

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

20 F Street Conference Center
20 F Street NW, Washington, DC 20001

First Meeting: December 1–2, 2016

Day 1: December 1, 2016

Welcome and Introduction

9:00 a.m. to 9:05 a.m.

Dr. Don Wright, Deputy Assistant Secretary for Health, Director, Office of Disease Prevention and Health Promotion (ODPHP), welcomed attendees to the first meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (hereafter referred to as the Committee). Dr. Wright explained that the Committee operates under the Federal Advisory Committee Act, which specifies certain procedures for the Committee's work. He added that there was no time allotted for public comment at the first meeting, but there will be opportunities for public comment at future meetings. Dr. Wright then introduced the Acting Assistant Secretary for Health, Dr. Karen DeSalvo. Dr. DeSalvo announced the members for the Committee and gave a description of the members' professional roles and organizational affiliations. The Committee members are as follows:

Co-Chairs

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

Chair Emeritus

- Jonathan Fielding, MD, MPH, MBA, MA

Members

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

Swearing-In Ceremony and Committee's Charge

9:05 a.m. to 9:25 a.m.

Dr. DeSalvo thanked the Committee members for their contributions to public health and for giving their time to serve on the Committee. The task ahead is an ambitious and tremendous opportunity to set the

agenda for the health and well-being of the United States. Dr. DeSalvo proceeded with the swearing-in ceremony and called all of the individual Committee members' names to be officially sworn in. All members recited the oath together with Dr. DeSalvo.

The Committee will provide advice and assistance to the Secretary and the Department of Health and Human Services (HHS) in the development of health promotion and disease prevention objectives to improve the health of Americans by 2030. As national leaders in public health, Committee members have been asked to carry out a charge that will change the direction of the health of our Nation.

Healthy People Initiative Overview

9:25 a.m. to 9:50 a.m.

The Committee co-chairs, Dr. Nico Pronk and Dr. Dushanka V. Kleinman, added their welcome to Committee members and meeting attendees, gave an overview of the goals for the 2 days of the inaugural meeting and mentioned that, as co-chairs, they would each chair segments of the agenda. Dr. Kleinman thanked the ODPHP staff for their support in guiding the preparation of the agenda for this inaugural meeting and welcomed Carter Blakey, Deputy Director and Director, Community Strategies Division, ODPHP, to provide an overview of the Healthy People initiative.

Healthy People is an initiative designed to provide a strategic framework for a national agenda with a vision for improving health, identifying science-based measurable objectives to be achieved by the year 2030, requiring the tracking of data-driven outcomes, and offering a model for international, state, and local program planning. The initiative is Federally led, but stakeholder driven. Ms. Blakey gave a summary of the evolution of the Healthy People initiative, tracing its origins back to 1990.

In order to address the size of Healthy People, the Leading Health Indicators (LHIs) were developed in 2010 to communicate high-priority health issues and actions that can be taken to address them. For Healthy People 2020, 12 LHIs were identified and communication efforts focus on one LHI each month.

Ms. Blakey described how Healthy People uses a cross-Federal approach to manage and coordinate the initiative. Known as the Federal Interagency Workgroup (FIW), 45 members representing 24 HHS agencies/offices are included to help provide ongoing oversight and guidance. The FIW has been expanded to include non-HHS Federal partners such as the Environmental Protection Agency (EPA), Department of Justice (DOJ), and the United States Department of Agriculture (USDA). Topic area workgroups also support Healthy People on an ongoing basis. Each topic area workgroup owns a set of objectives and helps with objective development, implementation, and measurement. In order to measure the progress of each set of Healthy People objectives, reports and reviews are released throughout the 10-year period. Topic area progress reviews, webinars, and midcourse and final reviews are all released to help measure the progress of the objectives.

For Healthy People 2030, the ODPHP team highlighted some considerations for the Committee. These included: the need to clearly define the vision, mission, and overarching goals; the framework around determinants, equity, and disparities; alignment with other systems and initiatives; the need to identify and adhere to strict objective selection criteria that address data needs, evidence, and prevention; and the need to engage the Committee in early stages of LHI development. Additionally, Ms. Blakey

reviewed the timeline for the development of Healthy People 2030. Phase 1 focuses on the development of the framework and runs from 2016/2017 through 2018, while Phase 2 begins in 2018 and runs through 2020 with a focus on the development of objectives.

HealthyPeople.gov and Interactive Tools

9:50 a.m. to 10:00 a.m.

Ms. Theresa Devine, Public Health Advisor, ODPHP, provided an overview of HealthyPeople.gov, including a live demonstration of the key tools and resources available on the website. During the demonstration, Ms. Devine explained how to find the topics and objectives, LHIs, DATA2020, Stories from the Field, and Evidence-Based Resources. DATA2020 is the Healthy People 2020 interactive data tool that allows users to explore data and technical information related to the Healthy People 2020 objectives. The tools and resources available on HealthyPeople.gov all resulted from recommendations by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 (hereafter referred to as the 2020 Committee).

Ms. Devine described the goals for the development of the Healthy People 2030 website. Through several phases of planning and design, ODPHP hopes to meet stakeholder and user needs by building on the strengths of the existing Healthy People website. Throughout the process, ODPHP will integrate recommendations from the Committee in terms of organization and tools and resources. Ms. Devine explained the 3 phases of planning for the Healthy People 2030 website: Discovery, Requirements, and Development. Pre-planning occurred between 2013 and 2015, and included 4 rounds of usability testing on the current website with public health professionals. Phase 1 (Discovery), occurred in 2016, and involved formative research, current site assessments, and initial recommendations. Phase 2 (Requirements) will occur in 2017 and 2018, and will involve technical requirements gathering, content strategy, wire framing, visual mock-ups, and initial prototype testing. Phase 3 (Development) will occur in 2018 and 2019 and will include site development, iterative design, user testing, and communication strategy development.

Questions and Answers

10:00 a.m. to 10:20 a.m.

Committee members asked both Ms. Blakey and Ms. Devine questions regarding their presentations. Some of the topics covered during this time included: how the Healthy People initiative has grown; organization of the website based on the type of user; the reach of the website and Healthy People social media; collaboration with other governmental agencies; degree to which there is interaction between the HealthyPeople.gov and the health.gov websites; whether we are targeting stories to the right audiences (to enhance usefulness to the "person on the street"); and which aspects of the website are most frequently used.

Who Uses Healthy People and How is it Used?

10:20 a.m. to 10:50 a.m.

Felicia Cerbone, Principal Research Scientist, NORC at the University of Chicago, discussed the 3 iterations of the Healthy People User Study, which were conducted by NORC in 2005, 2008, and 2015. In

her presentation, she described key findings from each of the 3 studies in terms of awareness and use of Healthy People. For the 2015 User Study, Ms. Cerbone provided more detailed information on awareness and use of Healthy People 2020 among different sample types (Healthy People State Coordinators, senior deputies, local health departments, tribes, tribal area health boards, Consortium organizations, and webinar attendees). She discussed the ways organizations use Healthy People 2020, which is most frequently as a data source. In addition, she presented data on awareness and use of the LHIs and the Healthy People 2020 tools and activities. Finally, she discussed findings from the 2015 User Study in terms of the scope and reorganization of the initiative for Healthy People 2030. The Committee members provided comments and asked several questions. Suggestions from the Committee members included: investigating use of Healthy People by other types of organizations, such as businesses, health insurance plans, public health associations (i.e., the Association of State and Territorial Health Officials, the American Public Health Association), schools of public health, and Federal agencies. The Committee was also interested in the impact of using Healthy People for these organizations. Answers to the questions were provided to Committee members in writing after the meeting.

The Committee then took a 10-minute recess.

Recommendations of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020

11:00 a.m. to 11:45 a.m.

The Chair Emeritus, Dr. Jonathan Fielding, presented the Committee with an overview of his experience chairing the 2020 Committee and highlighted some strong recommendations for the Committee to consider when constructing Healthy People 2030. Dr. Fielding began with an overview of the timeline used for the development of Healthy People 2020. Beginning work in 2008, the 2020 Committee started with Phase 1, which included discussions on the framework and format, along with the formation of subcommittees. The Committee quickly transitioned to Phase 2 work. The Committee was faced with some key questions, such as how to transition to a digital format and how to incorporate developmental and life stages concepts and targets.

Under Phase 1, the designated subcommittees included priorities, developmental and life stages, system specifications and user interface, environmental determinants, health equity and disparities, and user questions and needs. After Phase 1, the subcommittees changed to focus on topics relevant to Phase 2 work. These subcommittees included topic area, evidence and target setting, data and IT, implementation, recommendations, strategic communications, ad hoc group on social determinants, action steps and evidence, and the LHIs.

Dr. Fielding gave an overview of the reports and recommendations the Committee developed throughout its tenure and explained the vision and mission the group developed for Healthy People 2020. The vision statement was, "A society in which all people live long healthy lives." The mission of healthy People is to: identify nationwide health improvement priorities; increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress; provide measurable objectives and goals that are applicable at the national, state, and local levels; engage multiple sectors to take actions to strengthen policies and improve practices driven by the best

available evidence and knowledge; and identify critical research, evaluation, and data collection needs. The Committee also provided recommendations on the overarching goals for Healthy People 2020. The overarching goals for Healthy People 2020 are:

1. Attain high-quality, longer lives free of preventable disease, disability, injury, and premature death
2. Achieve health equity, eliminate disparities, and improve the health of all groups
3. Create social and physical environments that promote good health for all
4. Promote quality of life, healthy development, and healthy behaviors across all life stages

Following an overview of the process, framework, and themes used in the creation of Healthy People 2020, Dr. Fielding gave the Committee a summary of his recommendations for Healthy People 2030. Included were recommendations focused on implementation, evidence-based interventions, promoting action, and the social determinants of health. To conclude the presentation, Dr. Fielding provided the Committee with his personal opinions regarding lessons learned and suggestions from his Healthy People 2020 experience. Dr. Fielding acknowledged that starting the process earlier than in the past will be helpful in being more reflective and allowing further engagement with stakeholders. Some other highlights of his recommendations include: focusing more on economics throughout the objective selection process, including modeling and forecasting efforts; providing more attention to continual, proactive communications, especially with other Federal agency products; maintaining a major focus on underlying determinants and participation from other sectors; and benchmarking with other nations for key objectives.

The Committee asked Dr. Fielding follow-up questions regarding his presentation. Committee members discussed the tension associated with reducing the number of objectives and provided examples of approaches to be considered. Some organizations use their Healthy People objectives as an advocacy tool, and therefore the potential impacts or consequences of removing objectives must be understood. Committee members agreed that comparing Healthy People to similar international programs would be beneficial. Throughout the discussion, Committee members stressed the importance of the social determinants of health, acknowledging that social determinants are also important to other sectors and a common language to discuss such determinants would be useful.

The Committee then adjourned for lunch.

Approaching the Committee's Charge

1:00 p.m. to 2:45 p.m.

Dr. Pronk welcomed the Committee members back from lunch. In the afternoon session, the Committee began by discussing the Committee's Charge. Dr. Pronk reviewed each bullet point from the Charge:

- Providing explicit recommendations regarding the scope of content for Healthy People 2030. Examples include, but are not limited to:
 - Health promotion
 - Disease prevention

- Primary, secondary, and tertiary prevention
 - Public health and health care services
 - Health research
 - Quality of care
- Providing advice on an organizing framework and the selection of LHI categories. Examples may include, but are not limited to identifying cross-cutting themes or priority issues (e.g., addressing social determinants of health, health disparities, health equity, law and policy).
- Providing advice on criteria, approaches, and priorities for selecting objectives in order to streamline and significantly reduce by one-half or more the overall number of measurable objectives from the number currently in Healthy People 2020 and identifying those that are most salient for national tracking by HHS. Considerations include, but are not limited to:
 - Criteria for selection of data sources
 - Quality of data
 - Availability of the data (publically available vs. proprietary)
 - Appropriate level of detail for national health objectives
 - Emerging health issues
 - Cross-cutting themes
 - Burden of disease
 - Strength of evidence
 - Opportunities for data sources and measures to be relevant and used at the state tribal, local, and county level
 - Criteria for archiving objectives
 - Aligning with other salient measures and data systems
- Providing advice on ways to improve the dissemination and timeliness of reliable and nationally representative data.
- Identifying target-setting methods based on the best available evidence (e.g., U.S. Preventive Services Task Force, National Academy of Medicine, and The Guide to Community Preventive Services).
- Providing advice on ways to implement Healthy People 2030, including but not limited to:
 - Engage stakeholders in the private and public sectors to ensure their involvement in the process of developing and implementing those objectives.
 - Highlight approaches to communicate with stakeholders and launch Healthy People 2030 (e.g., website, partnerships).
 - Identify ways to connect health promotion and disease prevention efforts throughout the public, private, and voluntary sectors.
 - Implement Healthy People across various settings (e.g., state, local) and sectors (e.g., health care, education). This process could address issues such as: promoting health equity, eliminating disparities, and improving the health of all groups; addressing the social determinants of health; and defining the role of health policies and laws (e.g., regulations, legislation) in addressing health promotion and disease prevention.
- Recommending a process for monitoring and reporting on objectives throughout the decade, including the progress reviews, midcourse review, national snapshots, and final review.

Dr. Kleinman noted that the Charge is extensive, but the timeline of the overall process may help the Committee prioritize where to focus. Committee members discussed several key topics related to the Charge.

Scope and Content for Healthy People 2030

Dr. Pronk said the Committee will need to consider explicit recommendations for the scope of Healthy People 2030, including its breadth, and whether it should focus on health promotion, prevention (primary, secondary, or tertiary), health research, quality of care, etc. The Committee discussed envisioning future scenarios (such as the trend to urbanization, impact of research outcomes, etc.) and the usefulness of a systems approach. In that context, the Committee mentioned select topics and issues they thought would be important to include in Healthy People 2030, such as: climate change; early childhood education and the cumulative effect of early implementation; positive parenting; access to fruits and vegetables; the built environment, including access to physical activity; and Alzheimer's/dementia.

Several Committee members also discussed the need to consider modeling and economics. Additionally, some Committee members said Healthy People 2030 should focus on the evidence-based population health interventions. One Committee member suggested that the Committee should harmonize their suggestions with other goal-setting and objective documents.

There was also continued agreement that international models should be investigated in terms of implementing wellness and measuring outcomes at population levels.

Organizing Framework and LHI Categories

Dr. Pronk suggested that the Committee will need to consider several key issues in terms of the framework, including the organization of objectives. They discussed how to frame outcomes, whether by overall/total health or well-being. One Committee member encouraged a focus on overall health and health trajectories, as opposed to solely health outcomes.

Several Committee members agreed that the extremes of life would be important to focus on. A lifespan approach was raised as a potential framework. They also discussed the importance of addressing disparities and the social determinants of health. Several Committee members suggested using a positive framing, using positive measurement as opposed to risk or deficit-based measures. For example, a potential framework could be a positive framing that discusses the aspects of a health-sustaining environment required across the lifespan. People need access to air, water, green space, transportation, education, health care, housing, and legal aid in order to live healthy lives. One Committee member raised the concern that the science may not be as advanced for resilience and strength measures compared to deficit measures. Another Committee member noted that there needs to be flexibility in the framework to allow for adaptation and use by local communities. A more systems-focused approach was also mentioned. One Committee member commented that the current framework conflates health and health care.

Criteria, Approaches, and Priorities for Selecting Objectives

Dr. Pronk noted that reducing the number of objectives by one-half will be a major task, so strict criteria need to be developed. The Committee members discussed the objective selection process. In terms of reducing the number of objectives, one Committee member said the evidence base should help with prioritization. Another Committee member said they need to focus on the critical issues and create a product of impact that has a set of priorities that drive outcomes. Other Committee members agreed that the impact of the objectives is important, and that some indicators may have higher degrees of impact than others. Specifically, objectives that should be prioritized are those that have the greatest potential for population health impact, emphasize health promotion and disease prevention, and are actionable. The Committee discussed the potential of either creating tiers of objectives or restructuring and grouping instead of removing objectives. Objectives that address the major root causes of poor health could be highlighted. The Violence Prevention Framework from the Centers for Disease Control and Prevention (CDC) was referenced as a framework to review in terms of clustering of objectives. One Committee member noted the potential implications of changes in objectives for pre-existing wellness indices, such as the United Health Rankings and County Health Rankings, which use data from Healthy People. Another said other documents should be referenced, such as the Measuring Vital Signs Institute of Medicine report, which has a set of indicators and metrics. Similarly, traditional health care data sets and metrics that are commonly reported to regulatory agencies in other sectors should be considered. The Committee should learn from the National Quality Forum reports and National Committee for Quality (NCQA) and Joint Commission measures. In addition, there was an interest among Committee members to not lose the efforts that went into Healthy People 2020.

A Committee member asked for clarification on whether the Committee needs to recommend which objectives should be removed or the process to be used to reduce the number; Ms. Blakey clarified that the Committee will provide recommendations to HHS on *the process* to reduce the number of objectives, not the specific objectives themselves.

In terms of priorities, one Committee member proposed addressing the “justice involved” population, which includes millions of people who are transitioning in and out of jails and prisons annually. The federally funded legal aid system can only care for approximately 20% of the 65 million people who qualify for federally funded civil legal aid. This population often has at least 2 or 3 “health-harming legal needs,” and therefore a significant impact could be made on individual and population health by addressing these needs.

Several Committee members suggested that it will be critical to envision the future in terms of research, science, and potential measures. New sources of data and advances in technology and analytics will need to be considered when thinking about potential indicators.

Dissemination and Timeliness of Reliable and Nationally Representative Data

Dr. Pronk said that the Committee will need to understand the current challenges to timely data dissemination. Additionally, Dr. Pronk discussed how there may be ideas and opportunities related to partnerships for dissemination, and noted that the Healthy People User Study has shown tribal communities are on the low end of awareness and use.

Target-Setting Methods

Dr. Pronk commented that the Committee will need to discuss how targets should be set for the objectives, and whether modeling can be used to project reasonable objective targets. One Committee member commented that there is “a distinction between score keeping and goal setting.” While Healthy People has incredible and dense score keeping, he questioned how they make the reach to inspirational goal setting.

Implementation of Healthy People 2030

Dr. Pronk said the Committee needs to provide advice to the Secretary that will support implementation throughout the decade following release of Healthy People 2030, particularly ensuring engagement of new users. One Committee member said they should talk to key users to understand how they use the data and how to create better tools for them to use Healthy People more effectively.

The Committee also discussed the importance of understanding the impact of Healthy People. One Committee member suggested they develop a statement that describes the impact of Healthy People, specifically noting the areas in which it will have an impact in the future. There should be changes from Healthy People 2020 in order to make it a more impactful document.

The Committee then took a 15-minute recess.

Committee Discussion

3:00 p.m. to 4:00 p.m.

Discussion of the Healthy People 2020 Graphic Model

Dr. Pronk introduced the graphic model (Appendix A) that was developed for Healthy People 2020 and asked Committee members to review the model and think about how it might help shape their thinking for Healthy People 2030 and identify areas where they might want to make changes.

Committee members made a variety of comments on the graphic. The graphic is very complex and Committee members said that a simpler graphic would be more effective and ideal. It is labeled as an action model, but it is difficult to tell what the actions are in order to achieve the outcomes. A functional action model would need to enable individuals to see where they fit in and how they can impact the desired outcomes. A Committee member noted that the arrow goes through every level of the model; it may be better to focus on one level, where there will be the most impact.

Dr. Fielding provided context on the creation of this graphic, which was developed as part of the 2020 Committee. They wanted to have one graphic that could tell the whole story. It was intended for a sophisticated audience, trying to show the nesting of different determinants.

There was discussion about precision science and medicine and how that might fit into Healthy People 2030. One Committee member noted that they may not want to focus on precision medicine, but there could still be some organizing around the role of the individual in health. Another Committee member suggested that while individualized health and medicine were important, it is easier to change passive things instead of individual behavior, such as converting a vacant lot to a green lot. Another Committee member disagreed with using a precision public health approach, noting that lifestyles and geography

impact an individual's ability to improve their health. Another Committee member said that individual level health and the public's/population's health do not have to be at odds, and 2 others noted that there is potential to learn from precision medicine initiatives.

A Committee member noted that they should consider the "actors" that impact the interventions and outcomes in the model, for example, the environment, schools, the health care industry, the media, etc. Another Committee member expanded on that idea, suggesting that it also might be helpful to define responsibilities for different stakeholder groups throughout. If that approach is used, a Committee member suggested it might help to have information about how to do this work and create tailored "playbooks."

Discussion of Healthy People Vision, Mission, and Goals

The Healthy People 2020 vision is succinct: "A society in which all people live long, healthy lives." Various Committee members provided feedback on the vision, suggesting different ways to phrase the vision or change the wording. Potential revisions included:

- Creating an environment and the means by which all people live long, healthy lives.
- Creating and sustaining the conditions where all people in society can live long, healthy lives.
- A society in which all people have the opportunity to live long, healthy lives.
- A society in which all people live lives that are as healthy as possible.
- A society in which the public, private, and non-profit sectors work to create an environment where all people can be as healthy as possible.

Committee members suggested that the vision statement should remain simple and understandable and acknowledge the roles of culture and context. There was robust discussion over whether additional or different descriptors should be used instead of long and healthy, such as productive or fulfilling. Committee members raised concerns about using those terms and how they would be defined. The Committee also discussed whether the vision should be rephrased to include measures of well-being or wellness and the potential for health or "best possible" health or wellness.

Summary of Day 1 and Charge for Day 2

4:00 p.m. to 5:00 p.m.

The Committee discussed the issue of criteria for prioritization in terms of selecting goals and objectives for Healthy People 2030. Dr. Pronk listed out the recommended considerations that were previously presented by Ms. Blakey for the group to discuss:

- Clearly define the vision, mission, and overarching goals
- Frame around determinants, equity, and disparities
- Align with other systems and initiatives
- Identify and adhere to strict objective selection criteria that address data needs, evidence, and prevention
- Engage the Committee in early stages of LHI development

The group raised the idea of using the variable of potential population impact as a criterion for objective selection and prioritization. A topic of consensus across the Committee was the idea of cross-hatching objectives and goals across various disciplines to develop a comprehensive framework. Discussion was focused around starting with overall preventable burden and looking at the contributing inequities. A different suggested starting point was to evaluate all 1,300 objectives in terms of burden using an economic framework. There are 4 major ways to assess the utility of a measure: impact, measurability, return on investment, and effects on equity. Committee members suggested that objectives needed to be actionable, functional and usable, relevant, and set a standard. The group agreed to use a system along these lines in order to weigh the current objectives and develop a list of importance.

For the LHIs, the group agreed that continuing to highlight 12 objectives was a good approach. The Committee also pointed out that looking at the current LHIs, it appears that some could be categorized as health indicators and others as risks. In order to get perspective on how the 2020 Committee identified their objectives, Ms. Blakey shared that the group decided to have 150 objectives within 15 topic areas that were classified as risks and determinants. The 2020 Committee also received positive feedback on this objective format at the annual APHA conference, during public hearings, and from other stakeholders. The 2020 Committee advised the Secretary not to reduce the number of objectives since a wealth of information surrounding them had developed over the decade. The Committee then discussed the amount of effort it would take to reduce the number of objectives by one-half.

Moving forward, the group agreed that the overarching mindset of what will have the most impact will be important in the selection of objectives and creation of mission and vision statements. It will also be important to consider the future and what the world will be like in 2030. A systems framework could be the appropriate mechanism, and the group agreed that it is important to ensure their work is unique and not duplicative of efforts that are already in place.

Dr. Kleinman provided a summary of the Day 1 discussion and reviewed the charge for Day 2. Several key themes emerged from discussions on the first day that provided an initial template for the Healthy People 2030 framework. These themes included a focus on the “what”: retaining the focus on the most vulnerable populations while also monitoring population health; maintaining the lifespan approach; emphasizing health promotion and wellness (not focusing on the medical model); thinking about well being and benefits beyond health costs; building upon and extending the partnerships and support for the social determinants of health; and further developing health equity and including health literacy as integral to HP2030. The themes also focused on the “how”: exploring moving to asset measures; developing and using a systems approach; using modeling/forecasting where appropriate; and learning from benchmarking and the work of other nations (OECD). The Committee acknowledged that 2030 will mark the 50th anniversary of the Health People Initiative. This milestone creates the imperative to critically look back at what has been achieved—the impact of Healthy People—as well as to look forward to the future.

The Committee recognized the value of clear and routine communication during this stage of the development of Healthy People. Committee members highlighted the need: for continual communication with Federal agencies, consortia, and all audiences; to prepare for briefing the new administration; and to keep the “person on the street” in front. Committee members posed questions related to: whether Healthy People is targeting the right audiences; the best way to communicate about

and sell Healthy People 2020 and Healthy People 2030, not just the individual objectives; and whether the Committee has enough information of how different audiences use the Healthy People 2020 webpage and data. The Committee acknowledged that 2030 will mark the 50th anniversary of the Healthy People initiative. This milestone creates the imperative to critically look back at what has been achieved—the impact of Healthy People—as well as look forward to the future.

Themes emerged from the first day’s discussions and provided an initial template for the Healthy People 2030 framework.

Elements—the “what”:

- Retain the focus on the most vulnerable populations, while also monitoring population health
- Maintain the lifespan approach
- Emphasize health promotion and wellness (do not focus on medical model)
- Think about well-being and benefits beyond health costs
- Build upon and extend the partnerships and support for the social determinants of health
- Further develop health equity and include health literacy as integral to HP2030

Approaches—the “how”:

- Explore moving to asset measures
- Develop and use a systems approach
- Consider use of modeling/forecasting where appropriate
- Learn from benchmarking, and work of, other nations (OECD) and identify select measures to highlight

The Committee agreed that topics for discussion on Day 2 include subcommittee formation, speakers, future meetings, and continuing discussions from Day 1.

Meeting Adjourned for the Day

5:00 p.m.

Day 2: December 2, 2016

Healthy People: Data Requirements

8:30 a.m. to 10:15 a.m.

Dr. Kleinman introduced Dr. Charles Rothwell, Director of the National Center for Health Statistics (NCHS). Dr. Rothwell gave a presentation titled Healthy People: Data Requirements, which provided an overview of NCHS, the role of NCHS in Healthy People, and data considerations for Healthy People 2030.

NCHS is a center within CDC, located in Hyattsville, Maryland and Research Triangle Park. NCHS is part of the Federal statistical system and provides data services in support of department activities, including Healthy People and Health United States (Health U.S.), which is published by the Secretary. There are a number of key data collection programs that NCHS supports, including the National Vital Statistics System, the National Health Interview Survey, the National Health and Nutrition Examination Survey, the National Health Care Surveys, and the National Survey of Family Growth.

NCHS has a key role in supporting Healthy People in the following ways:

- Serving as Statistical Advisor to HHS and the topic area workgroups on health promotion data
- Researching and developing methods for measuring the overarching goals of Healthy People (e.g., health disparities)
- Creating analytic and graphical presentations to display progress towards reaching the goals and objectives
- Maintaining comprehensive database for all the Healthy People objectives
- Providing expertise and technical assistance to national, state, and local health monitoring efforts

Dr. Rothwell noted that NCHS's strongest contributions to Healthy People have been analytical work around the measurement of disparities and innovation in data visualization. Over time, there has been an increase in the number of measures being tracked, so management of the data for all 1,300 indicators is a large part of their work to support Healthy People. Dr. Rothwell noted they do provide some technical assistance to other monitoring efforts, but they are not as robust in this support given the demands of managing the extensive database.

NCHS also provides data and statistical expertise for all the data that supports the Healthy People website features—including DATA2020, charting tools, disparities tools, and state-level maps—and conducts routine quality control on these features. Another area of support involves providing data updates and visualization for the monthly LHI bulletins and webinars, the progress reviews, and the midcourse and final reviews. The Healthy People 2020 Midcourse Review will be released in the next several weeks. In addition, NCHS offers tools and technical assistance to a variety of stakeholders and has taught statistical workshops, although these opportunities have been limited in the past decade.

Dr. Rothwell noted that the data used for Healthy People does not only support the Healthy People initiative, but also a number of other Federal initiatives, such as the National Health Quality Report from the Agency for Healthcare Research and Quality (AHRQ), the National Prevention Strategy, Health U.S., and the National HIV/AIDS Strategy. Dr. Rothwell asked the Committee to consider Healthy People's role

for using this data. Given the number of objectives, it is important to consider whether Healthy People should be a repository for these indicators or whether Healthy People should be a core set of objectives and other indicators could be included in and managed by other initiatives. Healthy People provides a lot of information, but it is important to consider whether it is making a difference and providing guidance to improving the Nation's health in its current format.

Dr. Rothwell shared the objective selection criteria for Healthy People 2020 objectives and data sources. He thought that they are good criteria, but they are not helpful from an operational perspective. Additionally, there are 200 different data sources that support Healthy People, but not all of them are of equal quality. Seven data sources account for more than 40% of the objectives, and those are of higher quality. The data sources and data quality could be an area for the Committee to consider as they think about narrowing the objectives.

Committee members asked Dr. Rothwell questions related to NCHS's role and the methods used for Healthy People. There was an engaged discussion about the use of local data and the future of data collection and analysis.

A technical question was asked about the methods NCHS uses to define disparities. NCHS has done a lot of methodological work related to disparities. In Healthy People 2010, the emphasis was on relative disparities between population groups. For Healthy People 2020, they have broadened how they look at disparities, noting the differences when looking at relative or absolute disparities. NCHS has published statistical notes that outline the methods used for Healthy People 2020 and the disparities tool.

There was discussion of local data sources and how they might be incorporated or addressed in Healthy People. The National Committee on Vital Statistics has done some thinking on local data sources; it may be helpful for NCHS staff that assist the National Committee on Vital Statistics to provide background on their work. A Committee member endorsed the use of local data, noting that it is important for public health officials at the state and local level to have that data.

Given Dr. Rothwell's comments on the scope of Healthy People, a Committee member asked what number of objectives would be manageable and meaningful and how big of a reduction in Healthy People is needed to enable NCHS to be able to do more technical assistance and research (instead of data management). Dr. Rothwell suggested a reduction by half might not be enough and would consider an approach where Healthy People only contained around 100 objectives—and other indicators were tracked elsewhere within the department.

A Committee member mentioned the possibility of engaging with data scientists and crowdsourcing to find new methods for data analysis—for example, sharing the raw data and approving the methods proposed and used to look at the data instead of doing the data management internally. The surveys for data sources are well designed and an important source of data, but there are other sources of data to consider that is collected in other ways. For example, Dr. Rothwell noted that NCHS has started linking their data with data from other agencies, such as the Department of Housing and Urban Development (HUD). There was acknowledgement by Dr. Rothwell and the Committee members that the ways that data is collected and analyzed will change in the future.

The Committee then took a 10-minute recess.

Committee Discussion

10:25 a.m. to 11:45 a.m.

Dr. Kleinman asked Dr. Rothwell to share his vision for the Federal Statistical Research Data Centers that are being launched throughout the country in the upcoming years, especially as they relate to the monitoring of the 2030 objectives. Dr. Rothwell shared that there is a push to have partners in the department add their data sets to these data centers that are currently led by the Census Bureau. Dr. Rothwell also mentioned that efforts are in place to increase the amount of programmatic data being collected. AHRQ and the Substance Abuse and Mental Health Services Administration (SAMHSA) are merging their data centers with NCHS, which will allow for larger data analysis efforts to occur. An upcoming obstacle may be if legislation or regulation changes will hinder that process. Over time, there is also the possibility that a third party will take over the data centers since they are currently run by the Federal government.

The Committee discussed how they should function to achieve optimal efficiency. The Committee identified areas where they need more information; these included research on certain topics or learning from potential stakeholders or experts.

Topics for further research include:

- International standards on data
- Models of whole health/population health frameworks
- Current health rankings/indices (United and County Health Rankings)
- Data science
- Modeling and assessment of evidence and effect size
- Impact of a 10-year time period on assessing progress of indicators and assessment of how sensitive indicators are to policy changes during the decade
- Implementation science
- Existing scaled efforts to achieve population health goals (Culture of Health, 100 Million Healthier Lives, National Prevention Strategy)
- More information on how other groups use Healthy People (i.e., the Healthy People Consortium, health plans, hospitals, employers, policymakers)
- Practice-based evidence
- Review of Healthy People target setting methods
- Review existing surveillance systems and gaps

Potential stakeholder or experts needed:

- Policymakers/decision makers (e.g., state and local health officials)
- Hyper-local advocacy organizations
- An expert to speak to placing health in a human rights context

- Representatives from organizations that compile proven evidence-based interventions (e.g., The Community Guide, Cochrane, U.S. Preventive Services Task Force)
- A health economist to speak to return on investment
- End users of Healthy People to provide input on what would be valuable to them
- Simulation experts
- Business entrepreneurs to speak to their experience in fast-paced environments and methods used
- Representative from the National Committee on Vital and Health Statistics

The Committee also discussed some potential topic areas to be addressed by subcommittees, including:

- Healthy People 2030 website: tools, implementation science, relevance at local level
- Social determinants of health, asset based approach, multi-sectoral approach
- Systems approach
 - Overlaps with framework, modeling, simulation issues, use of data
- Global and international comparisons and insights from international work
- Criteria for reducing the number of objectives
 - Alignment and accountability
- Equity: combine with issues of life stage, intergenerational, health trajectories, and health literacy
- Multi-sectoral approach: partnerships and models
- Vision for the future and the framework
- Assessment of past use
- Strategic engagement: website, understanding effectiveness, impact, audience, user groups, dissemination
- Priorities, objectives, and criteria
- Communications: end user needs/audiences
- Open data, new sources of data, new analytical tools
 - Assessment of indicators that are most lagging, biggest gaps
- Monitoring Healthy People 2030

The Committee then adjourned for lunch.

Committee Discussion

1:00 p.m. to 2:15 p.m.

Dr. Pronk welcomed everyone back from lunch, and proposed an approach related to the establishment of subcommittees and development of the framework. One Committee member commented that in order for the subcommittees to proceed, there will need to be a common understanding and consensus on the underlying framework. Dr. Pronk proposed that the Committee hold a webinar before the subcommittees begin meeting in order to discuss the framework in more detail. Following some discussion and disagreement about whether subcommittees can be formed prior to the discussion

around the framework, the Committee decided to establish subcommittees—only some of which will convene immediately.

The Committee discussed establishing 5 subcommittees that will advance the Committee’s work in the following areas:

1. Developing the framework, including the vision, mission, and goals
2. Equity and social determinants of health
3. Stakeholder engagement and communications
4. Objective criteria and prioritization
5. Potential approaches

The group determined that the work around the framework should be conducted by the whole Committee and that the work of the approach subcommittee would inform the framework discussion. The approach subcommittee will review potential approaches for the framework and share the findings with the Committee. The equity and social determinants subcommittee will be convened throughout the course of the Committee’s work. Subcommittee members were not yet identified. For the stakeholder engagement and communications subcommittee, Dr. Kleinman and Dr. Pronk requested additional information from ODPHP related to past use and impact of Healthy People. Paul Halverson volunteered to serve on this subcommittee prior to leaving the meeting, but other subcommittee members were not identified. Committee chairs Dr. Kleinman and Dr. Pronk will serve on each subcommittee.

Committee members volunteered to serve on the 2 remaining subcommittees as follows:

1) Objective criteria and prioritization

- Dushanka Kleinman
- Nico Pronk
- Jonathan Fielding
- Mary Pittman
- Nirav Shah
- Edward Sondik

2) Approach

- Dushanka Kleinman
- Nico Pronk
- Abdulrahman El-Sayed
- Susan Goekler
- Cynthia Gómez
- Therese Richmond
- Edward Sondik
- Joel Teitelbaum
- Glenda Wrenn Gordon

A webinar with the full Committee will be scheduled at the end of January/early February 2017 to discuss the framework. In the interim, the subcommittees will convene and begin their work. The work of the approach subcommittee will inform the discussion during the webinar.

Next Steps

Per the above decisions, next steps include:

1. Convene subcommittees to review information to inform the webinar
2. Schedule webinar for the full Committee
3. ODPHP staff provide additional information and resources related to past use and changes to Healthy People over time

Additionally, the Committee chairs noted the following next steps:

1. Committee members should think about any external experts or stakeholders that could serve on a subcommittee
2. ODPHP staff will try to access the OECD report so that it can be a resource for the Committee members
3. Committee members should share any relevant resources

Dr. Kleinman and Dr. Pronk thanked the Committee members for their energy and attention the past 2 days, and thanked the ODPHP staff for their preparation.

Meeting Adjourned

2:15 p.m.

Appendix A – Action Model to Achieve Healthy People 2020 Overarching Goals

