

**Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2030
12th Meeting: Tuesday, February 26, 2019, 11:30 a.m. – 1:30 p.m. ET, via webinar
Meeting Minutes**

Co-Chairs

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

Members

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

Welcome

11:30 – 11:35 a.m.

Ms. Carter Blakey (ODPHP) thanked the Committee members and meeting attendees for joining the twelfth meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Ms. Blakey reviewed the agenda for the meeting, which featured discussion of the Committee's recommendations regarding the proposed Healthy People 2030 (HP2030) objectives.

Ms. Blakey shared that the Department of Health and Human Services (HHS) has begun the process of reviewing the nearly 5,000 public comments submitted on the proposed HP2030 objectives. Topic area workgroups are reviewing each of the public comments submitted and determining what revisions, if any, will be proposed in response to public comment. The results of the public comment reviews and the recommendations from this Committee will help to shape the final set of HP2030 objectives.

Goals for the Meeting

11:35 – 11:40 a.m.

Dr. Nico Pronk provided an overview of the meeting agenda. The meeting will include a presentation from Dr. Therese S. Richmond, chair of the Objective Review subcommittee, to review the proposed slate of HP2030 objectives and share the subcommittee's subsequent recommendations, followed by Committee discussion.

Dr. Pronk described the following goals for the meeting:

- Deliberate the recommendations from the Objective Review subcommittee
- Develop the consensus recommendations regarding HP2030 objectives

Objective Review Subcommittee: Report and Recommendations Regarding the Proposed Set of HP2030 Core Objectives

11:40 a.m. – 12:55 p.m.

Dr. Richmond reviewed the charge of the Objective Review subcommittee, which was to “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 with developing recommendations regarding whether the set of proposed 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 there are proposed objectives that should be reconsidered.

Dr. Richmond provided background on the objective selection and review process. The Federal Interagency Workgroup (FIW) developed a template that operationalized the Committee’s 2017 recommendations for criteria to be used to prioritize and set quantifiable core objectives and processes to reduce the overall number of measurable objectives. The template included information such as the objective, baseline, and baseline year; rationale for inclusion; data requirements; health equity and disparity considerations; national importance; and the evidence base for interventions. 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.”

The Objective Review subcommittee’s approach was not to replicate the FIW’s efforts but instead to offer high-level feedback on the proposed objective set. All subcommittee members individually reviewed the set of 355 proposed Healthy People 2030 objectives, guided by first- and second-level considerations they had developed, then came to consensus on major recommendations.

The first-level considerations were:

- 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 health equity?

The second-level considerations were:

- 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 that were not included that should be reconsidered?

Dr. Richmond provided an overview of the outcomes of the subcommittee’s assessment. All first- and second-level considerations informed the subcommittee’s discussions. Dr. Richmond discussed the first 5 considerations in advance of her overview of the subcommittee’s recommendations. She then discussed the final 2 considerations as they related to feedback from individual subcommittee members and the consideration of specific objectives in the proposed set.

As a set, are the proposed objectives comprehensive?

The subcommittee did not believe that the proposed set of objectives was comprehensive. Dr. Richmond noted that the objectives remained primarily focused on morbidity and mortality. The objectives approached health and well-being from a disease orientation, which the subcommittee determined was important but insufficient. Several concepts emphasized in the Healthy People 2030 framework were not adequately addressed within the draft set of objectives, 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 captures health and well-being?

The subcommittee believed that health and well-being and upstream determinants of health were not adequately captured by the set of proposed objectives. As such, they stated that a reassessment of the balance between disease objectives and health, well-being, and health promotion objectives was warranted. Dr. Richmond explained that the balance between objectives related to disease, health, and well-being should be visible and easily discernable to stakeholders. In addition, the subcommittee felt it would be 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?

The subcommittee felt the objective set would help move the health and well-being of the Nation forward. However, they offered observations of opportunities for improvement. Dr. Richmond noted that the majority of objectives focus on prevalence rather than incidence, which reinforces a disease orientation of the objective set and does not align well with prevention efforts. The subcommittee noted that the set of draft objectives was relatively silent as to the mechanisms or underlying processes that are needed to help achieve objective targets. For each objective, they felt it would be important for users of the HealthyPeople.gov website to be able to access linked information about risks, causes, and protective factors. In addition, they believed that the website should be carefully designed in a way that engages and incentivizes stakeholders, 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?

Dr. Richmond said that the emphasis on health equity in HP2030 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. She emphasized that multiple determinants of health and well-being interact with each other across the lifespan. Accordingly, the HP2030 framework emphasizes the need for healthy physical, social, and economic environments that promote attaining full potential for health and well-being for all.

Dr. Richmond explained that Dr. Cynthia A. Gómez undertook a detailed analysis of health equity and the social determinants of health within the proposed objective set on behalf of the subcommittee to help guide their discussions as they developed final recommendations. Objectives that referred to individual change but were 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.

Dr. Gómez identified objectives within the following 5 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
- Healthy physical, social, and economic environments

This analysis indicated that approximately 30% of the 355 objectives would overtly address health equity. Only 1 objective, which is linked to a specific population (LGBT), addresses structural and systematic discrimination. This analysis is included as Appendix A to the Objective Review subcommittee report.

Informed by this analysis, Dr. Richmond outlined the subcommittee’s suggestions to help emphasize social determinants of health and health equity. The subcommittee believed that tools should be available on the website 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. They recognized that creating objectives that target the general population was necessary to reduce the overall number of objectives, but they said that exquisite care should be taken to avoid objective integration at the potential expense of particularly marginalized populations. In addition, they stated that the HP2030 objectives should include a focus on 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
- Health promotion

Dr. Richmond also shared other topics that the subcommittee felt constituted gaps. First, the subcommittee expressed concern that the topic area Health-Related Quality of Life and Well-Being had been eliminated, particularly since the concept of well-being had been integrated into the HP2030 framework. In addition, they suggested broadening the law and policy-focused objectives beyond those specific to tobacco or environmental toxins.

After discussing the subcommittee’s assessment of the proposed objective set using the first 5 considerations, Dr. Richmond reviewed the subcommittee’s 8 recommendations. Subcommittee members had proposed additional edits after the final subcommittee meeting and before this Committee meeting; these edits are marked in red or described below.

- **Recommendation 1:** Given that the preponderance of objectives focus on morbidity and mortality, add up to 10 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.

The Objective Review subcommittee members proposed a different way of framing Recommendation 6 in advance of the meeting. The Committee was presented with both versions of the recommendation during the meeting and voted in favor of the alternate language.

- **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 United States to that in other Organisation for Economic Co-operation and Development (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. It may be informed by the ideas expressed in the forthcoming issue brief on summary measures of health and well-being.

Following the recommendations, Dr. Richmond reviewed specific objectives for consideration. Subcommittee members provided reflections from their individual reviews that ultimately informed the subcommittee's discussions and the development of their major recommendations. Individual member feedback is compiled in 2 separate attachments to the Objective Review subcommittee report.

Are there objectives that were selected for inclusion that should be reconsidered?

Dr. Richmond shared that the primary reasons the subcommittee members provided for reconsidering objectives selected for inclusion included clarification of intent, redundancy among objectives, and consideration of possible combinations.

Are there objectives that were not included that should be reconsidered?

Guided by the HP2030 framework, individual subcommittee members identified specific objectives and categories of objectives that should be reconsidered. They also proposed additional areas to consider for objectives.

Committee Discussion

Individual Feedback on Specific Objectives for Consideration

Dr. Paul K. Halverson expressed concern about feedback included under the section titled "Categories of Objectives" in Attachment 2, which read: "Reconsider public health infrastructure objectives. It is unclear if the accreditation criteria for health departments provide sufficient clarity and visibility to engage essential stakeholders, such as academic health centers, state/county/municipal legislators, businesses, etc." Dr. Halverson discussed the overall limited number of objectives on infrastructure, explaining that it is an important foundation for public health activities. He felt that this feedback presented criticism of the public health accreditation process, but he explained that developing infrastructure through a comprehensive accreditation process is beneficial for public health. He acknowledged that public health infrastructure objectives should not solely address accreditation and felt that infrastructure objectives should encompass infrastructure-building through accreditation *and* additional infrastructure issues, such as the public health workforce and the financing of public health and population health measures.

Dr. Dushanka V. Kleinman responded that the feedback was not intended to be critical, but instead sought to increase visibility of the power of accreditation. Dr. Richmond explained that she provided that piece of feedback as a result of Dr. Namvar Zohoori's comment during an Objective Review subcommittee meeting that many infrastructure issues are captured in the accreditation criteria for health departments, so if a health department is accredited then other potential infrastructure objectives would already be fulfilled through the accreditation process. Dr. Richmond provided this feedback to ensure that the accreditation criteria were sufficiently clear and accomplished that. Dr. Richmond indicated that the subcommittee would revise that section of the report to clarify its purpose.

Subcommittee Recommendations

Regarding Recommendation 1, Dr. Susan Goekler shared that she added health promotion to the list of topics because she felt it fit well with an upstream focus; she noted that the objectives are the Healthy People disease prevention and health promotion objectives, so health promotion should be highlighted.

Continuing the discussion, Dr. Edward J. Sondik questioned whether 10 was a high enough threshold for adding cross-cutting objectives. Dr. Richmond responded that the number 10 was not chosen deductively and that the intent of the recommendation was not to be prescriptive about the number of

recommendations to be added, but rather to provide the FIW with the sense that the Committee would like for more objectives to be added to reflect cross-cutting issues.

Dr. Halverson suggested that they could add a range, such as 10 to 20 objectives. Dr. Zohoori proposed they could remove a specific number from the recommendation, noting that the FIW had cut the number of Healthy People 2020 objectives by more than 50% and suggesting that there may be less hesitation to add objectives now.

Dr. Richmond reminded the Committee that some of the “space” in the set of objectives for HP2030 is reserved for objectives to be added over the course of the decade. Dr. Gómez acknowledged that the Committee strived to be mindful of the necessity to reduce the number of objectives overall for HP2030 as they developed this recommendation, but expressed that the phrase “up to” was problematic.

Mr. Joel B. Teitelbaum agreed, noting that the FIW could add 1 or 2 cross-cutting objectives and technically fulfill the recommendation, even though that was not the Committee’s intention. He suggested adding at least a range to provide a lower limit for the number of objectives to add. Dr. Pronk agreed, noting that only a few objectives would not fully capture the 5 vastly different categories proposed in the recommendation.

The Committee agreed to revise the recommendation to read “add a minimum of 10 cross-cutting objectives” instead of “up to 10.”

The Committee did not discuss Recommendation 2. Dr. Halverson noted that it was a strong recommendation.

The Committee did not discuss Recommendation 3, as no members raised comments.

Regarding Recommendation 4, Dr. Halverson expressed support for the addition of the phrase “applicable to varied settings in many sectors” because he felt they were consistent with the Stakeholder Engagement and Communications subcommittee’s recommendations and the importance of outreach beyond the health sector. Dr. Pronk and Dr. Goekler agreed that it reflects the intention of the recommendation, which is for HP2030 to reach stakeholders outside of the health sectors, which makes the recommendation more actionable.

Discussing Recommendation 5, Dr. Goekler shared that she added the phrase “in building on strengths and assets” because a focus on simply reducing disparities and inequities contributes to the disease prevention mentality and assumes that communities with disparities do not have any assets. The Committee expressed broad support for the addition.

The Committee was presented with 2 versions of Recommendation 6: the original version the Objective Review subcommittee had agreed upon after their final January 11, 2019 meeting, and an alternate version that had been proposed during the final revision of the Objective Review subcommittee report. Dr. Pronk favored the alternate language, stating that it better reflected the subcommittee’s vision for the recommendation than the original language. Dr. Goekler agreed, noting that there is a separate subcommittee charged with creating recommendations on implementation. None of the Committee members preferred the alternate language for Recommendation 6.

Within Recommendation 7, Dr. Halverson expressed that it could be useful to identify a set of objectives that can be used to facilitate a meaningful OECD comparison. Dr. Richmond suggested that they remove

the word “consider” so that the recommendation would simply read: “Identify high priority objectives...” Dr. Sondik shared that the OECD produces a regular report on the health of the OECD nations, so the recommendation could include language to the effect of “as outlined in the OECD report” or “as other OECD nations outlined in their report.” Dr. Kleinman suggested the recommendation could include “meaningful” comparison.

Dr. Sondik proposed that the recommendation be reframed to begin with language such as, “There should be a periodic comparison of health and well-being in the United States to other OECD nations.” Dr. Richmond responded that would be dependent upon 1 of 2 scenarios: either the existence of objectives within the current set that would already allow for meaningful comparison or recasting current objectives to facilitate such comparison. Thus, the recommendation could be to create a set of objectives that allow for meaningful comparison of health and well-being in the United States to that of other OECD nations as told in the OECD report, or to recast existing objectives to facilitate that meaningful comparison.

Mr. Teitelbaum asked whether Dr. Richmond suggested that the recommendation prompt the use of existing OECD measures to be used as a means of comparison or whether she wanted to leave it more open-ended. Dr. Richmond responded that the measures would not necessarily need to be OECD measures. Mr. Teitelbaum replied that a meaningful comparison would be dependent upon the HP2030 objectives matching the OECD measures as closely as possible.

Dr. Richmond proposed revised language for Recommendation 7, based on the Committee’s discussion at this point: “Create a set of objectives that allow meaningful comparison of health and well-being in the United States to that in other OECD nations, as detailed in the OECD report, or recast existing objectives to facilitate meaningful comparison.”

The Committee broadly liked the revision. Dr. Pronk asked the Committee whether the set of objectives in Recommendation 7 would necessarily be core objectives, expressing concern that existing core objectives may not be aligned with OECD report measures. Dr. Richmond expressed concern that non-core objective would not have strong enough data; Dr. Zohoori felt they would need to be core objectives to carry sufficient importance. Dr. Kleinman felt a meaningful comparison implicated the inclusion of core objectives. Dr. Gómez suggested that the recommendation could encourage the use of other, non-core objectives—outside of the set specified here—in the comparison of health and well-being in the United States and OECD nations. Ultimately, Dr. Richmond reminded the Committee that the subcommittee’s charge regarded core objectives.

Dr. Sondik could not recall any gaps in the OECD report that reflect missing U.S. data; in contrast, he explained that the United States has historically been the leading country to supply data. He did not believe that any new objectives would need to be added to the proposed set to fulfill this recommendation but he acknowledged that some measures that the United States contributed to the OECD report may not be Healthy People objectives at this point.

The Committee did not discuss Recommendation 8. Dr. Sondik expressed that it was important to emphasize a high-level evaluation of Healthy People as the decade progresses, which he felt had been lacking in the past.

Committee Vote

The Committee unanimously approved Recommendations 1 through 8, as amended below.

- **Recommendation 1:** Given that the preponderance of objectives focused on morbidity and mortality, add a minimum of 10 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 factor— 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:** 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:** Create a set of objectives that allow meaningful comparison of health and well-being in the United States to that in other OECD nations (as detailed in the OECD report)— or recast existing objectives to facilitate a meaningful comparison.
- **Recommendation 8:** Create a systematic and regular process to assess progress in meeting the overarching goals of Healthy People 2030. 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. It may be informed by the ideas expressed in the forthcoming issue brief on summary measures of health and well-being.

Meeting Summary: Recommendations, Action Items, and Next Steps

12:55 p.m. – 1:00 p.m.

In addition to thanking Dr. Richmond for chairing the Objective Review subcommittee, Dr. Kleinman thanked the members of the Objective Review subcommittee for their rigorous and meticulous review

of the proposed HP2030 objectives and for providing the Committee with their carefully crafted recommendations. Dr. Kleinman and Dr. Pronk, in collaboration with ODPHP, will submit the Committee's recommendations regarding the proposed HP2030 objectives to the HHS Secretary. The Committee's final report with recommendations regarding the HP2030 objectives will be published online at HealthyPeople.gov once it has been delivered to the Secretary.

The Committee will reconvene via webinar on March 27, 2019 from 2:00 p.m. to 5:00 p.m. Eastern Time. The focus of that meeting will be the recommendations regarding activities to implement Healthy People 2030 and production of a static graphic for communicating the goals of HP2030. This meeting will be open to the public. Members of the public may register to attend the meeting at HealthyPeople.gov.

Meeting Adjourned

1:00 p.m.