

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

June 27, 2017
1:00 to 5:00 pm ET



Welcome

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



Goals for the Meeting

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



Office of Disease Prevention
and Health Promotion

Role of Summary Measures of Population Health in the Healthy People Initiative

Richard Klein, MPH
Director, Kronos Health Data Consulting, LLC



Purpose and Outline

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- **Purpose:**

- To describe the history of the use of Summary Measures of Population Health (SMPH) in Healthy People and relevant considerations for Healthy People 2030 (HP2030)

- **Outline:**

- Origin and initial intention
- HP2000 implementation
- HP2010 enhancements
- HP2020 modifications
- HP2030 considerations



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Background



- **SMPH** – which combine mortality and health outcomes into a single measure - have been intentionally included as adjuncts **since HP2000**
 - Primary **purpose** - to **monitor the goal** to increase length and quality of life
 - In general, decade **targets** were **not set**
 - SMPH are distinguished from **composite** measures that summarize components of a health topic
- **Challenges:**
 - Relationship to the **specific objectives**
 - **Interpretation** of metrics/changes
 - Lack of consensus agreement on **methodology**
- **History:** Madans, Weeks. *A Framework for Monitoring Progress Using Summary Measures of Health.* JAH, 2016.



Healthy People 2000



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- **Purpose** – To monitor **HP2000 Goal 1** – Increase years of healthy life (similar goals for HP2010/2020)
- Provide a summary of **overall progress** across **all objectives**
- **No universally agreed-upon** summary metric
- **Need for one or more** summary metrics that combine mortality and morbidity



- NCHS convened an **expert panel** (1993) to:
 - Develop a **single** SMPH metric
 - Using **existing** nationally-representative **data**
 - Able to be updated **annually**
 - Consider **existing** approaches (DALY, QALY, HALE, etc.)
- **Implementation/**features:
 - New metric - Years of healthy life (**YHL**)
 - Data from **NVSS** (mortality) and **NHIS** (health)
 - Death rates (life expectancy), limitation of activity and self-rated health status **combined** in a single metric
 - Adjustments for **institutionalized** population



Number 7
April 1995



HEALTHY PEOPLE 2000 Statistical Notes

From the CENTERS FOR DISEASE CONTROL AND PREVENTION/National Center for Health Statistics

Years of Healthy Life

Pennifer Erickson, Ronald Wilson, and Ildy Shannon

Introduction

Increasing the span of healthy life for Americans is one of the three broad goals of *Healthy People 2000*¹ (1). The years of healthy life measure has been selected for monitoring progress toward this goal. The sources and methods used for calculating years of healthy life are described in this issue of *Statistical Notes*. Estimated years of healthy life measures for 1990 for the total U.S. population and for selected subgroups are presented and discussed.

Historically, health has been measured primarily in terms of mortality—infant mortality, life expectancy, age-specific and disease-specific death rates—and morbidity—disability days and prevalence of chronic conditions. On the one hand, measures of mortality may underestimate the public health importance of conditions that result in proportionately more morbidity and disability. On the other hand, commonly used morbidity measures tend to focus on physical function

and thus may underestimate social and mental dysfunction as well as satisfaction with health. In addition, these traditional indicators do not provide summary information on a population's health status.

A single measure that incorporates health-related quality of life and life expectancy gives a more comprehensive picture of the population's health. Such a summary number would help in monitoring the Nation's health, identifying health priorities, evaluating the effectiveness of interventions, and comparing the effectiveness of different interventions. Several approaches to the development of a comprehensive measure have been taken, including Disability Free Life Years (2,3), Healthy Life Expectancy (4,5), and Disability Adjusted Life Years (6). The years of healthy life (YHL) concept, however, has emerged as one of the more commonly used health status measures that include both mortality and morbidity. Years of healthy life can be sensitive to changes in health among the well and the ill.

Definition of years of healthy life

Health and well-being can be defined and measured in many ways. For example, symptoms usually involve

¹The concept also appears as identical objectives in three priority areas (9.1, 17.1, and 21.1).

The authors wish to gratefully acknowledge Richard Klein, Division of Health Promotion Statistics, who provided technical assistance for this issue of *Statistical Notes*.



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Public Health Service
Centers for Disease Control and Prevention
National Center for Health Statistics



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Table III. Derivation of values for the Healthy People 2000 years of healthy life measure

Activity limitation	Single attribute score	Perceived health status					Dead
		Excellent	Very good	Good	Fair	Poor	
		y_1 1.00	y_2 0.85	y_3 0.70	y_4 0.30	y_5 0.00	
Not limited	x_1 1.00	1.00					
Limited-other	x_2 0.75						
Limited-major	x_3 0.65			S_{33}			
Unable-major	x_4 0.40						
Limited in IADL	x_5 0.20						
Limited in ADL	x_6 0.00	0.47				a=0.10	
Dead						0.00	

Multiplicative model:

The values are found by calculating a matrix, M_{ij} , based on the following formula:

$$M_{ij} = k_1x_i + k_2y_j + (1 - k_1 - k_2)xy_j$$

where x_i refers to one of six levels of role limitation and

y_j refers to one of five levels of perceived health.

$$k_1 = k_2 = (S_{01} - a)/(S_{11} - a)$$

This matrix, M_{ij} , is converted to the values for the health states using the following formula.

$$S_{ij} = a + (1-a) M_{ij}$$

Assumptions:

$$S_{11} = 1.00$$

$$S_{66} = 0.10 = a$$

$$k_1 = k_2$$

The scaling constants are calculated as follows:

$$k_1 = (0.47 - a)/(1.00 - a)$$

When $a = 0.10$, then

$$k_1 = k_2 = 0.41$$

$$(1 - k_1 - k_2) = 0.18$$

Sample calculation for Health State x_3y_3 :

The value for persons who are limited in their major activity and report themselves in good health, that is, $y_3 = 0.70$ and $x_3 = 0.65$, is obtained as follows:

$$M_{33} = 0.41(1.00) + 0.41(0.65) + 0.18(0.455) = 0.64$$

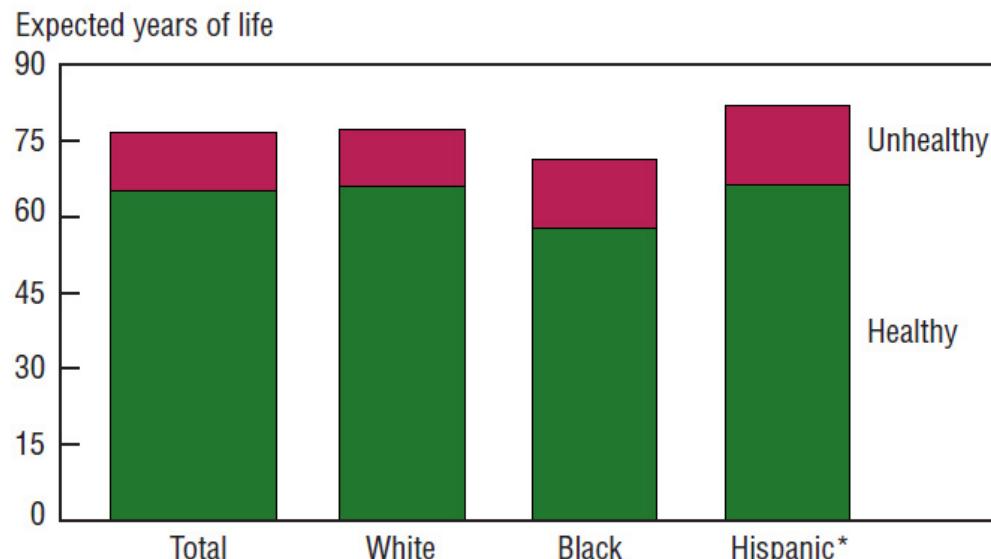
$$S_{33} = 0.10 + 0.90(0.64) = 0.67$$



Healthy People 2000 Final Review



**Figure D. Expected years of healthy and unhealthy life:
United States, 1998**



* Hispanic origin can be of any race.

	Total	White	Black	Hispanic*
Healthy life expectancy	65.2	66.1	57.8	66.3
Unhealthy life expectancy	11.5	11.2	13.5	15.8
Total life expectancy	76.7	77.3	71.3	82.1

*Data are preliminary. Hispanic includes people of any race with Hispanic origin.

SOURCE: CDC/NCHS, National Vital Statistics System and National Health Interview Survey.



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Healthy People 2010

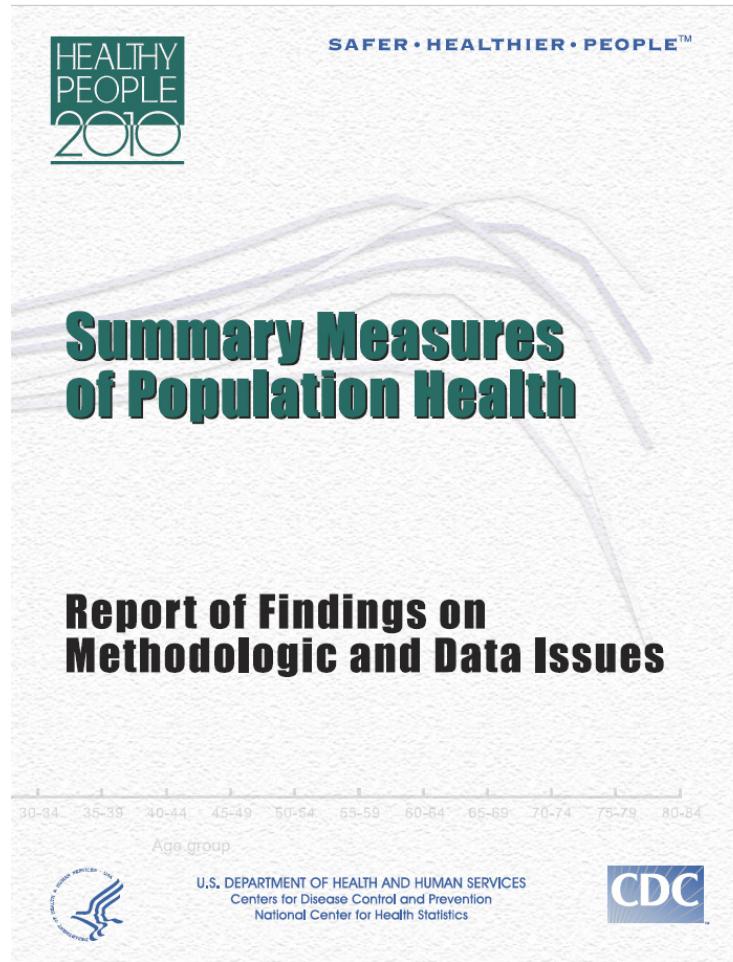


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- **Expert panel** convened (1999) with charge:
 - **Not limited** to a single metric
 - **Existing** nationally-representative **data**
 - Updated **annually**
 - Consider **existing** approaches (DALY, QALY, HALE, HLE, etc.)
- **Recommendation:**
 - NCHS should undertake a **research program** on SMPH
 - Develop a **suite of healthy life expectancy (HLE)** measures covering a variety of status/risk factors, rather than a single metric
 - Due to methodological issues, HP2000 **YHL** should **not be continued** for HP2010





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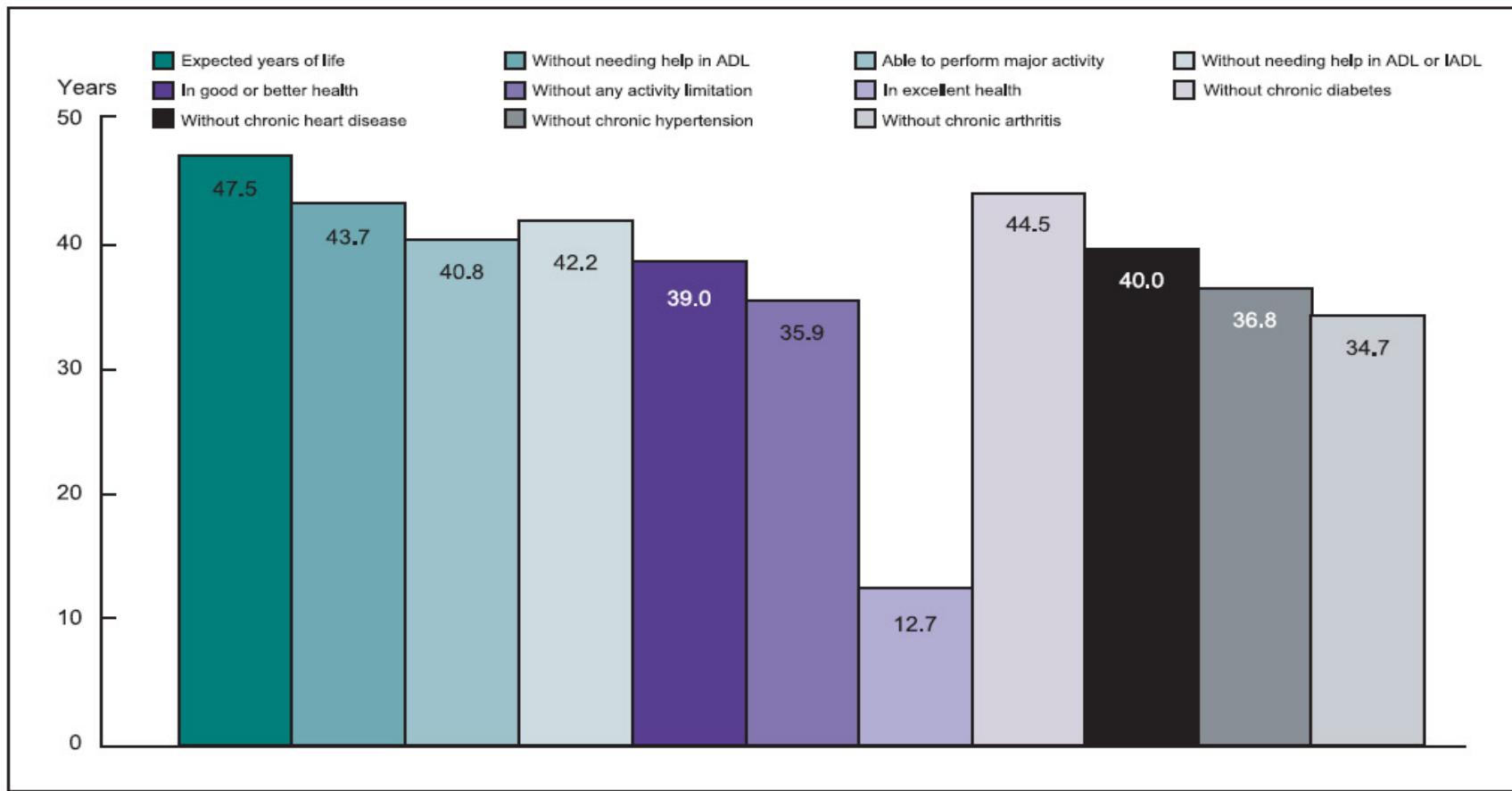


Figure 3.15. Life expectancy and expected years of healthy life under different definitions of health at 30 years of age, both sexes: United States, 1995

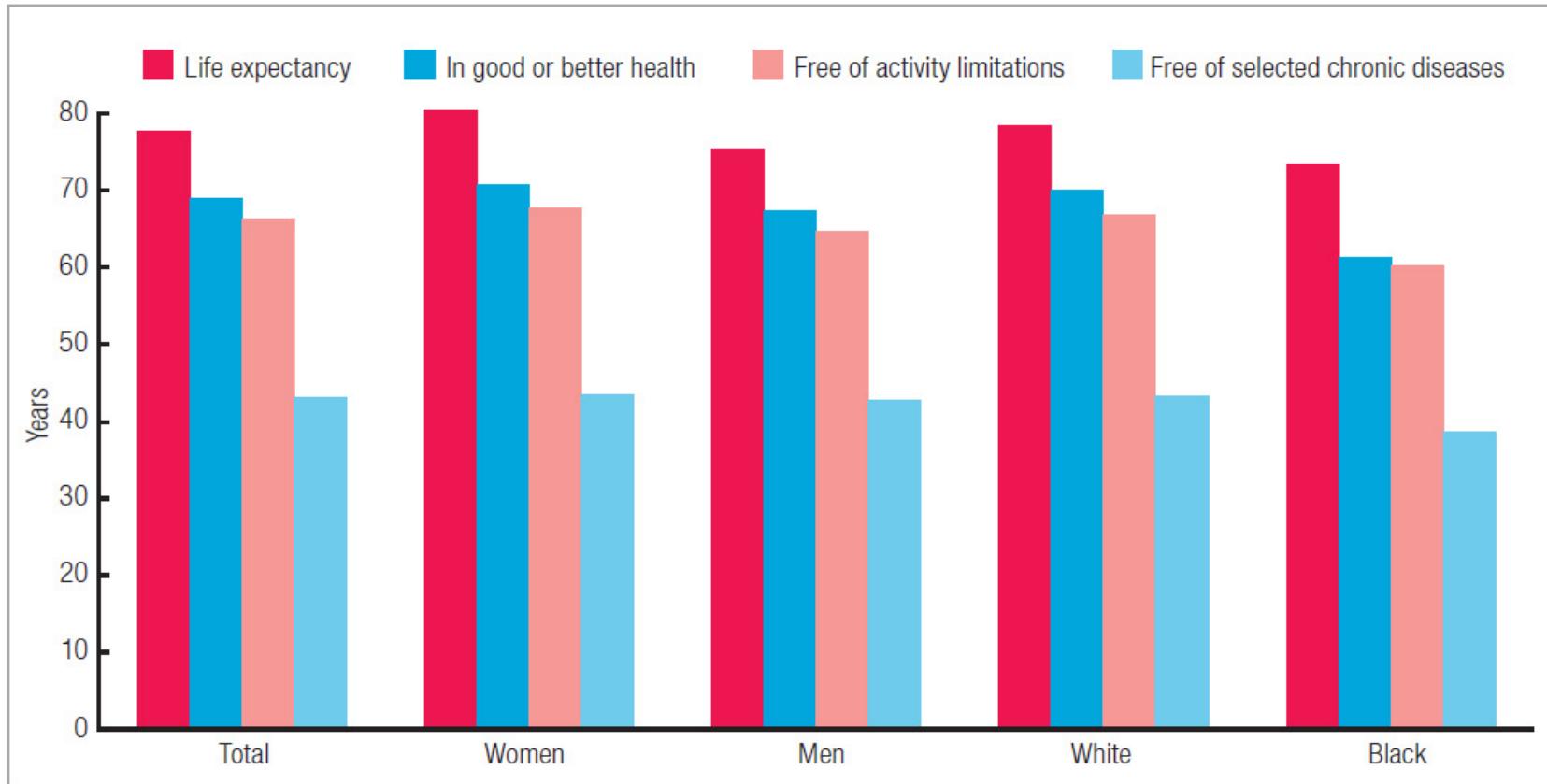
NOTE: ADL refers to activities of daily living; IADL refers to instrumental activities of daily living.



- NCHS consolidated Molla's Healthy Life Expectancy (**HLE**) metrics for HP2010 into:
 - Expected years of life in good or better health
 - Expected years of life without activity limitations
 - Expected years of life free of selected chronic diseases
- Data published in the Healthy People 2010 **Midcourse and Final Reviews**



Figure O-5. Life Expectancy and Measures of Healthy Life Expectancy at Birth, 2006–07



Sources: National Health Interview Survey (NHIS), NCHS, CDC; National Vital Statistics System (NVSS), NCHS, CDC.



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Healthy People 2020



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- HP2020 introduced the Foundation Health Measures, which included Life Expectancy and SMPH
- HP2010 HLEs were **modified**:
 - **Retained** - HLEs in good+ health and w/o limitation of activity
 - **Added** - HLE w/o disability using the HP definition of disability developed during HP2010
 - **Discontinued** - HLE w/o selected chronic diseases
- Data published in the Healthy People 2020 **Midcourse Review**



Foundation Health Measures (FHM)

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HEALTHY PEOPLE 2020 MIDCOURSE REVIEW



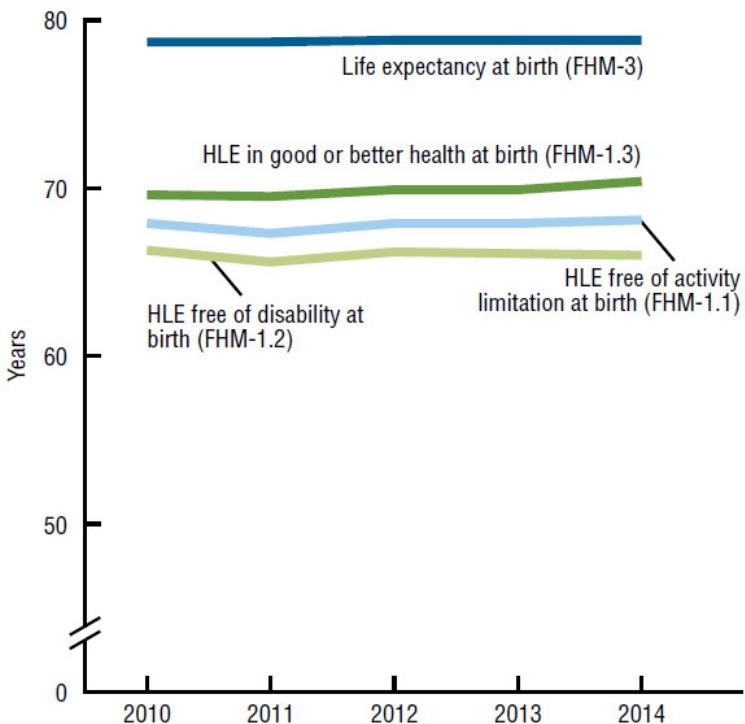
Table V–2. Life Expectancy and Healthy Life Expectancy at Birth (in years): 2010 and 2014

	Year	Total	Male	Female
Life expectancy at birth (FHM-3)	2010	78.7	76.2	81.0
	2014	78.8	76.4	81.2
Healthy life expectancy at birth—Free of activity limitation (FHM-1.1)	2010	67.9	66.2	69.5
	2014	68.1	66.5	69.8
Healthy life expectancy at birth—Free of disability (FHM-1.2)	2010	66.3	64.8	67.7
	2014	66.0	64.5	67.5
Healthy life expectancy at birth—in good or better health (FHM-1.3)	2010	69.6	68.0	71.2
	2014	70.4	68.7	72.2

NOTE: The [Technical Notes](#) provide more information about the definition and construction of these measures.

DATA SOURCES: National Health Interview Survey (NHIS), CDC/NCHS and National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS

Figure V–1. Life Expectancy and Healthy Life Expectancy at Birth (in years): 2010–2014



NOTES: HLE is healthy life expectancy. The [Technical Notes](#) provide more information about the definition and construction of these measures.

DATA SOURCES: National Health Interview Survey (NHIS), CDC/NCHS and National Vital Statistics System—Mortality (NVSS—M), CDC/NCHS



- Questions:
 - What should be the **role** of SMPH in HP2030?
 - Should SMPH **replace** multiple metrics or just provide an **overview**?
 - Should HP2030 have a **Foundation** section that would include SMPH?
 - Should HP2030 include **international** comparisons (including SMPH)?
 - Should **new** SMPH be considered?
 - Should the SMPH measures have **targets**?
 - Should **composite** measures be emphasized along with SMPH?
- **Challenges** include:
 - How to **integrate SMPH** with the set of objectives so that the interpretation has a logical flow within HP instead of an interesting stand-alone aspect
 - Developing SMPH methodology that **aggregates** directly from/
disaggregates to specific key indicators
 - Improving ability to build SMPHs from **disparate** data sources
 - Increasing **visibility** to stakeholders



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Committee Discussion

Moderated by
Nico Pronk
Committee Co-Chair



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State Perspectives on the Healthy People Initiative

Laura Edwards, RN, MPA

President and CEO, Collaborative Health Solutions

In partnership with the North Carolina Division of Public Health



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Background

- Since 1990 North Carolina (NC) has set decennial health objectives with the goal of making NC a healthier state.
- One of the primary aims of this objective-setting process is to mobilize the state to achieve a common set of health objectives.
- Healthy North Carolina is modeled after and influenced by Healthy People.



- **Process**
 - Healthy North Carolina 2010 had 108 objectives to appeal to a wide audience of stakeholders.
- **Lessons Learned**
 - Hard to get people rallied around 108 different things.
 - Not enough infrastructure to support that many objectives.
 - Objectives were not SMART, many could not be measured to determine if progress was being made.



- Three primary steps in setting Healthy North Carolina 2020 (Healthy NC 2020) objectives:
 - 1) Identify appropriate **focus (priority) areas**, building off Prevention Action Plan
 - 2) Identify limited number of **objectives**
 - 3) Identify appropriate **targets**
 - Three objectives for each focus area
 - Targets should be aspirational, but realistic and measurable in 10 years
 - Targets should be scientifically-derived
- Process was inclusive and included input from over 150 participants in stakeholder groups and the public.



- Healthy NC 2020 serves as our state's health improvement plan, which will address and improve our state's most pressing health priorities.
- Healthy NC 2020 is a set of objectives through which we hope to influence health and community leaders across NC to work collaboratively to achieve dramatic and measurable health improvements for all NC residents.

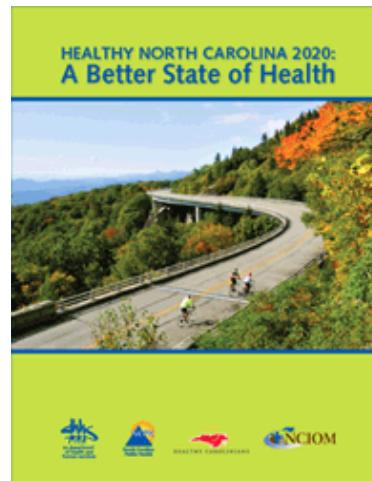


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Healthy North Carolina 2020 Focus Areas

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1. Tobacco use
2. Nutrition and physical activity
3. Sexually transmitted infections/
Unintended pregnancy
4. Substance abuse
5. Environmental risks
6. Injury
7. Mental health



8. Infectious disease/
Food-borne illness
9. Social determinants of health
10. Dental health
11. Maternal and infant health
12. Chronic disease
13. Cross-area measures

<http://publichealth.nc.gov/hnc2020>



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- **Process**

- Healthy NC 2020 – fewer, more focused, measurable (SMART) objectives.
- Broad enough that many could see themselves and their work reflected.
- Focused enough that collective efforts would yield state level results.

- **Lessons Learned**

- 13 focus areas and 40 objectives was still too many.
- Reporting annually on all objectives helps garner buy-in.



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The NC State Center for Health Statistics produces annual reports measuring HNC 2020 progress for each objective (where data are available).

Released in January of each year.

[2016 Annual Data Report](#), released January 2017.



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- **Process**
 - Healthy NC 2020 – 13 focus areas and 40 objectives were too many to work on at once.
 - Of those, 5 priority focus areas with 10 priority objectives were selected.
- **Lessons Learned**
 - Loss of interest in larger scope of Healthy NC 2020 from those whose work was not reflected in the priority focus areas and objectives.
 - Funding limitations drive increased focus on fewer efforts.
 - Healthy NC 2020 can't be all things to all people.



- Physical Activity/Nutrition
 - Increase the percentage of high school students who are neither overweight nor obese
 - Increase the percentage of adults getting the recommended amount of physical activity
- Chronic Disease
 - Reduce the cardiovascular disease mortality rate
 - Decrease the percentage of adults with diabetes
- Tobacco Use
 - Decrease the percentage of adults who are current smokers
 - Decrease the percentage of high school students reporting current use of any tobacco product
- Substance Abuse
 - Reduce the percentage of high school students who had alcohol on one or more of the past 30 days
 - Reduce the percentage of individuals aged 12 years and older reporting any illicit drug use in the past 30 days
- STD/Unintended Pregnancy
 - Decrease the percentage of pregnancies that are unintended
 - Reduce the percentage of positive results among individuals aged 15-24 tested for chlamydia



- The Healthy People 2020 (HP2020) website is a robust resource for evidence based interventions, data, tools and resources.
- The HP2020 focus on social determinants of health and health disparities has helped NC in addressing those areas. Social determinants objectives were included in Healthy NC 2020, and it has helped drive conversation and attention to these topics.
- The Leading Health Indicator updates and webinars have been an important tool to keep Healthy People 2020 and Healthy NC 2020 on the radar in NC.



- NC has leveraged and committed resources to ensure Healthy NC 2020 is the foundation of its population health improvement efforts.
- NC made policy changes to ensure adoption and action on Healthy NC 2020 objectives. The NC Division of Public Health changed the consolidated agreement with local health departments to require that in Community Health Assessment Action Plans, at least 2 Healthy NC 2020 objectives from different focus areas were addressed using evidence based interventions.
- Most NC local health departments partner with non-profit hospitals to conduct joint Community Health Needs Assessments, and this has helped institutionalize Healthy NC 2020 across organizations.



- Each State and Territory has a Healthy People Coordinator who serves as a liaison with the Office of Disease Prevention and Health Promotion (ODPHP). The Coordinator's job is to ensure their State or Territory's plan is in line with Healthy People goals and objectives.
- No federal funding is provided to support this work. Most coordinator are state health department employees. Funded work gets priority.
- To ensure communication, sharing of best practices, and widespread adoption of Healthy People 2030, consider:
 - Providing funding to support the work of the Coordinators
 - Providing funding to support annual Coordinator meetings



Contact information

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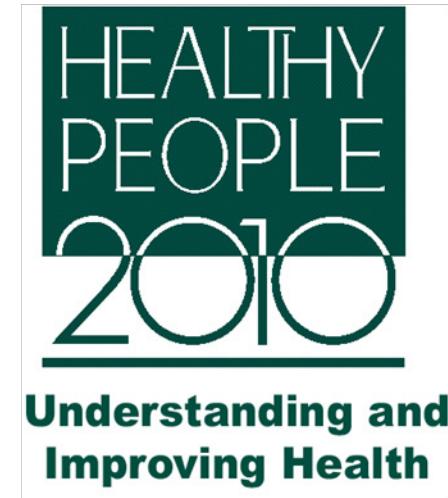
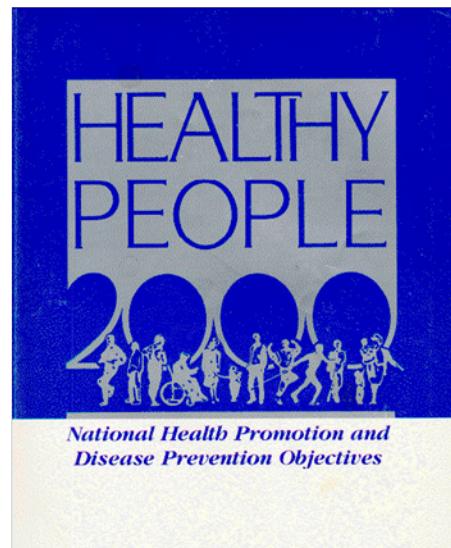
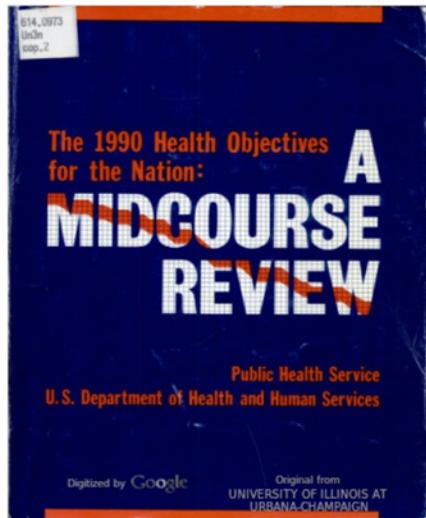
State Perspectives on the Healthy People Initiative

Edward P. Ehlinger, MD, MSPH
Commissioner, Minnesota Department of Health
Past President, Association of State and Territorial Health Officials

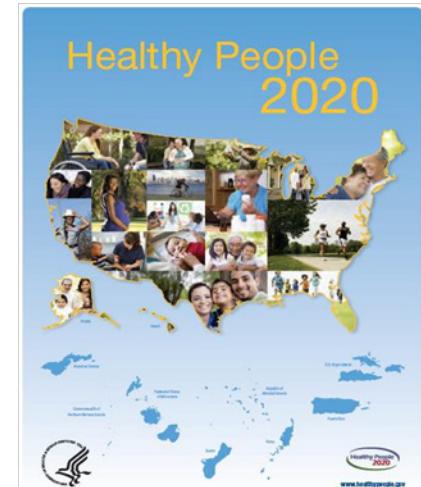


Advisory Committee on National 2030 Health Promotion and Disease Prevention Objectives

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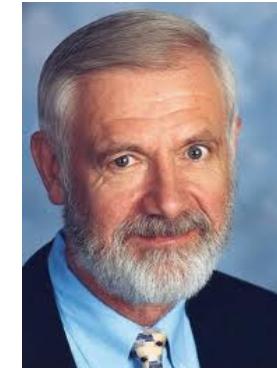


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"The three major Public Health milestones of the last 50 years:

- *Immunizations,*
- *Antibiotics, and*
- *the Year 2000 Objectives"*



William Foege



1990 Objectives

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- Achieved 50%
 - Blood pressure, immunizations, smoking, unintentional injuries, alcohol and drugs, infectious diseases.
- Failed 25%
 - Pregnancy and infant health, family planning, nutrition, physical fitness and exercise, STI's, occupational health
- No idea 25%



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How To Look at Healthy People

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- Thesaurus for prevention
 - Common vocabulary
- Smorgasbord
- Tool Kit
- Framework
- Platform
- Backdrop
- Blue Print
- Road Map
- GPS (or maybe a NPS – National Positioning System)
 - Tells us where we are
 - Helps us determine where we want to be
 - Gives us paths to get to our goal/destination
 - Helps us recalibrate if we make a wrong turn



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How Healthy People Has Been Used

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- Closest thing we have to a national health plan
 - Helps frame discussions
- Highlights the case for prevention
- Education tool about the scope and depth of public health
- Resource and framework for development of state health plans
- Provides metrics for evaluation – stimulated data collection
- Comparison data from national perspective
- Stimulated a conversation about what creates health
- Raised the issues of disparity and equity and legitimized analyses of these issues



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Healthy People is Expanding Our Understanding of Health

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Clinician's View

The leading causes of death and disability based on diagnoses and death certificates.

Epidemiologist's View

The “real” leading causes of death related to risk factors and behaviors.

Community's View

What physical and social conditions determine and impact health.



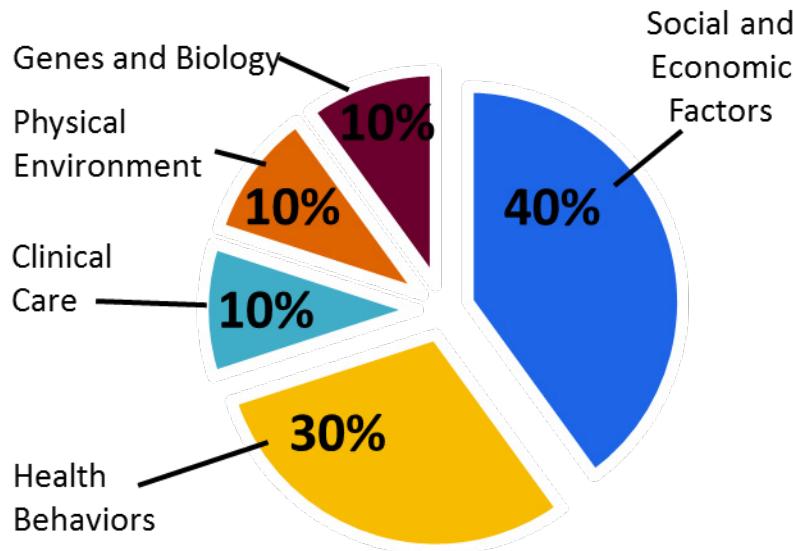
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Expand the Understanding of What Creates Health

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Determinants of Health



Determinants of Health Model based on frameworks developed by: Tarlov AR. *Ann N Y Acad Sci* 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. *JAMA* 2008; 299(17): 2081-2083.

World Health Organization. Ottawa charter for health promotion. International Conference on Health Promotion: The Move Towards a New Public Health, November 17-21, 1986 Ottawa, Ontario, Canada, 1986. Accessed July 12, 2002 at <http://www.who.int/hpr/archive/docs/ottawa.html>.

Necessary conditions for health (WHO)

- Peace
- Shelter
- Education
- Food
- Income
- Stable eco-system
- Sustainable resources
- Social justice and equity
- IT connectivity
- Mobility
- Healthcare
- Climate change
- Social responsibility



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Expand the Understanding of What Creates Health

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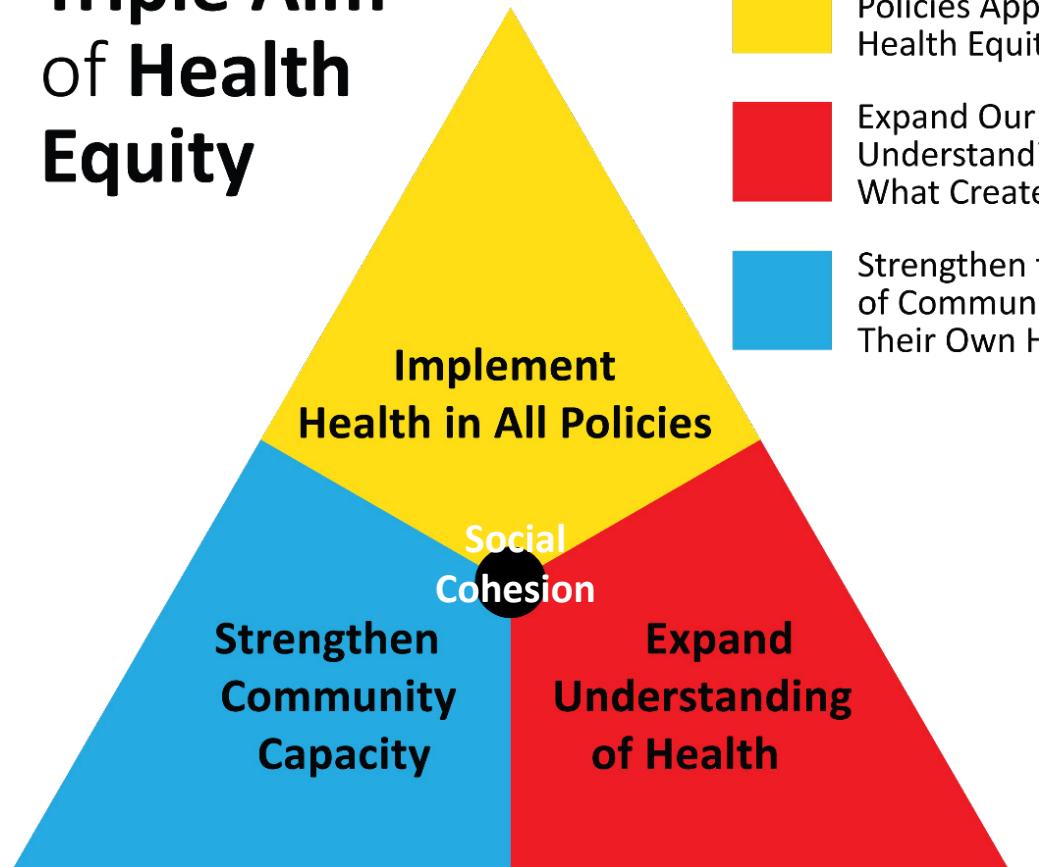
Social Determinants of Health



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Triple Aim of Health Equity



Implement a Health in All Policies Approach With Health Equity as the Goal

Expand Our Understanding of What Creates Health

Strengthen the Capacity of Communities to Create Their Own Healthy Future

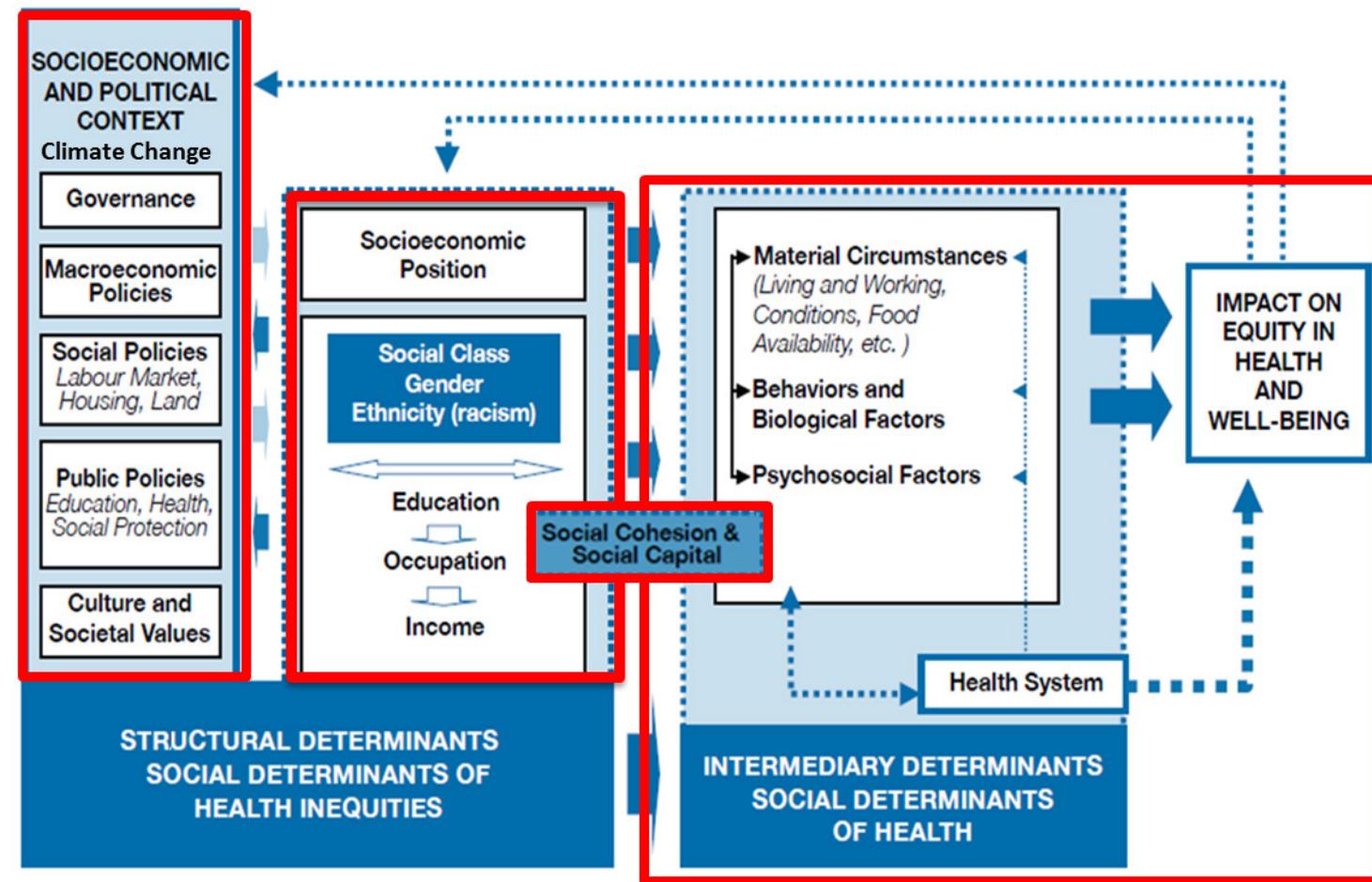
Framed around organizing:

- Narrative
- Resources
- People



WHO Framework on Social Determinants of Health

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Commission on Social Determinants of Health. (2010). *A conceptual framework for action on the social determinants of health*. Geneva: World Health Organization.



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Social Cohesion

Clinician's View

What are the leading causes of death and disability based on diagnoses and death certificates?

Epidemiologist's View

What are the “real” leading causes of death based on risk factors and behaviors?

Community's view

What physical and social conditions determine and impact health?

Policy Maker's View

What policies and programs can improve health for all?



What Could Be Improved

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- Need to highlight its importance to our health
- Better communication about the document and data to the general public
- Tools for communities to use the document/information
- More rapid release of data
- Continue and expand data on SDOH
- Provide data/objectives on community indicators
- Policy indicators (vaccines, environment, economic, housing, transportation, etc.)
- Indicators of Social Cohesion



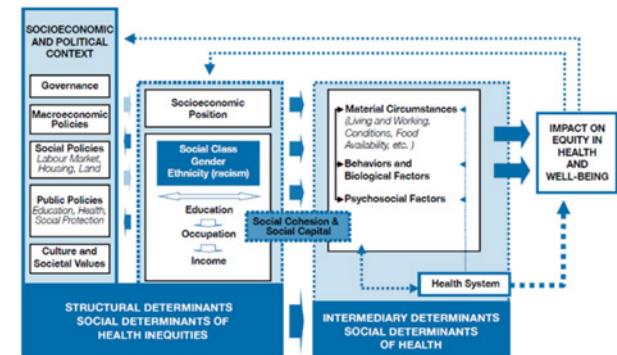
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“Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy.”

Institute of Medicine (1988), *Future of Public Health*



WHO Framework on Social Determinants of Health



WHO Framework on Social Determinants of Health

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Question and Answer Session

Moderated by
Dushanka Kleinman, DDS, MScD
Committee Co-Chair



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Prioritization and Objective Selection Criteria Subcommittee

Jonathan Fielding, MD, MPH, MBA, MA

Chair Emeritus and Priorities and Objective Selection Criteria
Subcommittee Chair



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The charge of this Subcommittee is to:

- Identify criteria to be used in prioritizing and setting quantifiable objectives, and
- Consider how to reduce the number of objectives.

Subcommittee on Prioritization and Objectives Selection: Meetings Held

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- January 5, 2017, 12:00-1:00 P.M.
- March 2, 2017, 3:00- 5:00 P.M.
- April 4, 2017, 12:00-2:00 P.M.
- May 30, 2017, 4:00-6:00 P.M.

Subcommittee's Recommendations

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- Identify Healthy People 2030 priorities and opportunities by applying a prioritization framework that is generalizable and usable by all groups.
 - Background and context information should explain the purpose of the initiative as a whole, including increased health equity.
- To set targets, Healthy People 2030 should systematically identify opportunities, estimate using best evidence what can be achieved and how quickly, and find ways to recalibrate goals over the next decade based on new knowledge.
 - The initiative should not set incremental targets or default to 10 percent improvement, as occurred for some targets in Healthy People 2020.
- Healthy People 2030 could be organized various ways.
 - Analysis by age group across the life course is one option, but not the only one.
 - The subcommittee will offer ideas on how opportunities should be arrayed and analyzed so that its work can interface with that of other groups to provide guidance for the FIW.
- The development of objectives should not be overly centralized.
 - This would enable groups to establish their own objectives, monitor them, assure data availability, and have a vested interest in accomplishing them.
 - Central attention should be paid to a limited set of prioritized objectives.

Subcommittee's Recommendations (continued)

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- FIW Members should receive support & training to apply consistent target-setting approaches for regular and developmental objectives.
 - One way to reduce the number of objectives would be to establish a criterion that would eliminate developmental objectives if there is no data source.
- Integrate results of economic analyses for Healthy People 2030 objectives into the budget priorities for the government.
- The Department, through its many agencies, plays a significant role in helping stakeholders meet the Healthy People objectives.
 - One way it does this is by prioritizing financial and policy support for activities that, based on the best evidence, have a high likelihood of improving measurable outcomes.
 - Another is by supporting identified priority developmental and research needs.
 - It could be interesting to explore whether other advisory bodies are in sync with this recommendation, if such an activity would be permissible under FACA regulations.
- Consider how to best provide suggested investment opportunities based on Healthy People 2030 for other Federal Departments and agencies

1. Options for organizing the objectives

Depending on which option is chosen, the subcommittee can offer ideas for arraying and analyzing opportunities, integrating with the work of other subcommittees to guide the FIW.

- a) Healthy People 2030 could be organized to include analysis **by age group across the life course**.
 - It could crosswalk age groups with specific risk factors or social determinants.
- b) Consider developing a “virtual” Healthy People 2030 which would **allow for a number of a different organizational approaches** e.g.,:
 - Life course,
 - General domain (social/physical environments, behavior, clinical),
 - Intervention type (policy, education, clinical, system, etc.),
 - Target audience (business, schools, states, local government, federal government, clinical care system, etc.)

2. Options for the process of developing objectives

There are multiple ways in which the process could be altered to promote greater focus and accountability.

- a) Centralized process for developing all objectives, led by FIW working groups (the **traditional approach**).
- b) A **decentralized model** for the process through which Healthy People objectives are developed.
 - Core set of objectives could be monitored by ODPHP, measured by NCHS
 - A decentralized approach would be used to develop objectives for a broad range of other chapters
 - Upfront work would be needed to set up the process and guidance
 - Methods training would be needed to ensure that the nation receives consistent work products and compatible measurements.
 - Once in place, this could free ODPHP from a great deal of work, empower others, and relieve NCHS of tremendous data collection and analysis burden.

Important Considerations

- Objectives should be included in a limited set of priority opportunities when there is a clear rationale for doing so
- Healthy People has multiple audiences; thus, the initiative has more than one set of priorities.
 - Nesting sets of priorities apply at different levels (federal, state, regional, local, and other)
 - Healthy People 2030 users will need to identify greatest opportunities at each level
- Healthy People 2030 should maintain a set of LHIs for monitoring the health of the nation.
- Guidance should be offered to states, localities, and other users for setting priorities based on their own situations.

Recognized Limitations

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- The task at hand is to identify priorities and opportunities, and to reorganize to limit the number of objectives
 - The Prioritization Subcommittee report does not currently state that a priority indicates the level of resources, if any, that will be devoted to it.
 - Not all opportunities are priorities. There is an issue of burden versus ameliorability.
- Determination should be made of how much information on underlying prioritization criteria should be explicitly stated for each goal or objective
- Provide context and background information that takes into account issues critical to implementing Healthy People in the next decade, e.g.,
 - Historical bases for inequities
 - The nature of structural problems and how interventions can address them
 - Removing inequitable conditions and attacking the causes of inequities
 - Making effective use of data

Proposed Next Steps

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For discussion with the full Committee:

- How should Healthy People 2030 develop objectives focused on changing the distribution of social investments and policies to support better outcomes in U.S. overall health & well-being?
- The Advisory Committee would benefit from a presentation on approaches to selecting commonly used summary measures (e.g., health, well-being, quality/ satisfaction of life)
 - The Committee should provide guidance to NCHS and ODPHP for how they may wish to define a foundational set of measures that can be closely monitored and reflect a set of consistent priorities for states and localities.
- IOM [Public Health Priorities Report](#) recommended that, by 2030, the US should become AVERAGE compared to other OECD nations for life expectancy, cost of clinical care.
- The [IOM Report on Quality Measures](#) outlines an approach for selecting LHIs
 - The Subcommittee will review the report.
- To support rapid health improvement in the US, focus on health inequities and set an overall goal (e.g., moving up to the median in DALYs, HALE, or other key measures compared to all OECD countries.

Committee Discussion

Moderated by
Jonathan Fielding



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Next Steps

Nico Pronk
Committee Co-Chair



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SDOH and Health Equity Subcommittee

Glenda Wrenn Gordon, MD
SDOH and Health Equity Subcommittee Chair



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- Identify how the themes of social determinants of health (SDOH) and health equity (HE) can contribute to the organizing framework of our charge, and their relation to health disparities and law and policy.
- Conduct a high-level discussion of the approach to integrate SDOH and HE in Healthy People 2030 (HP2030)

- **Members:** Glenda Wrenn Gordon (Chair), Susan Goekler, Cynthia Gomez, Dushanka Kleinman, Nico Pronk, and Joel Teitelbaum
- **Scope of Work/Deliverables:** Develop a report of recommendations regarding the:
 - 1) Role of SDOH and HE in the **priorities** and **scope** of HP2030
 - 2) **Inclusion of cross-cutting themes** of SDOH and HE throughout HP2030
- **Future Work:** Develop recommendations for how to represent these themes in HP2030, including:
 - How best to integrate SDOH into measurement and reporting into the objectives
 - The relationship between SDOH and HE

SDOH and Health Equity Subcommittee: Meetings Held

DEVELOPING
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- March 1, 2017
- April 12, 2017
- May 19, 2017
- June 5, 2017
- June 12, 2017

- Examined the history of SDOH in Healthy People, and the progress achieved in HP2020 for SDOH-related objectives
- Discussed what approach should be used for SDOH in HP2030, and how adding the concept of health equity might inform that approach
- Subcommittee identified issues and key questions to explore

- **Broad Conceptualization of SDOH and Health Equity**
 - Is the HP2020 SDOH framework adequate?
 - Should it be revisited based on advances and new conceptualizations of health equity?
 - Are the definitions and nomenclature that HP2020 uses for SDOH and for health equity adequately standardized and up to date?
 - Is the relationship between SDOH and health equity clearly described and sufficiently represented?

- **Measurement and Interventions**

- Should SDOH function as a distinct topic area, or should SDOH-related objectives be integrated throughout other, existing topic areas? What considerations should be taken into account when answering this question?
- Could additional topic areas add SDOH-related measures/objectives?
- What strategies could overcome barriers to cross-agency collaboration at various levels of public health to address SDOH?
- Since some SDOH fall outside of public health, how can HP2030 best identify existing measures that other sectors use to examine health-related outcomes?

Option #1: Integrate SDOH into the measurement and reporting of objectives

- SDOH was first included as a separate topic area in HP2020. Such reporting could be integrated into other topic areas, following the example of race/ethnicity reporting
 - Reporting on progress by race/ethnicity as a separate topic area began in 2000. By 2010, race/ethnicity was integrated throughout topic areas
- The benefit of integrating SDOH reporting into other topic areas is that it would make SDOH a priority within and across topic areas
 - This option could encourage consideration of SDOH among users of topic areas that might not otherwise do so
 - The topic area working group and the group developing the LHIIs could be charged with incorporating SDOH where relevant to ensure that these issues are considered

Option #2: Continue to maintain separate SDOH topic area

- Even if SDOH objectives are integrated into other topic areas, the continuation of SDOH as a distinct topic area may be justified, given its critical role in achieving health equity
 - Important advances in understanding SDOH this decade, but maintaining separate SDOH topic area would reflect the developmental nature of public health approaches to SDOH
 - The HP2020 SDOH Topic area is relatively new, and several objectives still lack measurable targets
 - NIH's National Institute on Minority Health and Health Disparities (NIMHD) is an example of maintaining a separate focus on an emerging topic – health disparities – even after integrated and mainstreamed within other institutes

This option could ensure the SDOH topic area continues to be acknowledged with significant and overarching relevance to public health, and that progress can also be readily assessed

Option #3: Determine how to facilitate useful searching and sorting of SDOH-related data throughout the HP2030 initiative

- SDOH are cross-cutting in nature and represented across many HP2020 topic areas, HP2030 could represent SDOH and HE as an overarching category that:
 - Includes objectives also housed within other existing topic areas
 - Includes objectives that are unique to the SDOH topic area
 - May include changes to data collection and visualization
- Input from experts and stakeholders needed to ensure the linkages are scientifically grounded, practically useful, and accessible to diverse audiences

This option would be a hybrid of options 1 and 2 and require new ways of representing SDOH as a foundational principle within topic areas and objectives 3

1. Consideration of SDOH as a criterion for selecting objectives

- Given the Committee's charge to decrease the overall number of objectives, it may be useful to consider prioritizing the retention of objectives that incorporate measures of SDOH (e.g., 12th grade graduation rate) within a given topic area
 - Rationale:** Health and well-being of individuals and entire communities is shaped by the social, economic, and environmental circumstances in which people live, work, learn and play. As noted by the World Health Organization, SDOH are also "mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries"
- Next steps: Work with the Prioritization Subcommittee to discuss this topic and will explore health issues most impacted by social determinants of health to advance health equity and achieve the greatest public health impact

2. Integrate SDOH throughout Healthy People 2030 and also report on progress in addressing SDOH

- Integration of SDOH should be encouraged throughout Healthy People 2030 topic areas. The initiative should also retain the ability to examine and report on progress towards SDOH targets
 - **Rationale:** Given the need for multi-sectoral approaches to addressing the SDOH, we anticipate that there will be increasing interest in monitoring and assessing progress toward SDOH as a distinct domain
- Stakeholder input will be sought to gain understanding of whether/how existing SDOH objectives are being used, and to learn what data visualization and reporting methods would be of greatest benefit to stakeholders

Review Existing SDOH Framework; Adapt/Develop for Healthy People 2030

- Revisit the existing HP2020 SDOH framework to ensure that it:
 - Incorporates current science
 - Incorporates current concepts of SDOH
 - Clarifies SDOH and incorporation of Health Equity
- Work with the Approaches subcommittee and bring the subcommittee's research and knowledge of the subject matter
- Examine existing methods for looking at the SDOH that might be suitable for the HP2030 framework
- Explore how SDOH (educational attainment, income, food and housing security, etc.) are regarded as health and well-being outcomes

Revisit existing nomenclature and definitions related to SDOH and Health Equity

- Identify whether existing definitions in HP2020 are **standardized, current, and easily understood** by Healthy People's diverse audiences, and propose revisions to the full committee as warranted
 - **Rationale:** The nomenclature around SDOH has been evolving continuously (e.g., Robert Wood Johnson Foundation's publication, "A New Way to Talk About the Social Determinants of Health")
- Consideration
 - The language used in HP2030 must be meaningful for people who work in the field and also pruned of language aligned with a particular political perspective or agenda

Committee Discussion

Moderated by
Glenda Wrenn Gordon



Office of Disease Prevention
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Next Steps

Dushanka Kleinman
Committee Co-Chair



5-Minute Break



Data Subcommittee

Edward Sondik, PhD
Data Subcommittee Chair



Data Subcommittee

Subcommittee Chair:
Edward J. Sondik

Members

- Dushanka Kleinman
- Nico Pronk
- Therese Richmond

Data Subcommittee: Meetings Held

Three Subcommittee Meetings:

February 28, 2017

March 28, 2017

May 24, 2017

Shared Data Diagram with the Prioritization Subcommittee:

May 30, 2017

Data Subcommittee: Charge

The Healthy People 2030 Data Core

- **Data needs:** Identify data needs and approaches considering both current and future data capabilities to enable early planning for data sources and strategies tied to the new objectives
- **Data source standards:** Identify standards for HP2030 data sources to assure that data quality, representativeness, level of detail and update frequency will be adequate for monitoring the new objectives
- **Reporting:** Identify progress reporting requirements and how to assure that the reporting infrastructure will be in place to meet monitoring needs in general and for specific audiences

Data Subcommittee: Charge

Innovation

- **Changes in data sources, analysis and reporting:** Develop recommendations for changes to the fundamental characteristics of data in HP2030, for example, in terms of data sources, data quality, and reporting to enable early consideration of ways to enhance the HP2030 database.
- **Community data:** Consider how the data requirements for the national HP2030 data relate to the data requirements of communities and how those community data requirements can be met – to enable more communities to have data specific to their needs.

Data Subcommittee: Charge

Innovation

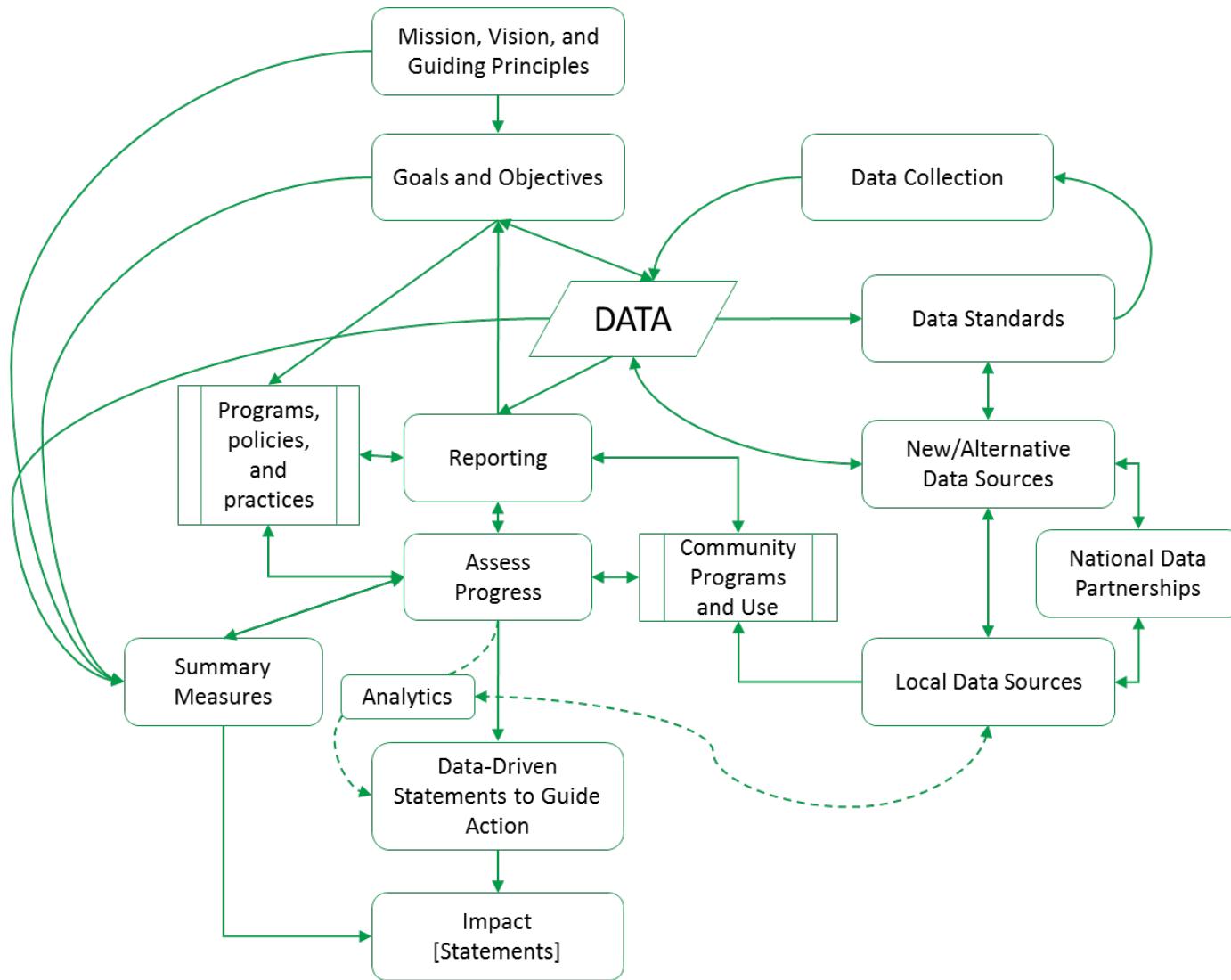
- **Community data:** Feasibility of incorporating or aligning state and local data into HP2030 to provide more relevant and accurate data to the community, and allow the community to modify its strategies or programs.
- **Summary measures:** Consider potential summary measures of health and well-being to enable assessment of overall progress.
- **Future of health data:** Identify new sources and analyses of the impact of Healthy People on mortality, morbidity and well-being to enable the HP2030 program to use advances in data and data science to full advantage to monitor HP2030 progress.

Subcommittee's Recommendation

Recommendation #1:

Data flow: The Subcommittee recommends the use of a diagram to outline the flow and uses of data as a complement to an HP2030 logic model.

Healthy People Data Flow and Connectivity



Subcommittee's Recommendation

Recommendation #2:

Data timeliness: The Data Subcommittee recommends focus be on timeliness of the data provided via the online database found at HealthyPeople.gov.

Recommendation #3:

Reliability: The Subcommittee recommends that the online data should report data source accuracy to assure its reliability.

Options: Proposed & Discussed

Potential option for a minimum number of data points:

- Three or more data points within a ten-year period
- To establish trends, may include data points from a prior decade if comparable

Potential option regarding reporting and timeliness:

- Discussed potential to conduct and release mid-decade assessment of progress (i.e., the Midcourse Review) by non-governmental organizations well-poised to identify the objectives salient to their stakeholders

Issues Identified & Discussed

- Potential role for summary measures of population health in HP2030 and different summary measures
- Potential role of content syndication as a means for disseminating data in a more timely manner
- Frequency of website data base update and continuous update vs. periodic reports (i.e., the Midcourse Review)
- Whether data should be analyzed for and disseminated to different groups (e.g., broken down by race, age, sex, geography, urban, rural)
- Support of researchers to and program evaluators carry out analyses (possible small grants)
- Identification of questions for stakeholder on data uses and needs
 - ODPHP has been working with state coordinators to identify how they use the data and a contractor is conducting interviews with stakeholders to gain more information on this topic

Important Considerations and Limitations

- Increasing the minimum number of data points to three or more to show a reliable trend might eliminate several objectives
- Reports and analyses by non-governmental organizations may negatively impact Healthy People 2030 credibility
- A summary measure of health can be influenced by more factors than the Healthy People objectives – which raises the question of whether a change in the summary measure can be attributed to the Healthy People program

Proposed Next Steps

- Develop a list of questions re: uses of HP data and needs in order to seek stakeholder input
- Suggest potential summary measures of health and well-being
- Hold a meeting of experts to discuss potential summary measures of health and well-being

Committee Discussion

Moderated by
Edward Sondik



Next Steps

Nico Pronk
Committee Co-Chair



Stakeholder Engagement and Communications Subcommittee

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



ODPHP

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- Recommend an approach to increase awareness and utilization of HP2030 and to delineate the primary and secondary audiences for HP2030

Stakeholder Engagement and Communication Subcommittee: Meetings Held

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- January 25, 2017
- March 27, 2017

March Subcommittee Meeting Attendees:

- Paul Halverson (Subcommittee Chair),
- Nico Pronk (Committee Member, Co-Chair)
- External Members: C. Marjorie Aelion, Chris Aldridge, Catherine Baase, Georges Benjamin, Jay Bernhardt, Sanne Magnan, Jose Montero, Sharon Moffat,
- Guest Speaker: Bruce Lee

- Two primary goals:
 - Creating 2 way dialogue with stakeholders on HP2030 development
 - Identifying stakeholder groups to facilitate communication and feedback on HP2030
- The Subcommittee would like to proactively engage stakeholders to get meaningful input and feedback on the development of the substance, objectives, and priorities of the objectives.
- Of particular interest: conveying to stakeholders that a reduction in objectives is about prioritization and not to imply that certain topics and issues are not important.

Issues Identified & Discussed: Engaging Non-traditional Sectors

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- How to best identify and engage non-traditional partners in the development process, such as those fields linked with the social determinants of health that may not normally be engaged (e.g., transportation or housing)
- The framework of development should include health and well-being measures
 - The measures for such may not be as precise as the clinical measures that many are comfortable in reporting
- A series of webinars could be conducted with non-health stakeholders as the primary audience and public health stakeholders as the secondary audience.
 - The purpose of the webinars would be to focus on asking how HP2030 can help to further their agenda and how certain measures would help in their environment as it relates to health.

Presentation by Bruce Lee, MD, MBA (Johns Hopkins University)

- How simulation modeling could be used to engage decision-makers on the value and benefit of HP2030
- Brings a systems perspective to the discussion and emphasizes the potential impact on health measures
- Other system models include (for example):
 - H1N1 influenza
 - Virtual population obesity prevention (i.e. SimCity for obesity)
- Models could be built with various levels of complexity
- Other simulation models were discussed
- Time and costs related to building models were identified

Important Considerations

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- Need to be proactive in reaching out to key stakeholders in the development of measures rather than completing work and then asking for feedback through public reaction sessions
- Engagement with non-traditional sectors is important and will require specific strategies and budget to reach out and bring in perspectives and recommendations
- The reduction in objectives will require a careful plan to communicate priorities as compared to importance or value
- Traditional modes of engagement will probably lead us to advocacy positions in favor of maintaining current state

Recognized Limitations

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- Even though our subcommittee is composed of a wide variety of stakeholders we recognize that our perspective may not be as diverse as the perspectives we seek.

Proposed Next Steps

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- Reach out to explore established tools that help identify new perspectives using a “health in all policies” frame
- Develop a new list of potential audiences for HP2030 and develop an approach to engage
- Actively seek the opinions of key constituents in the development process—consider focus groups among leadership of potential partners
- Be especially mindful of including the specific engagement of state and local health officials who use the HP objectives in their goal setting

Committee Discussion

Moderated by
Paul Halverson



Office of Disease Prevention
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Next Steps

Dushanka Kleinman
Committee Co-Chair



Meeting Summary: Recommendations, Action Items, and Next Steps

Dushanka Kleinman
Committee Co-Chair

