Assistant Secretary for Health
(Disease Prevention and Health Promotion)
U.S. Department of Health and Human Services



Goals for the Meeting

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



Data Subcommittee

Edward J. Sondik, PhD
Data Subcommittee Chair



- Membership:
 - Chair: Edward Sondik, PhD
 - Dushanka Kleinman, DDS, MScD
 - Nico Pronk, PhD, MA, FACSM, FAWHP
 - Therese Richmond, PhD, CRNP, FAAN
 - Nirav Shah, MD, MPH
- Meetings:
 - October 27, 2017
 - November 13, 2017
 - December 20, 2017
 - January 19, 2018

Develop recommendations regarding:

- **The Data Core** (data needs, data source standards, and progress reporting) and
- **Innovation Related to Data** (changes in data sources, analysis and reporting; community data; summary measures; and the future of health data).

Data Subcommittee: Data and Healthy People



- **Purpose:** The graphic shows relative influence and relationships between data and the activities and components of the Healthy People program.
- **Definitions and relationships:** Further information is provided on slides following this diagram.

Influence and relationships between data and the activities and components of the Healthy People program.

The influence diagram highlights the following relationships:

- Healthy People 2030's **Mission, Vision, and Guiding Principles** have been used to develop HP 2030's **Goals and Objectives**.
- These, in turn, lead to **Data Collection** for the Healthy People objectives. The collected data are represented by **Data**. **Data collection** takes place according to **Data Standards** linked in turn to data sources and the Healthy People data repository.
- **Goals and Objectives** drive the formulation of the **Summary Measures**, which in turn are a component of progress assessment (**Assess Progress**) which leads to the **Reporting** of progress.

Influence and relationships between data and the activities and components of the Healthy People program.

- **Reporting** drives the development of Programs, Policies, and Practices which, in turn, reports on their activities (**Reporting**).
- **Analytics** are used to **Assess Progress** and develop **Data-driven Statements to Guide Action** leading to summary statements of **Impact**.
- **Community Programs and Use** represents actions in the community to meet the objectives from which **Progress is Assessed, and results reported. Local Data Sources** are used by the community programs to formulate strategies and assess progress.
- **National Data Partnerships** can drive **New/Alternative Data Sources** and the development of Local Data Sources. Extensive communication between these data sources and Healthy People's data repository (**Data**) stimulate the development of new sources and assure data quality.

- **Assess Progress:**
 - The process of using data to assess progress toward the objectives' targets
 - **Analytics:**
 - Also termed Analysis: Linking analysis of the data to interventions to evaluate progress or develop intervention plans to meet the objectives
 - **Community Programs and Use:**
 - Communities using interventions, data and analysis to meet the objectives
 - **Data:**
 - The data base holding data on the objectives – currently DATA2020. A possible expansion of this data base would hold information on proven interventions for each objective
 - **Data Collection:**
 - The process of collecting data on the objectives
 - **Data-Driven Statements to Guide Action:**
 - Guidelines derived from analysis of progress to date
 - **Data Standards:**
 - The data quality criteria data sources tracking the objectives must meet
 - **Goals and Objectives:**
 - The Healthy People 2030 goals and objectives
-

- **Impact [Statements]:**
 - Statements assessing the impact achieved by the objectives
 - **Local Data Sources:**
 - Data sources specific to a particular locale and/or target group
 - **Mission, Vision and Guiding Principles:**
 - The driving forces in developing and prioritizing the objectives and interventions
 - **National Data Partnerships:**
 - Links with organizations and stakeholders to develop new/expanded data sources
 - **New/Alternative Data Sources:**
 - Development of new data sources to provide more information especially at the state and local levels
 - **Programs, Policies and Practices:**
 - Activities aimed at meeting the objectives
 - **Reporting:**
 - The primary analysis of progress toward the objectives
 - **Summary Measures:**
 - The measures assessing progress in health and well-being for the United States as a whole
-

Data Subcommittee: Recommendations



Data Recommendation	Status
1. For Healthy People 2030 objectives, data should be made available as soon as possible and no longer than one year after the end of data collection.	Approved 9/7/17
2. Data collection should occur annually .	Not yet approved
3.A. Objectives should have at least three data points within the decade.	Approved 10/16/17*
3.B. To establish reliable trends, data points from a prior decade may be included if those data points are comparable.	Approved 9/6/17
4. The Data subcommittee recommends that current data syndication efforts continue for Healthy People 2030, and that they should increase in frequency.	Approved 9/6/17
5. When Healthy People 2030 objectives are being selected, the quality of the existing and potential data sources should be considered based on currently accepted and published standards.	Approved 10/16/17*
6. To support programs and inform policies to meet the objectives, data specific to the community are needed. This community-level information (e.g., numerical data, observations that community members are making about progress or barriers) should be updated frequently (e.g., every quarter). Community-level information should be used together with national, state, and tribal data to enable accountability, surveillance and decision-making.	Not yet approved

- **Recommendation 2:** Data collection should occur annually.
- **Rationale:** The Subcommittee believes that more frequent collection of data leads to more opportunities to evaluate progress toward the targets and make strategic and intervention changes maximizing the likelihood of progress.

- **Recommendation 6:** Community-level information should be used together with national, state, and tribal data to enable accountability, surveillance and decision-making. This community-level information (e.g., numerical data, observations that community members are making about progress or barriers) should be updated frequently (e.g., every quarter).
- **Rationale:** To support programs and inform policies to meet the objectives, data specific to the community are needed.

Data Subcommittee: Introduction to Target Setting

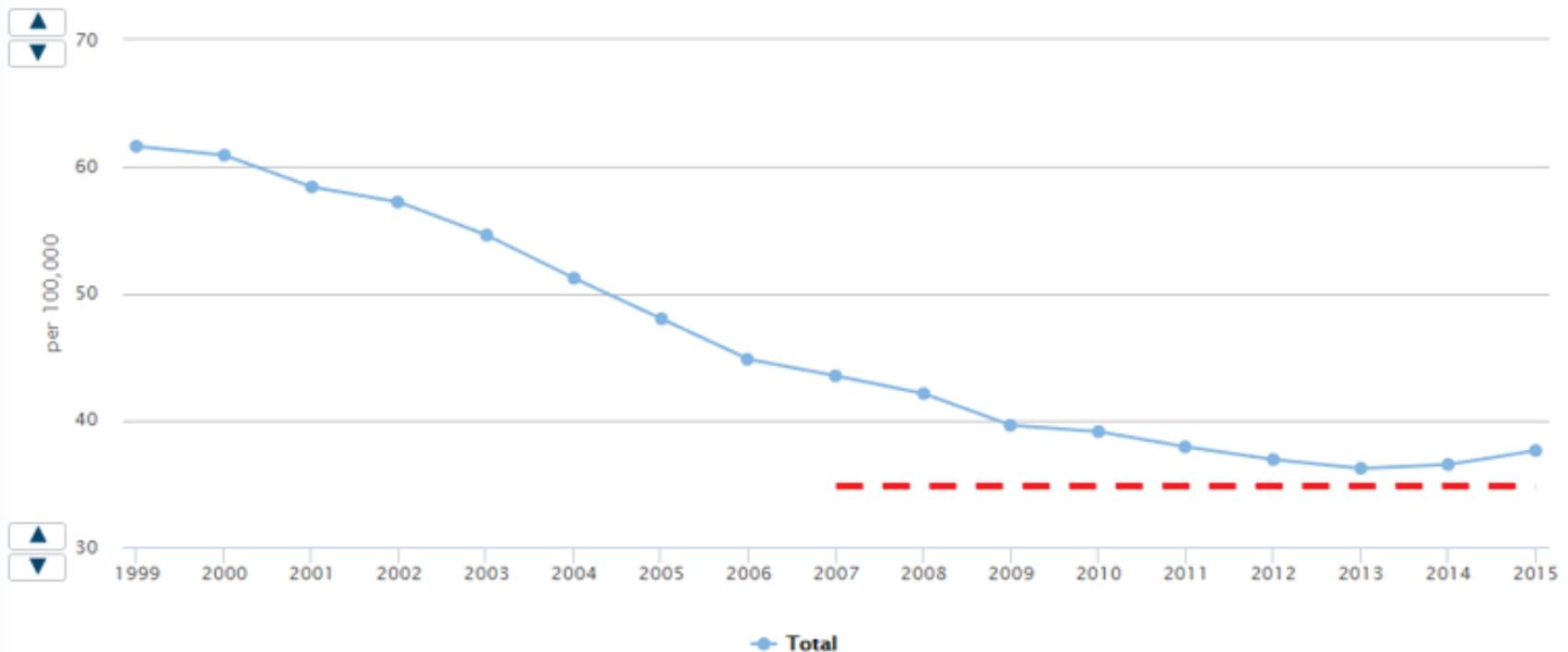


At the core of Healthy People:

- Setting specific health objectives with quantifiable targets
- The targets reflect political/policy considerations and are not strictly statistical constructs.

Example - Stroke Deaths

- 2020 Baseline 43.5 Deaths per 100,000 (2007)
- Target: 34.8 Deaths per 100,000



Data Source: Bridged-race Population Estimates; Centers for Disease Control and Prevention, National Center for Health Statistics and U.S. Census Bureau (CDC/NCHS and Census)
National Vital Statistics System-Mortality (NVSS-M); Centers for Disease Control and Prevention, National Center for Health Statistics (CDC/NCHS)



- Suppose no actions different from those now underway are taken – what value will the objective have at the end of 2030?
- Should the objective be presented with recommended actions documented to achieve improvement in the objective?

- Expert opinion
- Standards (Better Than the Best & 10% Improvement)
- Projection/Trend analysis
- Extrapolation/generalization from intervention studies (Modeling)
- Others

**→ Our task: Target Setting Methodology
Recommendations**

Targets were set

- **1990:** primarily by **expert opinion**
 - **32%** of measurable objectives **met their target**
- **2000:** primarily by **expert opinion, greater change for high risk subgroups**
 - **21%** of measurable objectives **met their target**

Goal was to **eliminate** disparities

- Target Method: **Better than the Best** (BTTB) was developed. A single target for all subgroups (except age) was chosen by **expert opinion**.
- Objectives without subgroups were encouraged to choose “audacious” targets and used these methods:
 - Percent improvement
 - Total elimination/coverage
 - Consistent with another program
 - Retain the HP2000 target
 - Expert opinion
 - Projection
 - No increase
- **23%** met targets

- Target setting:
 - Emphasized **evidence-based modeling/projection/trend analysis** as the preferred method
 - Aimed to be **more systematic** and **consistent** across objectives
 - Aimed for **greater success** than in the previous 3 decades (21–23%)
 - Adopted a **standard default (10% improvement)** to be used otherwise
 - More than 50% of objectives used the standard default
- As of 2018, nearly **30%** of objectives have met targets – greater success than HP2000/2010

Summary of HP2020 objectives by target-setting method, January 2018

Target-Setting Method	Number of Objectives	% of Total	Targets Met	% of Targets Met
10 percent improvement	576	62.2%	210	36.5%
Specific percentage point improvement	26	2.8%	8	30.8%
Maintain the baseline value	13	1.4%	4	30.8%
Minimal statistical significance	50	5.4%	12	24.0%
Projection/trend analysis	78	8.4%	17	21.8%
Consistency with national programs, regulations, policies, and laws	80	8.6%	17	21.3%
Retention of Healthy People 2010 target	10	1.1%	2	20.0%
Total coverage/elimination	83	9.0%	5	6.0%
Modeling	10	1.1%	0	0.0%
Total	926	100%	275	29.7%



Target Methodology and Impact Healthy People 2020

Target-setting Method	Potential Pros	Potential Cons
10 percent improvement	Simple, transparent	Feasibility not based on evidence
Consistency with national programs, regulations, policies, and laws	Highly appropriate for some objectives; perhaps necessary for some	None
Projection/trend analysis	-- Science-based -- Based on past performance evidence	Evidence for future change not identified
Total coverage	Highly appropriate for some objectives	Meaning of less than total coverage may be unclear; feasible?
Minimal statistical significance	Easily measured	Reason for change not clear
Specific percentage point improvement	Easily measured	Reason for change not clear
Maintain the baseline value	Perhaps useful if there is danger of significant decline	
Retention of Healthy People 2020 target	Special circumstance	Indicates no progress in earlier decade
Modeling	-- Science-based -- Shows understanding of causality	May be costly and controversial
Total elimination	Highly appropriate for some objectives	Feasible?

Conclusions and a question

- Evidence- and science-based methods are **resource intensive** and used infrequently (<8% in HP2020)
- HP 2020 used **10 different methods** to set targets, but predominantly the 10% solution
- **Fewer objectives** might allow for a greater proportion of science-based targets.

Conclusions and a question

- Evidence- and science-based methods are **resource intensive** and used infrequently (<8% in HP2020)
 - HP 2020 used **10 different methods** to set targets, but predominantly the 10% solution
 - **Fewer objectives** might allow for a greater proportion of science-based targets.
- *Does the target setting method influence the likelihood of **achieving** the objective?*

Question for discussion:

Should the Secretary's Advisory Committee develop draft recommendations on target setting methods for Healthy People 2030?

Committee Discussion

Moderated by
Edward J. Sondik, PhD
Data Subcommittee Chair



Next Steps and Committee Vote

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



Leading Health Indicators

Therese Richmond, PhD, CRNP, FAAN
Leading Health Indicators Subcommittee Chair



- Membership:
 - Chair: Therese Richmond, PhD, CRNP, FAAN
 - Susan Goekler, PhD, MCHES
 - Dushanka Kleinman, DDS, MScD
 - Mary Pittman, DrPH
 - Nico Pronk, PhD, MA, FACSM, FAWHP
 - Edward Sondik, PhD
 - Joel Teitelbaum, JD, LLM
- Meetings:
 - December 6, 2017
 - February 2, 2018

Provide advice regarding the selection of LHIs for Healthy People 2030. This guidance should include considerations related to:

- The HP2030 Framework as a foundation of the Healthy People 2030 initiative
- The recommendations coming from other SCs (Prioritization, SDOH/HE, Data and Stakeholders Subcommittees) as appropriate
- The definition of LHIs and possible redefinition or relabeling
- The use of LHIs (past, present, future) and how LHIs can help achieve HP2030 mission and objectives
- The alignment of LHIs with the selection of HP2030 objectives/priority areas
- Criteria for LHI selection

Purpose

- How do we think about LHIs and how does that influence the language and label that we use?
- How should we think about LHIs within the context of the new framework and focus on health and well-being and our foundational principles?

Should LHI's (or new label) focus on those factors that precede changes in health and well-being?

- If so, does this more aggressively move us further upstream to the drivers of health and well-being?
- What is the preferred balance to be achieved between upstream LHIs (e.g., environmental quality) and those that measure the health outcomes (e.g., infant deaths, violent deaths)?

Data

- What are the data implications that are associated with or should inform our thinking with the questions posed above?
- Does this have implications for specific LHIs? For potential summary measures?

Stakeholders

- What are the implications for stakeholders or end-users if LHIs were to depart from how they were defined or used in previous decades?

What are the underlying principles for LHI's that would inform the criteria for selection?

- What are concrete criteria the SC might recommend for the establishment of LHIs for HP 2030?

Historical Context



- LHIs (and their predecessors) have evolved and become an important part of communicating key Healthy People messages, in terms of both progress and disparities.
- LHIs reflect key disease prevention and health promotion issues and use important and high quality national data sources, which is important because NCHS prioritizes the speed and frequency of LHI data updates.
- Like HP2020 as a whole, progress in meeting HP2020 targets for LHIs is mixed, and disparities exist.

- **HP2000: Sentinel objectives**
 - Subset of the HP2000 objectives
 - Developed to represent the scope and magnitude of HP2000
 - Include at least one objective from each of the 22 priority areas
- **HP2010: Leading Health Indicators (LHIs)**
 - Subset of the HP2010 objectives
 - Reflect the major public health concerns in the U.S.
 - Chosen on the basis of their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues
- **HP2020: Leading Health Indicators (LHIs)**
 - Subset of the Healthy People 2020 objectives
 - Selected to communicate high-priority health issues and actions that can be taken to address them

Target Year	Number of LHIs	Total number of objectives
2010	10 topics 22 indicators	969
2020	12 topics 26 indicators	1200+

- HHS asked the Institute of Medicine (IOM) to review the objectives & recommend leading health indicators
- IOM convened a committee of experts to respond to this request
- The IOM Committee developed a report, *Leading Health Indicators for Healthy People 2020*

- The IOM Committee's report recommended 12 topic areas and 24 indicators.
- IOM recommended topics included access to care, healthy behaviors, chronic disease, environmental determinants, social determinants, injury, mental health, maternal and infant health, responsible sexual behavior, substance abuse, tobacco, and quality of care.
- Report and brief were released in March 2011, accessed at <https://www.nap.edu/resource/13088/Leading-Health-Indicators-2011-Report-Brief.pdf>.

- 14 LHIs, with associated objectives, were recommended
 - 12 of these reflect factors related to health
 - 2 of these (preparedness and public health) were infrastructure-oriented
- Each LHI objective should be analyzed for health disparities and age (when possible)
 - Both factors are critically important to future health status
- Continuous analysis is needed of Healthy People 2020 Foundation Health Measures
 - These measures reflect very important upstream factors that determine future health status and outcomes

- HHS should develop multi-measure health indices:
 - Social and economic determinants of health
 - Health behaviors
 - Prevention and clinical care services
 - Health status and outcome
- These indices should be broader than issue-specific measures, but focused enough to be actionable.
 - This work could be used to improve LHI objectives and increase parsimony

Leading Health Indicators – 12 Topics



**Access to
Health Services**



**Clinical Preventive
Services**



**Environmental
Quality**



**Injury and
Violence**



**Maternal, Infant
& Child Health**



Mental Health



**Nutrition, Physical
Activity & Obesity**



Oral Health



**Reproductive &
Sexual Health**



**Social
Determinants**



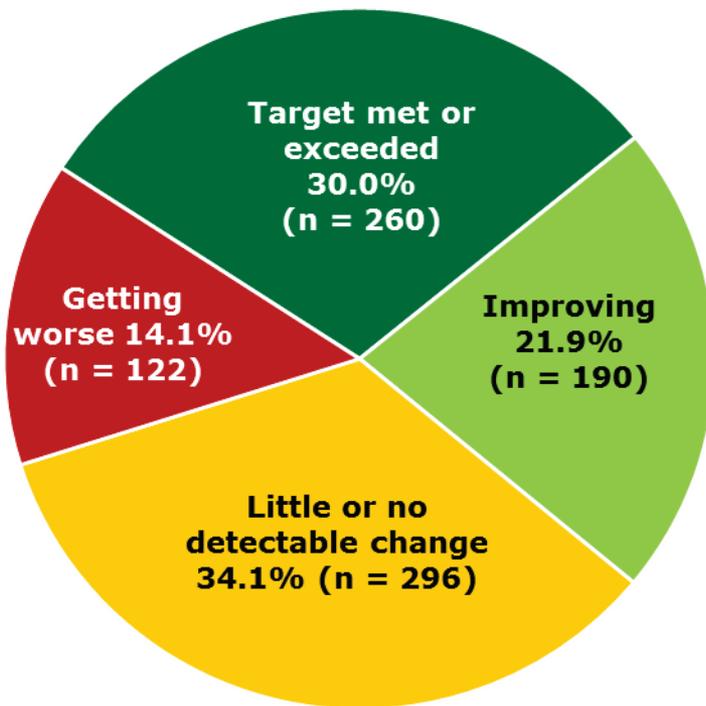
**Substance
Abuse**



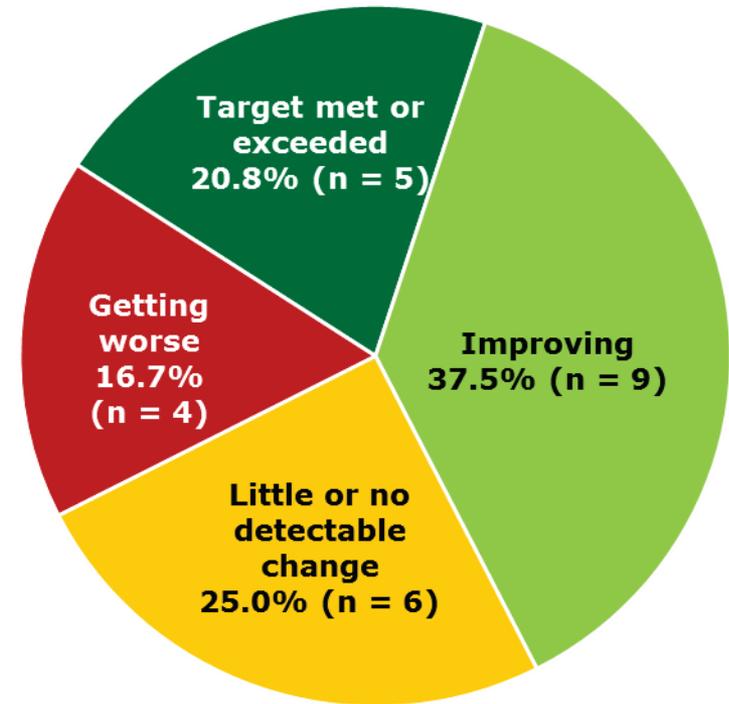
Tobacco

Current HP2020 Objective Status

Other assessable objectives: 868



Assessable Leading Health Indicators: 24



NOTES: Progress is shown for assessable objectives with a national baseline, at least one follow-up data point, and a target. **The chart on the left excludes the Leading Health Indicators.** HP2020 has 396 objectives for which progress cannot be assessed: 87 archived, 119 developmental, 149 baseline only, 41 informational objectives. The Leading Health Indicators have 2 objectives with baseline only data, for which progress cannot be assessed. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives. Developmental objectives lack national baseline data. Informational objectives have data, however, they do not have a target associated with their data.

- In 2015, NORC conducted a study to further understand the uses and users of Healthy People 2020
- Overall, **76%** of respondents indicated that they were aware of the Leading Health Indicators
- Among those who were aware, **74%** indicated they use the Leading Health Indicators

- ❖ LHIs (and their predecessors) have evolved and become an important part of communicating key Healthy People messages, in terms of both progress and disparities.
- ❖ LHIs reflect key disease prevention and health promotion issues and use important and high quality national data sources, which is important because NCHS prioritizes the speed and frequency of LHI data updates.
- ❖ Like HP2020 as a whole, progress in meeting HP2020 targets for LHIs is mixed, and disparities exist.

General Criteria the LHI Subcommittee may Consider



- LHIs should be grounded in framework's foundational principles
 - E.g., foundational principles address social, physical, economic environments (consider adding biological & structural)
 - LHIs should capture not just health but also well-being
 - Could each foundational principle be turned into a criterion?

- Health and well-being of all people and communities are essential to a thriving, equitable society.
- Promoting health and well-being encompasses physical and mental health and requires a commitment to risk reduction to prevent disease, injury, and disability.
- Investing to achieve the full potential for health and well-being for all provides valuable benefits to society.
- Achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy.
- Safe communities with healthy physical, social, and economic environments strengthen the potential to achieve health and well-being.
- Promoting and achieving the nation's health and well-being is a shared responsibility that is distributed among all stakeholders at the national, state, tribal, and community levels, including the public, private, and not-for-profit sectors.
- Working to attain the full potential for health and well-being of the population is a component of decision-making and policy formulation across all sectors.

- Current evidence is available, measurable, & actionable
 - Measurable annually?
- Known impact (effect size)
- Affect a substantial proportion of population
- Cross the lifespan

- Focus on disparities – if the LHI is getting better but disparities are getting worse, move the potential LHI to a higher priority for selection
- Keep stakeholders/end-users at the forefront
 - Importance of public understandability
 - Easily accessible and relevant
- Consider the balance of LHIs
 - Upstream determinants (structural, behavioral)
 - Health status (immediate impact vs. chronic disease)

HP2030 LHI Subcommittee Deliberations



Purpose

- How do we think about LHIs and how does that influence the language and label that we use?
- How should we think about LHIs within the context of the new framework and focus on health and well-being and our foundational principles?

Should LHI's (or new label) focus on those factors that precede changes in health and well-being?

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Stakeholders

- What are the implications for stakeholders or end-users if LHIs were to depart from how they were defined or used in previous decades?

What are the underlying principles for LHI's that would inform the criteria for selection?

- What are concrete criteria the SC might recommend for the establishment of LHIs for HP 2030?

- Final products
 - Set of recommended criteria to establish LHIs
 - Contextual narrative to situate the criteria recommendations
- Nature of LHI Subcommittee discussions
 - Wide-ranging
 - Moved back and forth between detailed & conceptual
 - Grounded in the Framework for HP2030

- Terminology – maintain label (LHI)
- Consider redefining LHI
 - HP2020 – “Measurements of health-related concepts that reflect major public health concerns”
 - Capture well-being
 - Example – LHIs: The Determinants of Health & Well-being
- Should LHI focus on “leading” or “indicators”?
 - If leading:
 - Early warning system “canary in the coal mine”
 - Upstream drivers of health & well-being

- Consider structure – can/should LHIs themselves be directly measured?
 - Topic areas (12)
 - LHIs (26)
 - Measurable objectives clustered around LHIs – this is what is actually measured
- Is there value in comparison?
 - Compare to other nations
 - Ratio of social spending vs. medical spending

- SDOH
 - Upstream substrates for health & well-being
 - Inequality leads to poor health
 - Moving upstream may bump against non-health sectors – what are the implications?
- Changing world where little is known about impact
 - Disrupters
 - Example: Changing technology, Climate
 - Do disrupters enhance or detract from health & well-being?
 - If disrupter's effect is not known – should it be an LHI?

- **Issues**
 - Key aspects that we KNOW affect health & well-being (e.g., education, poverty)
 - Other things we don't have enough information about how they will affect health & well-being
- **Balance between upstream LHIs & health status LHIs**

Committee Discussion

Moderated by
Therese Richmond, PhD, CRNP, FAAN
Leading Health Indicators Subcommittee Chair



Next Steps

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



Suite of Materials to Communicate Healthy People 2030

Sarah Pomerantz, MPH, CPH, and Katie Cheung
CommunicateHealth, Inc.



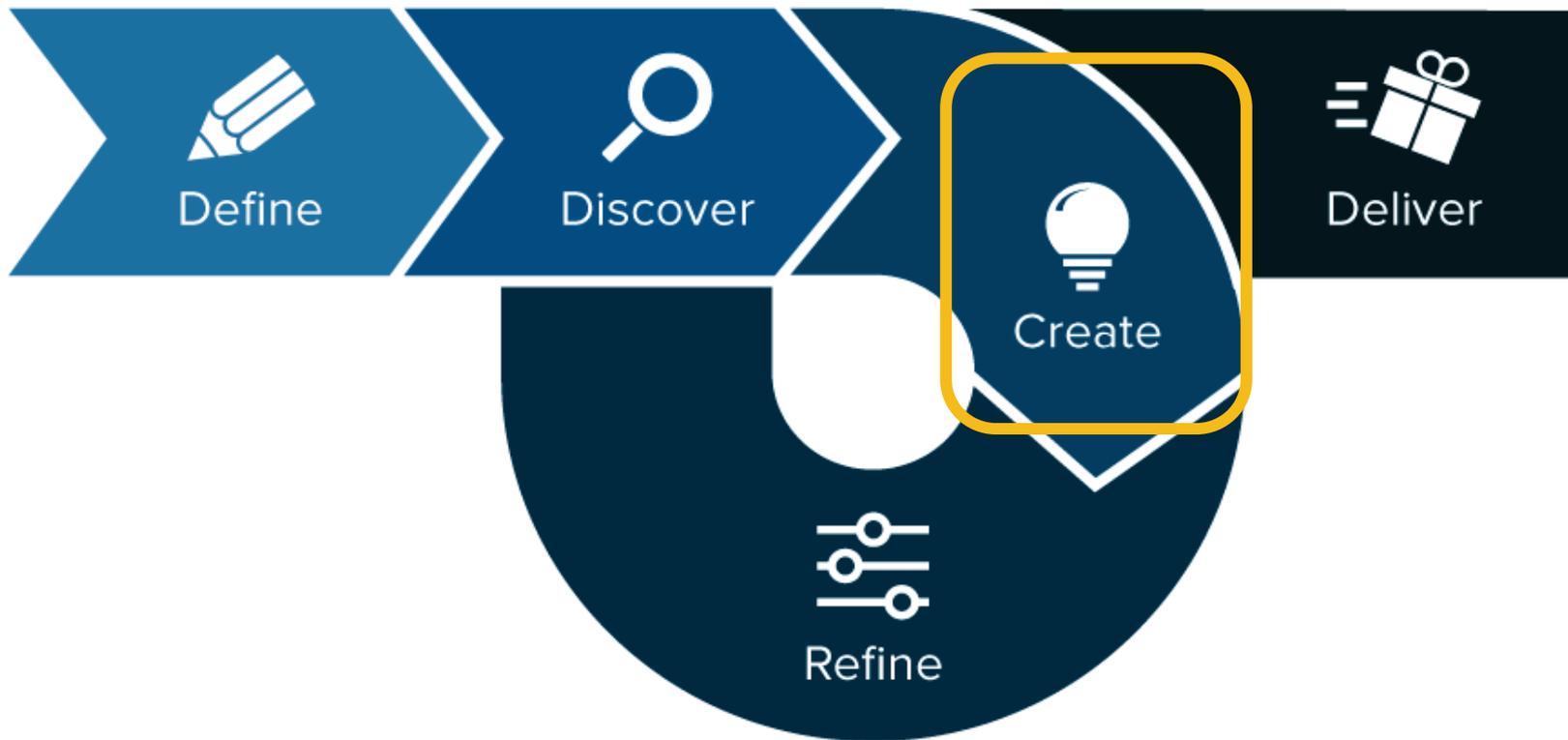
- Membership:
 - Chair: Shiriki K. Kumanyika, PhD, MPH
 - Dushanka Kleinman, DDS, MScD
 - Nico Pronk, PhD, MA, FACSM, FAWHP
 - Therese Richmond, PhD, CRNP, FAAN
 - Edward Sondik, PhD
 - Steven Teutsch, MD, MPH
 - CommunicateHealth, Inc.
- Meetings:
 - January 10, 2018

Today, we will reflect progress to date for the suite of HP2030 materials. For each product we will define:

- Audiences
- Purpose
- Uses
- Main messages
- Key concepts

Where We Are in the Process





1. Define **product requirements** — including audiences, purpose, use, formats, and key messages
2. Identify **main components** for static graphic (up to 7)
3. Determine **relationships** between components
4. Create **visual design** to illustrate those relationships
5. **Test** with users and iterate on design
6. **Launch** in 2020 as part of HP2030 initiative

Proposed Products



- 1. Static overview graphic** to capture main components
- 2. Interactive graphic** to expand on overview graphic and elaborate on what each component means for users
- 3. Video** to illustrate HP2030 in action with a real-world example

	Web & social media	Slide deck presentations	Print
Overview graphic	✓	✓	✓
Interactive graphic	✓		
Video	✓	✓	



Overview Graphic



- Give a high-level, visual overview of the **what** of HP2030
- Build shared understanding of basic public health concepts
- Introduce the interactive graphic

Target audiences include:

- Public health professionals
- Non-public health sector professionals
- Government staff

Users may not be familiar with public health concepts.

Health and well-being are founded on health equity, health literacy, and healthy social, physical, and economic environments.

- Health equity
- Health literacy
- Social environments
- Physical environments
- Economic environments
- Shared responsibility across sectors
- Health and well-being across the lifespan

A public health professional shares the graphic with a lawmaker who is not familiar with public health concepts.

Interactive Graphic



- Expand on the content in the overview graphic
- Explore the **why** and **how** of HP2030
- Allow users to drill down to increasing amounts of detail
- Cross-link to relevant topics, objectives, tools, and resources on the HP site
- Help users take steps to achieve the HP2030 goals

Target audiences include:

- Public health professionals
- Students, researchers, and academics in health-related fields

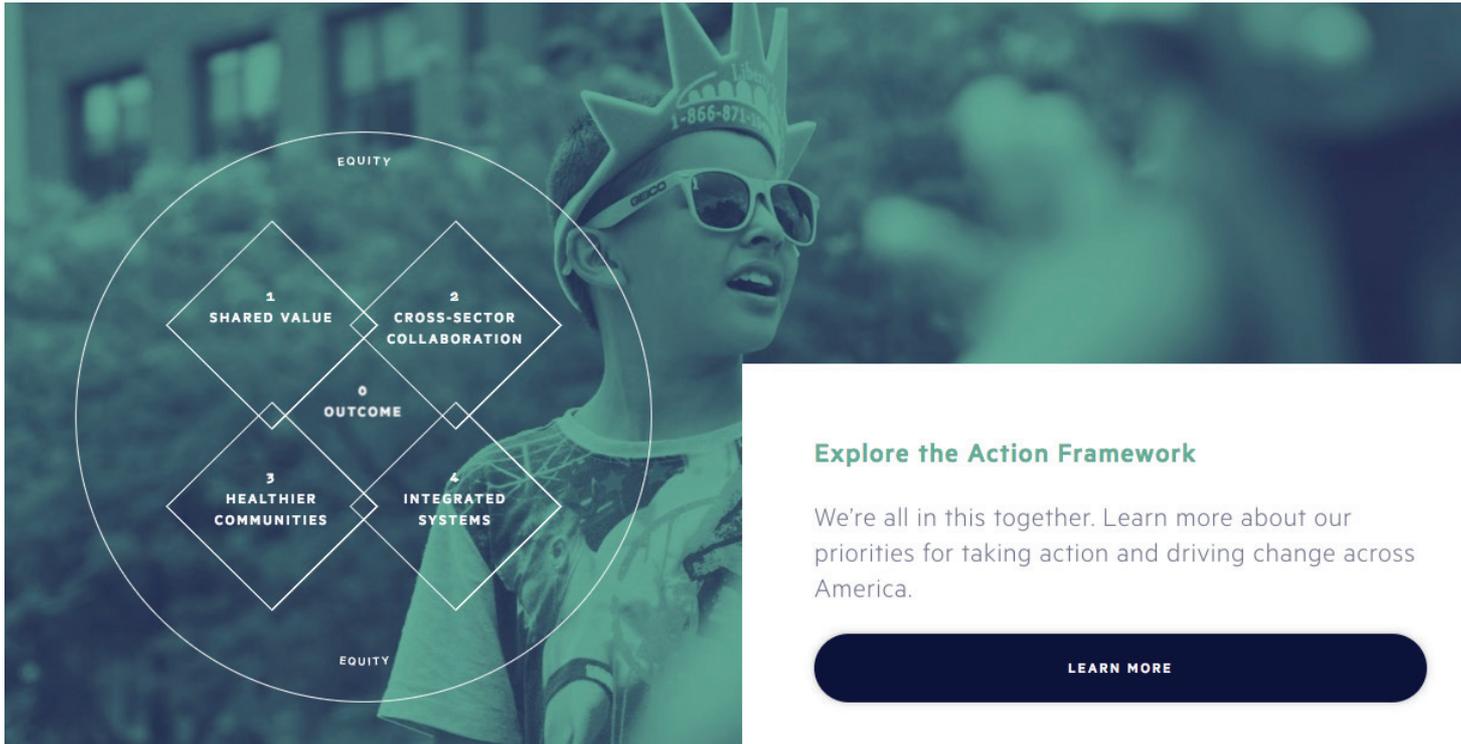
Users are likely to be familiar with public health concepts.

HP2030 works to promote and evaluate the Nation's efforts to achieve a society in which all people reach their full potential for health and well-being across the lifespan.

- Evidence-based programs
- HP2030 goals and related objectives
- Decision-making and policy formulation across sectors
- Reporting on progress throughout the decade
- Fully functioning, equitable society

- A public health professional in women's health is interested in how health disparities relate to her work.
- She uses the graphic to learn more about how health disparities affect different populations, and gets link to browse objectives related to women's health.

Example: Interactive Graphic



The graphic features a central diamond-shaped diagram with four numbered sections: 1. SHARED VALUE, 2. CROSS-SECTOR COLLABORATION, 3. HEALTHIER COMMUNITIES, and 4. INTEGRATED SYSTEMS. A central circle labeled '0 OUTCOME' is connected to these four sections. The entire diagram is enclosed within a larger circle labeled 'EQUITY' at the top and bottom. The background is a photograph of a child wearing a Statue of Liberty hat and sunglasses, with a teal overlay.

Explore the Action Framework

We're all in this together. Learn more about our priorities for taking action and driving change across America.

[LEARN MORE](#)



Video



- Explore the **how** of HP2030
- Show a real-world example of how an organization uses HP2030 to guide their work
- Use storytelling to bring the HP2030 narrative to life

Target audiences include:

- Public health professionals
- Non-public health sector professionals
- Government staff

Users may not be familiar with public health concepts.

Collective impact and cooperation across sectors are key to achieving the HP2030 vision.

- Cross sector partnerships
- Scalable and sustainable programs
- Tools to evaluate progress

- A public health professional shares the video with a colleague from a non-public health partner organization.
- They use video as a model for how to work together across sectors on a public health initiative.

Next Steps



- CommunicateHealth will continue to work with the Logic Model Subcommittee to define relationships between key concepts and to create the visual design for the overview graphic.
- CommunicateHealth will plan to present the visual design for the overview graphic in fall 2018.

Questions?



Next Steps

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



Updates from Subcommittees Developing Issue-specific Briefs

Dushanka V. Kleinman, Committee Co-Chair



Law Subcommittee: Report on the Brief Developed

Joel Teitelbaum, JD, LLM
Law Subcommittee Chair



- Membership:
 - Chair: Joel Teitelbaum, JD, LLM
 - Therese Richmond, PhD, CRNP, FAAN
- Meetings:
 - October 12, 2017
 - October 31, 2017
 - December 5, 2017
 - January 3, 2018
 - January 29, 2018

Law and Policy: *Why this Topic is Important*

- Laws and policies are critical to alleviating poor health and creating conditions for good health and well-being.
- In a public health context, policies and laws are often interconnected, but have different purposes.
 - When a law is written to implement a policy decision, it may or may not do so clearly. This can result in the policy not being implemented as intended.
 - Policies set out goals and planned activities, whereas laws put in place the institutional and legal frameworks needed to achieve those goals and activities.
- Law and policy-related objectives have been included in Healthy People since its beginning.
- Healthy People 2020 is the first version of the initiative to:
 - Refer to policies in the mission statement:
*“Engage multiple sectors to take actions to **strengthen policies** and improve practices that are driven by the best available evidence and knowledge.”*
 - Create the Law and Health Policy Project to better integrate science-based law and policy into Healthy People.

- A **policy** is a decision or set of decisions oriented towards a long-term purpose or to a problem.
 - A policy is not in itself a law, but the policy-making process may identify laws that would be needed to implement the policy's goals.
- A **law** is an established procedure, standard, or system of rules that must be followed by members of a society.
 - Laws take many forms, such as constitutions, statutes, regulations, and case law (i.e., court decisions).
 - They are shaped by "sub-regulatory guidance" -- written guidance that does not go through the formal rulemaking process. This guidance appears in various forms, such as agency memoranda, letters to state officials, and manuals.

- **Ways that laws and policies influence health and well-being:**
 - Direct responses to health-harming social conditions and deficiencies
 - Perpetuate social conditions that can be harmful to health and well-being
 - Selective application based on biases that affect distributions of health and well-being
 - Laws are hollow in the absence of implementing regulations, funding, and effective enforcement
 - Laws and policies can affect health and well-being based on ways in which they are interpreted by the courts
- Multiple frameworks can be used to consider laws and policies as determinants of health and well-being, e.g., **health in all policies/laws (HIAP)**.
 - A HIAP approach recognizes that many health challenges are complex, multi-dimensional, and linked to one another.
 - HIAP relies on a collaborative approach to health improvement that incorporates health considerations into an array of policy decisions.
 - It engages governments and other stakeholders in multi-sectoral efforts to shape the economic, physical, and social environments.

- To what degree should law and policy be considered in selecting objectives for HP2030?
- What are the implications of law and policy for mobilizing and engaging stakeholders to develop and rigorously evaluate interventions to reach HP2030 goals?
- What is the best way to determine when movement towards meeting an objective has been achieved?
- What are the considerations for data at the community, state, tribal and national level to support rigorous evaluation of law and policy?
 - What data infrastructure/access recommendations should the Committee make to researchers who could evaluate (or simulate) the impact of law and policy on achieving HP 2030 objectives?
 - Are there available data sources to capture information about legal and policy interventions that should be studied and potentially considered for inclusion in HP2030?
- Is there merit in developing an introductory narrative section for each Healthy People 2030 topic area that includes principles to be considered in meeting objectives through a law and policy lens?
- Would a law and policy research agenda have value across Health People 2030 objectives and topic areas?

- Please provide any specific comments or recommendations about the draft law brief.
 - Clarification questions?
 - Anything important that's missing?
- One recommendation was to add a graphic to help to describe the role of law and policy in improving health and well-being.
 - Looking at the 3 sample graphics provided (attachment), are there elements that you find particularly helpful?
 - For understanding and further discussion by the Committee?
 - For Healthy People stakeholders if a version of the final brief is shared?
 - Where could graphic information best support the information in the report?

Committee Discussion and Next Steps

Moderated by
Joel Teitelbaum, JD, LLM
Law Subcommittee Chair



Health Equity Subcommittee: Report on the Brief Developed

Cynthia A. Gómez, PhD
Health Equity Subcommittee Chair



- Membership:
 - Chair: Cynthia Gómez, PhD
 - Glenda Wrenn Gordon, MD, MSHP, FAPA
- Meetings:
 - October 23, 2017
 - November 17, 2017
 - January 5, 2018

- Preface
- Introduction
- Definitions/Nomenclature
- Framework
- Conclusion

- Is there a distinction between the use of social determinants of health versus determinants of health in other briefs?
- Are there any omissions to the brief?

Committee Discussion and Next Steps

Moderated by
Cynthia A. Gómez, PhD
Health Equity Subcommittee Chair



System Science Subcommittee: Report on the Brief Developed

Nico Pronk, PhD, MA, FACSM, FAWHP
System Science Subcommittee Chair



- Membership:
 - Chair: Nico Pronk, PhD, MA, FACSM, FAWHP
 - Steve Dehmer, PhD
 - Paul Halverson, DrPH, MHSA, FACHE
 - Ross Hammond, PhD
 - Bruce Lee, MD, MBA
- Meetings:
 - November 21, 2017
 - December 12, 2017
 - December 20, 2017
 - February 13, 2018

Committee Discussion and Next Steps

Moderated by
Dushanka Kleinman, DDS, MScD
System Science Subcommittee Chair



Meeting Summary: Recommendations, Action Items, and Next Steps

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



Meeting Adjourned

