

SECRETARY'S ADVISORY
COMMITTEE ON NATIONAL HEALTH PROMOTION AND
DISEASE PREVENTION OBJECTIVES FOR 2030

REPORT #7: ASSESSMENT AND RECOMMENDATIONS
FOR PROPOSED OBJECTIVES FOR HEALTHY PEOPLE
2030

Submitted to the Secretary of the
U.S. Department of Health and Human Services

Secretary's Advisory Committee for Healthy People 2030

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TABLE OF CONTENTS

SECRETARY’S ADVISORY COMMITTEE, REPORT #7: REVIEWING AND ASSESSING THE SET OF PROPOSED OBJECTIVES FOR HEALTHY PEOPLE 2030.....	1
I. INTRODUCTION	1
II. BACKGROUND	2
III. APPROACH.....	3
IV. ASSESSMENT	4
V. MAJOR RECOMMENDATIONS	8
VI. COMMENTS ABOUT SPECIFIC OBJECTIVES FOR CONSIDERATION	9
APPENDIX 1. INDIVIDUAL MEMBERS’ COMMENTS: INCLUDED OBJECTIVES THAT THAT THE FIW MAY WISH TO RECONSIDER	10
APPENDIX 2: HEALTH EQUITY FOCUSED OBJECTIVES	14

I. INTRODUCTION

The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (the Committee) is a federal advisory committee composed of non-federal, independent subject matter experts. It is responsible for making recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) on the development and implementation of national health promotion and disease prevention objectives for 2030.

At its inaugural meeting in December of 2016, HHS charged the Committee to provide advice on an approach for selecting objectives for Healthy People 2030 (HP2030) that would reduce the number of objectives by at least half. The Committee later appointed subcommittees to explore aspects of the initiative's development and to inform recommendations on these issues. The Committee used input from the subcommittees to prepare the HP2030 Framework and other recommendations that were submitted to and accepted by the HHS Secretary. In these reports, the Committee presented concepts and approaches that HHS decision-makers, including the Federal Interagency Working group (FIW), could use to select and streamline the set of objectives for HP2030.

The full Committee has met twelve additional times since its first meeting (twice in-person, and ten times via webinar) to discuss, revise, vote upon, and finalize recommendations to the Secretary. At its September 2018 meeting, the Committee appointed the Objective Review Subcommittee, tasking it to **review and assess the collective set of proposed HP2030 core objectives in light of the HP2030 Framework and the Committee's other recommendations**, and to explore:

- Whether the proposed set of HP2030 objectives is **comprehensive**;
- Whether there is **balance** across the topics with regard to health and well-being;
- Whether there are **substantive gaps** for which objectives should be identified; and
- Whether any of the proposed HP2030 **objectives should be reconsidered**.

This report responds to the Objective Review Subcommittee's charge. It is based on the subcommittee's four meetings, which took place between October, 2018 and January, 2019. The report and its recommendations have been considered, revised, and approved by the full Committee. The Committee has approached this work from the point of view that there was no need to replicate the painstaking efforts of the FIW. The Committee wishes to express our admiration, gratitude, and respect for the FIW's work to deliver a draft set of objectives for HP2030. The draft set reflects the FIW's careful consideration, detailed processes, and immense effort to identify a core set of objectives that can guide focused efforts to advance public health in the coming decade. The Committee embraces a reduced number of objectives, as well as the FIW's decision to leave "space" for adding new objectives over the coming decade. Due to the FIW's meticulous work, the Committee is able to focus on high level relationships between the proposed set of objectives and the HP2030 Framework.

II. BACKGROUND

Within the Federal Government, the FIW is leading the efforts to develop HP2030.¹ FIW members include representatives from across HHS as well as from the U.S. Department of Agriculture, the U.S. Department of Education, and others. HHS staff members representing the FIW have provided background information to the Committee, including an explanation of steps the FIW took for objective selection (i.e., the “Objective Proposal Submission Process” and “Core Objective Proposal Forms,” hereinafter referred to as “the template”). The template operationalizes the Committee’s 2017 recommendations for criteria to be used in prioritizing and setting quantifiable core objectives, and for processes to reduce the overall number of measurable objectives.² The template includes:

- the objective, baseline, and baseline year;
- rationale for the objective’s inclusion in HP2030;
- inclusion in a prior iteration of the Healthy People initiative;
- data requirements (i.e., data source, whether the data source is approved by the National Center for Health Statistics [NCHS] as nationally representative and reliable, periodicity, and number of data points available during HP2030 tracking period);
- technical information (numerator, denominator);
- health equity and disparity (populations for whom data are broken down);
- narrative on how the objective advances health equity;
- national importance (direct impact on health, broad applicability, substantial burden, national public health priority);
- existence of evidence-base for interventions to achieve the objective; and
- organizational support.

The FIW topic area workgroups proposed core objectives, each with a detailed, completed template. Various workgroups of the FIW and offices within HHS reviewed the proposed core objectives. To reduce the number of objectives in HP2030 by half, the FIW set a ceiling number of 450 objectives for HP2030. The FIW then sought to further reduce this number to 375 to allow room for new objectives to be added over the decade from 2020 to 2030. Through an iterative process of refining the draft set of core objectives, the FIW included 355 objectives in the final draft set. From December 2018 through January 2019, members of the public were invited to comment on the proposed set of HP2030 objectives. Information about the public comment period can be viewed online at [HealthyPeople.gov](https://www.healthypeople.gov).³

The FIW allowed the Committee to review all completed templates, as well as a grid that the FIW used to select the core objectives. To inform its discussions, the Committee also was given access to those objectives that had been proposed but were not selected by the FIW for the slate of HP2030 objectives.

III. APPROACH

To structure its review of the core objectives **in light of the HP2030 Framework and the Committee's other recommendations**, members of the Objective Review Subcommittee each individually assessed the set of 355 objectives using the first and second level considerations that are detailed below. The subcommittee used its meetings to reach consensus on major recommendations, which it submitted to the full Committee for finalization and approval. Individual members' comments on specific objectives were compiled and submitted to the FIW for consideration (Appendices 1 and 2).

First-level Considerations.

1. As a set, are the proposed objectives comprehensive? If not, explain why.
2. Is there balance across topic areas that captures health and well-being? If there is an imbalance where is it?
3. As a set, will these objectives help move the health and well-being of the nation forward?
4. As a set, do the objectives adequately address the social determinants of health and also health equity?

Second-level Considerations.

5. Are there substantive gaps? If so, what are the gaps for which objectives should be identified? What is your rationale?
6. Are there objectives that were selected for inclusion that should be reconsidered? If so, why?
7. Were any objectives left out of the final set that should be reconsidered? If so, why?

IV. ASSESSMENT

The Committee was impressed with the careful and detailed process used by the FIW to reach the proposed set of draft core objectives. The FIW template effectively operationalized many of the Committee's recommendations,⁴ placing emphasis on data quality, health disparities and equity, and national importance. The FIW thoughtfully applied the prioritization criteria within the template to reduce the >1,200 in Healthy People 2020 (HP2020) objectives to a proposed set of 355 HP2030 objectives.

The seven considerations listed were used by members of the Objective Review Subcommittee to assess the draft set of objectives. Individual members' comments (Appendices 1 and 2) informed the Committee's responses to last two considerations, as well as its "high level" recommendations. Members' comments are provided for the FIW. The Committee's assessment of the draft set of HP2030 objectives is summarized below.

1. As a set, are the proposed objectives comprehensive? If not, explain why

The FIW's careful review and reduction of the set of objectives has resulted in a set of proposed objectives for HP2030 that appear to be harmonized and streamlined. However, in the context of the HP2030 Framework, the set of proposed objectives is not comprehensive. The Committee notes that, as in past decades, the objectives remain primarily focused on morbidity and mortality. Moreover, they continue to approach health and well-being with a "disease orientation." The Committee recognizes the importance of this orientation but believes there is a need to address additional concepts going forward. Several concepts that are emphasized in the HP2030 Framework are **not** adequately addressed within the draft set. These concepts include:

- Health and well-being;
- Health equity, health promotion, and health literacy;
- Upstream and structural determinants of health and well-being;
- Public health infrastructure and disaster preparedness; and
- Vulnerable populations (i.e., areas pertaining to disparity and equity).

2. Is there balance across topic areas that captures health and well-being?

The HP2030 Framework,⁵ reports/recommendations,⁶ and accompanying briefs⁷ emphasize health and well-being and upstream determinants of health that are not adequately captured by the set of proposed objectives. Despite the challenge of greatly reducing the number of objectives, the Committee believes that a more balanced set of objectives is needed. The set of objectives should reflect more fully the HP2030 Framework.

At issue is not only the actual balance among objectives but the visible balance, such that the balance between objectives related to disease, health and well-being are easily discernable to stakeholders. If, as indicated in the Framework, the nation must be committed to improving health and well-being, that distinction and interconnectivity must be

reflected in the set of proposed core objectives. A reassessment of the balance between disease objectives (those concerned primarily with morbidity and mortality) and health, well-being, and health promotion objectives is warranted. Additionally, well-being is a new concept in HP2030; the Committee believes it is important to add more objectives that address well-being across the lifespan, and at the individual and community levels.

3. As a set, will these objectives help move the health and well-being of the nation forward?

The consensus of the Committee is that, as a set, these objectives will help move the health and well-being of the nation forward. At the same time, the Committee discussed that many of the proposed objectives focus on prevalence (e.g., number of existing diabetes cases) as opposed to incidence (e.g., number of new diabetes cases). The Committee recommends that the FIW consider including more objectives on incidence or reassess the balance between incidence and prevalence objectives.

As a whole, the set of proposed objectives is relatively silent as to the mechanisms or underlying processes that are needed to help achieve objective targets. This is understandable, given the charge to the FIW to substantially reduce the number of objectives. For each objective, it will be important for users of the HealthyPeople.gov website to be able to access linked information about **risks, causes, and protective factors** and strategies that can maximize momentum toward achieving the objective. The objectives are not categorized by place or stakeholder, although some are clearly focused on specific settings.

It would be beneficial to link objectives to specific stakeholder groups including, but not limited to, schools, workplaces, employers, businesses, and health care, such as clinical care delivery and health plans. Such linkages would be useful for engaging partners in implementation. This would be possible through the use of a dynamic, interactive web portal. The web portal should be carefully designed in a way that engages and incentivizes stakeholders, and that enables various stakeholders (e.g., policy makers, public health leaders, the public and leaders across sectors) to adopt and adapt the objectives to be relevant to local or specific stakeholder needs. It could provide strategies and tools to facilitate such adaptation.

4. As a set, do the objectives adequately address the social determinants of health and also health equity?

Due to the centrality of **social determinants of health** and **health equity** in HP2030, a Committee member undertook a detailed analysis of the proposed set of draft objectives (Appendix 2) with these two areas in mind. The emphasis on health equity in the HP2030 Framework marks a critical shift from focusing on disease outcomes (often attributable to individual behaviors) to addressing historical and current structural and systematic prejudices and discrimination that influence health. Many objectives such as those present

in the 2020 objectives that address social determinants of health have been removed from the final draft set, however.

Historical yet enduring factors related to systems, economies, and environments can lead to unfair and discriminatory practices within our public and private institutions, health care systems, and society at large that negatively impact health and well-being. To achieve health equity, we must recognize that multiple determinants of health and well-being interact with each other across the lifespan. Indeed, health equity and upstream determinants of health are inextricably connected.

Given the focus of the HP2030 Framework on health equity, the Committee examined the objectives within five primary categories 1) removing obstacles to health and well-being; 2) addressing structural and systematic prejudice and discrimination; 3) policies and practices that promote health equity; 4) conditions that give children and youth opportunities to attain their highest level of health and well-being throughout the lifespan; and 5) healthy physical, social and economic environments (Appendix 1). Using this rubric, the Committee's analysis reveals that approximately 30% of the 355 objectives overtly address health equity. However, the Committee's assessment is that only one of these objectives addresses structural and systematic discrimination; even though it is linked to a specific population.

The draft set of objectives responds to the need to integrate LGBTQ status into data collection to more fully capture inequities in this group. The Committee applauds this effort. As in HP2020, individual objectives in HP2030 can be assessed for disparities when data for population groupings (e.g., by race, gender, poverty, urban/rural, age) are available. It will be important for the web portal to make tools available that show those responsible for implementing HP2030 and stakeholders how to examine disparities and inequities in the objectives, and how to drive evidence-based interventions that impact disparities and inequities.

For example, "the proportion of children living in poverty" is no longer an objective as it was in HP2020. In HP2030, the objective is now "the proportion of the population living in poverty". The Committee is concerned that, by collapsing impoverished children into a now broader objective, the impact of poverty on the health and well-being of children could potentially be lost. The Committee recognizes that some of this "collapsing" is necessary to reduce the overall number of objectives. However, we warn that exquisite care should be taken to avoid integrating objectives at the potential expense of particularly marginalized populations. Similarly, consideration should be given to preventing conditions that have life-long impact, such as Adverse Childhood Experiences (ACEs).

5. Are there substantive gaps? If so, what are the gaps for which objectives should be identified? What is the rationale?

The Committee believes there are substantive gaps that should be addressed to round out the proposed set of objectives and align them with the HP2030 Framework. For example, given the focus of HP2030 on health and well-being, it is of concern to the Committee that the topic area of Health-related Quality of Life and Well-being has been eliminated. Specific areas that should be reconsidered include: A few overarching objectives of health and well-being; public health infrastructure; stakeholder engagement; environments (physical, social and economic) that are upstream determinants of health and well-being; community well-being; and health promotion. Since law and policy are powerful levers that can be used to improve health and well-being, consider broadening the policy-focused objectives beyond those that are specific to tobacco or environmental toxins.

V. MAJOR RECOMMENDATIONS

The Committee recognizes the careful consideration, detailed processes, and tremendous effort that the FIW has expended to create the draft set of core objectives for HP2030. We fully embrace a reduced number of objectives and the intent to leave “space” for adding objectives over the next decade. The FIW’s work has allowed the Committee to focus on the high-level relationship between the proposed set of objectives and the HP2030 Framework. The Committee is intentionally providing its recommendations at a broad, conceptual level to support the FIW in creating the final set of HP2030 objectives. The Committee’s major recommendations are as follows:

1. Given that the preponderance of objectives focused on morbidity and mortality, add a minimum of ten cross-cutting objectives that explicitly address the upstream determinants of health and well-being, health promotion, public health infrastructure and disaster-preparedness, health equity, and health literacy.
2. Add cross-cutting objectives that directly address structural and systematic prejudices and discrimination through law, policy, and organizational practices.
3. Given the importance of prevention, consider an increased focus on disease incidence.
4. The objectives are relatively silent as to the mechanism or processes that will facilitate achieving the objectives. To maximize the likelihood of achieving the objectives, it is essential to link these objectives with information about risks, causes, and protective factors, and with evidence-based practices that are applicable to varied settings in many sectors.
5. Provide a clear and detailed narrative that explicitly guides stakeholders in building on strengths and assets, and in reducing the continued disparities and inequities that impede the overall improvement of health and well-being for the nation.
6. Objectives should be linked to implementation strategies designed in a way that fully engages stakeholders to a) adopt and adapt the objectives to be relevant to local or specific stakeholder needs; b) provide strategies and tools to facilitate such adaptation; and c) present interventions and approaches that can contribute to achieving the objectives.
7. Create a set of objectives that allow meaningful comparison of health and well-being in the U.S. to that in other OECD nations, as detailed in the OECD report, or recast existing objectives to facilitate meaningful comparison.
8. Create a systematic and regular process to assess progress in meeting the overarching goals of HP2030. Because this broader assessment is at a higher level than individual objectives, the assessment should involve stakeholders and supplementary national or local data to inform progress in meeting the overarching goals and may be informed by the ideas expressed in the forthcoming issue brief on summary measures of health and well-being.

VI. COMMENTS ABOUT SPECIFIC OBJECTIVES FOR CONSIDERATION

Committee members provided reflections from their individual reviews specific to considerations six and seven below. Themes emerging from these individual reviews informed the Committee's discussions and overall recommendations and are presented here. In addition, the appendices provide a general capture of the input from individual members, as well as areas where comments converged.

1. Are there objectives that were selected for inclusion that should be reconsidered? If so, why?

The primary reasons provided for reconsidering objectives selected for inclusion include: Clarification of intent, redundancy among objectives, and consideration of possible combinations (Appendix 1).

2. Are there objectives that were proposed but were not include in the slate of hp2030 objectives that should be reconsidered? If so why?

Individual Committee members addressed this question by using the HP2030 Framework to analyze omitted objectives. Comments include mention of both specific objectives and categories of objectives. In addition, members proposed other areas to consider for objectives (Appendix 2).

APPENDIX 1. INDIVIDUAL MEMBERS' COMMENTS: INCLUDED OBJECTIVES THAT THAT THE FIW MAY WISH TO RECONSIDER

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

The primary reasons provided for reconsidering objectives selected for inclusion include: Clarification of intent, redundancy among objectives, and consideration of possible combinations.

Clarification

- DH-2030-05: Language (“visitable”) is not intuitively clear.
- DIA-2030-01: Revisit the wording of this objective. Currently the intent is not clear. Is it meant to say, increase the proportion of providers who make sure their patients who are diagnosed with Alzheimer’s disease and other dementias, or their caregiver, are aware of the diagnosis?
- EH-2030-05 – versus wording for EH2030-09. Are measures for both blood and urine needed?
- HDS-2030-04: How is baseline for this objective handled and tracked for changes when the definition or diagnostic criteria change?
- HDS-2030 – 05: How meaningful is mean cholesterol versus a proportion over 200?
- HOSCD-2030-04: Are ear infections in children preventable?
- HOSCD-2030-09: Is tinnitus treatable?
- IID-2030-16: What is the rationale for stating “maintain vaccination rate” versus improving it?
- IVP-2030-12: Does include both homicide and suicide? Will data be broken out?
- MHMD-2030-01: Will this include mechanism? Why not call out firearm suicide?
- NWS-2030-04: Why are only physician office visits mentioned – what about other providers?
- STD-2030-1-2: Increase the proportion of sexually active females aged 16-24 years enrolled in Medicaid and commercial health plans who are screened for chlamydial infections. Clarify the intent – to increase plans that reimburse or increase providers offering screening?
- General Clarification Issue: For objectives that mention “most recent guidelines,” assume references to these guidelines will be documented.

Redundancy

- MICH-2030-03: Reduce the rate of deaths among children and adolescents aged 1-19 years. Is this one needed given that the four major causes of deaths are captured in other objectives (motor vehicle crashes, other unintentional injuries, suicide and homicide)? Or is this a function of emphasis?
- EH-2030-13-15: Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to... Consider combining into a single composite objective.

Consider Combination

- MHMD-2030-05-06: Consider making this one since it could be broken out by age?
- SH-2030-01 and SU-2030-01: Both focus on reducing motor vehicle crashes (one on drowsy driving and one for drunk driving).
- Were any objectives left out of the final set that should be reconsidered?

Individual Subcommittee members used the HP2030 Framework to address this question. Comments included mention of both specific objectives and categories of objectives. In addition, members proposed other areas to consider for objectives.

Specific Objectives

Given the importance of well-being in the overall Framework, reconsider:

- HRQOL/WB 1.1: Increase the proportion of adults who self-report good or better physical health.
- HRQOL/WB 1.2: Increase the proportion of adults who self-report good or better mental health.

In light of the epidemic of violence, and the burden of disability on health and well-being, reconsider:

- IVP-39.1: Reduce physical violence by intimate partners. Concern about the epidemic of violence.
- IVP-39.2: Reduce sexual violence by intimate partners. Concern about the epidemic of violence.
- IVP-1.3: Reduce emergency department visits for nonfatal injuries. Unclear as to why this was dropped given the significant burden of disability and impact on health and well-being.
- ADD new objective on ACES, such as Reduce the proportion of children aged 0-17 years with three or more adverse childhood events (ACES). Sufficient evidence exists to document cumulative effects of ACES.

To address inequities, reconsider:

- EH 18.1 – (# of homes with lead-based paint). Concern that the current lead-based objective focuses on adults but not on exposures that affect children. Further, the current lead-based objective focuses only on paint and not on water which is a second major avenue for children’s exposure, therefore consider an objective addressing increased monitoring and reporting of levels of lead exposure in community water supplies.
- FP-3.1: Increase the proportion of publicly funded family planning clinics that offer the full range of reversible contraceptive methods onsite. Concern that this is a critical infrastructure objective.
- MICH-8.1: Reduce low birth weight. Critical to addressing health disparities among Black women.
- MICH-21: Increase the proportion of infants who are breastfed. Unclear as to why this was removed. Encouragement is particularly beneficial for low-income women. In addition, the original focus on breast-feeding initiation could be revisited.
- NWS-1: Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care. Addresses structural inequities. Also consider a process objective, to measure access – such as increasing the number of farmers’ markets, increasing the number of schools with farm-to-school programs, etc.
- SDOH 3.2: Proportion of children 0-17 living in poverty. Concern that the visibility and focus on children will be lost.
- SDOH 6.1: Proportion of persons eligible to participate in elections who are registered to vote. Important to address inequities and improve well-being through civic engagement.
- TU-16 – Consider making this even broader given that local control to improve health is significant.
- V-8: Increase the proportion of FQHCs that provide comprehensive vision health services.

Given the likelihood of increased natural (physical environment) and other disasters, reconsider:

- PREP-11: Increase the proportion of adults who received information about disaster preparedness in the last 6 months.
- PREP-12: Increase the proportion of adults who have taken actions to prepare for a possible disaster or emergency within 6 months after being made aware of preparedness information.
- Blood Disorders and Blood Safety – consider one or two on the safety and adequacy of the blood supply

Objectives for which clarification is requested:

- OH-2030-12-14: What is the rationale for removing these screens (tobacco, oral/pharyngeal cancer, diabetes) by dentists?

Categories of Objectives

Individual member comments suggested considering adding or reconsidering objectives to further address:

- Well-being: Consider life satisfaction (personal level) and social cohesion (social level), given that well-being is considered to be multi-level.
- Health Literacy: Consider objectives for community and system levels
- Determinants of health in social, physical and economic categories: Objectives in areas such as the following would allow partners who have not been involved in Healthy People to see their role (decreasing incarceration rates; increasing high school graduation rates; increasing number of state/communities with minimum wage higher than that of federal level; increasing availability of affordable housing)
- Capacity to implement EBPs, monitor trends, and address inequities:
 - Reconsider public health infrastructure objectives. Accreditation criteria are important and help provide clarity and visibility to engage essential stakeholders, such as academic health centers, state/county/municipal legislators, businesses, etc. The accreditation process likely encompasses various potential objectives within public health infrastructure.
 - Identify some workforce objectives - such as increasing the number of demographically diverse (race/ethnicity, culture, sexual/gender minority) health care professionals; increasing the number of culturally competent/humble health care professionals serving low-income, ethnic minority persons in both rural and urban areas with poorest health outcomes.
- Populations with poor health or at high risk for poor health: Consider the homeless and individuals who have a disability - homelessness is an increasing and challenging social condition affecting the health and well-being of the nation. Consider adding an objective: Decrease the number of homeless and/or unstably housed adults, youth and children.
- Educational and community programs
- Lifespan focus
 - Early and Middle Childhood objectives- such as adding a school health education objective (HP2020 EMC-4 as an example).
 - Older adults

Additional Areas to Consider - Structural suggestions:

- To “engage leadership, key constituents, and the public across multiple sectors” consider at least one upstream prevention-focused objective for disease-specific objectives – such as for Diabetes: Increase proportion of adults and children with diagnosed diabetes with access to healthy foods and locations conducive to physical activities.
- To allow for US/Global comparisons as mentioned in the Framework: Identify several objectives to permit global comparisons, and/or build into existing objectives.

APPENDIX 2: HEALTH EQUITY FOCUSED OBJECTIVES

LANGUAGE FROM HEALTH EQUITY BRIEF

“Health equity means that everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” – RWJF

The emphasis on health equity in HP2030 marks a critical shift from focusing on disease outcomes, which can often be attributed to individual behaviors, to addressing historical and current structural and systematic prejudice and discrimination. These factors lead to unfair practices within our public and private institutions, broader health systems, and society at-large.

Policies and practices to promote health equity must reduce or eliminate health inequities and healthcare disparities that are determinants of people’s health and well-being...Children have the most to gain if they are born into a society with fair and just societal conditions, free of inequities and health care disparities. Such a society would offer conditions and opportunities that would allow them to attain their highest level of health and well-being throughout their lifespan.

To achieve health equity, we must recognize that multiple determinants of health and well-being interact with each other across the lifespan. In HP2030, we have created a framework that emphasizes the need for healthy physical, social and economic environments that promote attaining full potential for health and well-being for all.

PROPOSED OBJECTIVES THAT ADDRESS SOME ASPECT OF HEALTH EQUITY

Based on the Health People 2030 Framework and more detailed expansion of our definition of health equity, we would expect to see objectives that fall under these primary categories:

- Remove Obstacles to Health (mostly SDOH) [RO]
- Address structural and systematic prejudice and discrimination [DISC]
- Policies & Practices that Promote Health Equity (including preventative care) [PROMO]
- Children/Youth are given conditions and opportunities that would allow them to attain their highest level of health and well-being throughout their lifespan. [CHILD]
- Healthy physical, social and economic environments [ENVIRON]

After reviewing all proposed objectives, I created a table of objectives under each of these five categories (although they could fall under more than one category). I have also created sub categories within each major category. On the appended original list, I have highlighted HE objectives in purple and added a column to identify which of the five categories the objective falls under using the above abbreviations. Objectives that refer to individual change, but are dependent on systems change are included, but if the mechanism of change is intended to be the individual and not the system, then I would not consider it a HE objective.

1. Remove Obstacles to Health [RO]	
Economic-Related	
AHS-2030-1	Increase the proportion of persons with medical insurance
AHS-2030-2	Increase the proportion of persons with dental insurance
AHS-2030-3	Increase the proportion of persons with prescription drug insurance
AHS-2030-4	Increase the Proportion of Persons with a Usual Primary Care Provider
AH-2030-7	Increase the proportion of students participating in the School Breakfast Program
HC/HIT-2030-5	Increase the proportion of persons with broadband access to the Internet
NWS-2030-1	Reduce household food insecurity and in doing so reduce hunger
SDOH-2030-3	(Decrease) Proportion of persons living in poverty
SDOH-2030-4	(Decrease) Proportion of all households that spend more than 30% of income on housing
SDOH-2030-6	Increase employment among working-age individuals, ages 16-64
Health Care Access	
AHS-2030-7	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care
AHS-2030-8	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care
AHS-2030-9	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines
DH-2030-3	Reduce the proportion of adults with disabilities aged 18 years and older who experience delays in receiving primary and periodic preventive care due to cost.
FP-2030-18	Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies
MHMD-2030-4	Increase the proportion of adults with serious mental illness (SMI) who receive treatment
MHMD-2030-5	Increase the proportion of adults with major depressive episodes (MDEs) who receive treatment
MHMD-2030-7	Increase the proportion of persons with co-occurring substance use disorders and mental disorders who received treatment for both disorders
MICH-2030-9	Increase the proportion of pregnant women who receive early and adequate prenatal care
SU-2030-3	Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for substance use problem in the past year

Education	
AH-2030-3	Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade
AH-2030-4	Increase the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade
AH-2030-5	Increase the proportion of 4th grade students whose mathematics skills are at or above the proficient achievement level for their grade
AH-2030-6	Decrease chronic school absence among early adolescents
AH-2030-9	Decrease the percentage of youth and young adults aged 16 to 24 who are neither enrolled in school nor working
DH-2030-5	Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs
SDOH-2030-2	(Increase) Proportion of high school completers who were enrolled in college the October immediately after completing high school
2. Address structural and systematic prejudice and discrimination [DISC]	
LGBT-2030-6	Reduce bullying of sexual minority (gay, lesbian, bisexual) adolescents.
3. Policies & Practices that Promote Health Equity [PROMO]	
Preventative Care	
AHS-2030-10	Increase the proportion of adults who receive appropriate evidence-based clinical preventive services
C-2030-3	Increase the proportion of adults who receive a lung cancer screening based on the most recent guidelines
C-2030-5	Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines
C-2030-7	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines
C-2030-9	Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines
STD-2030-1-2	Increase the proportion of sexually active females aged 16 to 24 years enrolled in Medicaid and commercial health plans who are screened for chlamydial infections
V-2030-2	Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the past 2 years
Health Literacy	
HC/HIT-2030-1	Increase the proportion of persons who report their health care provider always asked them to describe how they will follow instructions
HC/HIT-2030-2	Decrease the proportion of persons who report poor patient/provider communication (e.g. Listening, Explanations, Disrespect, Time)

HC/HIT-2030-3	Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted
HC/HIT-2030-4	Increase proportion of persons who use HIT to track health care data OR communicate with providers
HC/HIT-2030-6	Increase the proportion of persons offered online access to their medical record
HC/HIT-2030-7	Increase the proportion of adults who report having social support (having friends or family members that they talk to about their health)
Better Data	
DH-2030-1	Increase the proportion of nationally-representative, population-based surveys that include in their core a standardized set of questions that identify people with disabilities.
LGBT-2030-1	Increase the number of nationally representative, population-based surveys that collect data on (or for) lesbian, gay and bisexual populations.
LGBT-2030-2	Increase the number of nationally representative, population-based surveys that collect data on (or for) transgender populations.
LGBT-2030-3	Increase the number of states, territories, and the District of Columbia that include questions on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System (BRFSS).
LGBT-2030-4	Increase the number of states, territories, and the District of Columbia that use the standard module on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System (BRFSS).
Health Systems Planning	
PHI-2030-4 and 6	Increase the proportion of States that have developed a health improvement plan
PHI-2030-5	Increase the proportion of local jurisdictions that have developed a health improvement plan
Policies	
TU-2030-18	Increase the number of States, the District of Columbia, and Territories that have smoke-free policies that prohibit smoking in all indoor areas of worksites, restaurants and bars
TU-2030-19	Increase the number of States, the District of Columbia, and Territories that have smoke-free policies that prohibit smoking in all indoor areas of multiunit housing
TU-2030-25	Increase the number of states, the District of Columbia, and Territories that establish 21 years as the minimum age for purchasing tobacco products
PA-2030-13	Increase the proportion of middle and high schools that, either directly or through the school district, had a joint use agreement for shared use of school or community physical activity facilities

4. Children/Youth are given conditions and opportunities that would allow them to attain their highest level of health and well-being throughout their lifespan. [CHILD]	
Developmental/Preventative	
AH-2030-1	Increase the proportion of adolescents aged 12 to 17 who received a preventive health care visit in the past 12 months
C-2030-10	Reduce the proportion of adolescents in grades 9 through 12 who report sunburn
EMC-2030-4	Increase the proportion of children who get sufficient sleep
EMC-2030-2	Increase the proportion of young children whose parents read to them
ECBP-2030-1	Increase the proportion of adolescents who participate in daily school physical education
EH-2030-5	Reduce blood lead level in children aged 1–5 years
EH-2030-12	Reduce exposure to mercury among children aged 1 to 5 years, as measured by blood or urine concentrations of the substance or its metabolites
FP-2030-6-7	Increase the proportion of adolescents aged 15-17 years who have never had sexual intercourse
FP-2030-10-11	Increase the proportion of sexually active adolescents aged 15 to 19 years who use any method of contraception at first intercourse
FP-2030-20	Increase the proportion of adolescent females aged 15 to 19 at risk of unintended pregnancy who use most effective or moderately effective methods of contraception
HOSCD-2030-1	Increase the proportion of newborns who are screened for hearing loss by no later than age 1 month
IID-2030-9	Reduce cases of pertussis among children under 1 year of age
IID-2030-11	Increase the vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 2 years
IID-2030-12	Maintain an effective vaccination coverage level of 1 dose of measles-mumps-rubella vaccine (MMR) among children by age 2 years
IID-2030-13	Decrease the percentage of children in the United States who receive 0 doses of recommended vaccines by age 2 years
IID-2030-14	Increase the percentage of adolescents aged 13 through 15 years who receive recommended doses of human papillomavirus (HPV) vaccine
IID-2030-15-17	Increase the percentage of noninstitutionalized persons aged 6 months and older who are vaccinated annually against seasonal influenza
IID-2030-20	Maintain the vaccination coverage level of 2 doses of measles-mumps-rubella (MMR) vaccine for children in kindergarten
IVP-2030-17	Reduce nonfatal child abuse and neglect

MICH-2030-19	Increase the proportion of infants who are breastfed exclusively through 6 months
MICH-2030-20	Increase the proportion of children (aged 9-35 months) who have completed a developmental screening
OH-2030-9	Increase the proportion of low income youth who have a preventive dental visit
TU-2030-24	Reduce the proportion of adolescents in grades 6-12 who are exposed to tobacco product marketing
V-2030-1	Increase the proportion of preschool children aged 3-5 years who receive vision screening
Social Support	
AH-2030-2	Increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems
EMC-2030-1	Increase the proportion of children aged 6-17 years who communicate positively with their parents
SDOH-2030-1	(Increase) Proportion of children aged 0-17 years living with at least one parent employed year round, full time
SDOH-2030-5	(Decrease) Proportion of children who had ever experienced a parent who has served time in jail
Health Literacy	
AH-2030-10	Increase the proportion of adolescents, ages 12-17, who spoke privately with a physician or other health care provider during their preventive medical visit in the past 12 months
FP-2030-14-17	Increase the proportion of female adolescents who received formal instruction on abstinence, birth control methods, HIV/AIDS prevention, and sexually transmitted diseases before they were 18 years old
Treatment Access	
EMC-2030-5	Increase the proportion of children with ADHD who receive recommended behavioral treatment
HOSCD-2030-2	Increase the proportion of infants who did not pass the hearing screening test that receive diagnostic audiologic evaluation for hearing loss no later than age 3 months
HOSCD-2030-3	Increase the proportion of infants with confirmed hearing loss who are enrolled for intervention services no later than age 6 months
HOSCD-2030-13	Increase the proportion of children with communication disorders of voice, speech, or language who have seen a health care specialist for evaluation or treatment in the past 12 months
MICH-2030-21	Increase the proportion of children with autism spectrum disorder (ASD) enrolled in special services by 48 months of age
MICH-2030-22	Increase the proportion of children who have access to a medical home

MICH-2030-23	Increase the proportion of children with special health care needs who receive care in a family-centered, comprehensive, and coordinated system
MHMD-2030-3	Increase the proportion of children with mental health problems who receive treatment
MHMD-2030-6	Increase the proportion of adolescents with major depressive episodes (MDEs) who receive treatment
5. Healthy physical, social and economic environments [ENVIRON]	
Physical Environment	
EH-2030-1	Reduce the number of days the Air Quality Index (AQI) exceeds 100, weighted by population and AQI
EH-2030-4	Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.
EH-2030-7	Minimize the risks to human health and the environment posed by hazardous sites
EH-2030-8	Reduce the amount of toxic pollutants released into the environment
EH-2030-9	Reduce exposure to arsenic in the population, as measured by blood or urine concentrations of the substance or its metabolites
EH-2030-11	Reduce exposure to lead in the population, as measured by blood or urine concentrations of the substance or its metabolites
EH-2030-17	Reduce exposure to bisphenol A in the population, as measured by blood or urine concentrations of the substance or its metabolites
EH-2030-18	Reduce exposure to perchlorate in the population, as measured by blood or urine concentrations of the substance or its metabolites
Better Data	
EH-2030-21	Improve quality, utility, awareness, and use of existing information systems for environmental health
Policy	
EH-2030-22	Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to lead poisoning
EH-2030-24	Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to mercury poisoning
EH-2030-25	Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to arsenic poisoning

Preventative	
FS-2030-16	Increase the proportion of retail food store delis where food employees practice proper handwashing.
FS-2030-18	Increase the proportion of retail food store delis where food contact surfaces are properly cleaned and sanitized.
FS-2030-19	Increase the proportion of retail food store delis where foods requiring refrigeration are held at the proper temperature
FS-2030-20	Increase the proportion of retail food store delis where foods displayed or stored hot are held at the proper temperature
OH-2030-11	Increase the proportion of the US population served by community systems with optimally fluoridated water systems
TU-2030-20	Increase the proportion of smoke free homes

PROPOSED OBJECTIVES FOR INCLUSION IN HEALTHY PEOPLE 2030

ACCESS TO HEALTH SERVICES (AHS) 24

ADOLESCENT HEALTH (AH) 25

ARTHRITIS, OSTEOPOROSIS, AND CHRONIC BACK CONDITIONS (AOCBC) 26

BLOOD DISORDERS AND BLOOD SAFETY (BDBS) 26

CANCER (C) 27

CHRONIC KIDNEY DISEASE (CKD) 28

DEMENTIAS, INCLUDING ALZHEIMER’S DISEASE (DIA) 28

DIABETES (D) 29

DISABILITY AND HEALTH (DH) 30

EARLY AND MIDDLE CHILDHOOD (EMC) 31

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS (ECBP) 31

ENVIRONMENTAL HEALTH (EH) 32

FAMILY PLANNING (FP) 34

FOOD SAFETY (FS) 35

GLOBAL HEALTH (GH) 35

HEALTH COMMUNICATION AND HEALTH INFORMATION TECHNOLOGY
(HC/HIT) 36

HEALTHCARE-ASSOCIATED INFECTIONS (HAI) 36

HEARING AND OTHER SENSORY OR COMMUNICATION DISORDERS
(HOSCD) 37

HEART DISEASE AND STROKE (HDS) 38

HIV 38

IMMUNIZATION AND INFECTIOUS DISEASES (IID) 39

INJURY AND VIOLENCE PREVENTION (IVP) 40

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH (LGBT) 41

MATERNAL, INFANT, AND CHILD HEALTH (MICH) 42

MEDICAL PRODUCT SAFETY (MPS) 43

MENTAL HEALTH AND MENTAL DISORDERS (MHMD) 44

NUTRITION AND WEIGHT STATUS (NWS) 44

OCCUPATIONAL SAFETY AND HEALTH (OSH)	45
OLDER ADULTS (OA)	46
OPIOIDS	46
ORAL HEALTH (OH)	47
PHYSICAL ACTIVITY (PA)	48
PREPAREDNESS (PREP)	49
PUBLIC HEALTH INFRASTRUCTURE (PHI)	49
RESPIRATORY DISEASES (RD)	50
SEXUALLY TRANSMITTED DISEASES (STD)	50
SLEEP HEALTH (SH)	51
SOCIAL DETERMINANTS OF HEALTH (SDOH)	51
SUBSTANCE USE (SU)	52
TOBACCO USE (TU)	53
VISION (V)	54

COLOR CODES

RED: REMOVED

PURPLE: HEALTH EQUITY RELATED

ACCESS TO HEALTH SERVICES (AHS) – 8/7/18

Objective Number	Objective Statement	Health Equity
AHS-2030-1	Increase the proportion of persons with medical insurance	RO
AHS-2030-2	Increase the proportion of persons with dental insurance	RO
AHS-2030-3	Increase the proportion of persons with prescription drug insurance	RO
AHS-2030-4	Increase the Proportion of Persons with a Usual Primary Care Provider	RO
AHS-2030-5	Increase the proportion of persons of all ages who have a specific source of ongoing care	
AHS-2030-6	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines	
AHS-2030-7	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care	RO
AHS-2030-8	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care	RO
AHS-2030-9	Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary prescription medicines	RO
AHS-2030-10	Increase the proportion of adults who receive appropriate evidence-based clinical preventive services	PROMO
AHS-2030-11	Reduce the proportion of all hospital emergency department visits in which the wait time to see an emergency department clinician exceeds the recommended timeframe	

ADOLESCENT HEALTH (AH) – 8/7/18

Objective Number	Objective Statement	Health Equity
AH-2030-1	Increase the proportion of adolescents aged 12 to 17 who received a preventive health care visit in the past 12 months	CHILD
AH-2030-2	Increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems	CHILD
AH-2030-3	Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade	RO
AH-2030-4	Increase the proportion of 4th grade students whose reading skills are at or above the proficient achievement level for their grade	CHILD
AH-2030-5	Increase the proportion of 4th grade students whose mathematics skills are at or above the proficient achievement level for their grade	CHILD
AH-2030-6	Decrease chronic school absence among early adolescents	CHILD
AH-2030-7	Increase the proportion of students participating in the School Breakfast Program	RO
AH-2030-8	Reduce the rate of minor and young adult perpetration of violent crimes	
AH-2030-9	Decrease the percentage of youth and young adults aged 16 to 24 who are neither enrolled in school nor working	CHILD
AH-2030-10	Increase the proportion of adolescents, ages 12-17, who spoke privately with a physician or other health care provider during their preventive medical visit in the past 12 months	CHILD

ARTHRITIS, OSTEOPOROSIS, AND CHRONIC BACK CONDITIONS (AOCBC) – 8/21/18

Objective Number	Objective Statement
AOCBC-2030-1	Reduce the proportion of severe and moderate joint pain among adults with provider-diagnosed arthritis
AOCBC-2030-2	Reduce the proportion of adults with provider-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms
AOCBC-2030-3	Reduce the proportion of adults with provider-diagnosed arthritis who are limited in their ability to work for pay due to arthritis
AOCBC-2030-4	Increase the proportion of overweight and obese adults with provider-diagnosed arthritis who receive health care provider counseling for weight reduction
AOCBC-2030-5	Increase the proportion of adults with provider-diagnosed arthritis who receive health care provider counseling for physical activity or exercise
AOCBC-2030-6	Reduce the proportion of adults with osteoporosis
AOCBC-2030-7	Reduce hip fractures among older adults - aged 65 years and older
AOCBC-2030-8	Decrease the prevalence of adults having high impact chronic pain

BLOOD DISORDERS AND BLOOD SAFETY (BDDBS) – 9/5/18

Objective Number	Objective Statement
BDDBS-2030-1	Reduce the proportion of persons with severe hemophilia who have more than four joint bleeds per year
BDDBS-2030-2	Increase the proportion of Medicare beneficiaries with sickle cell disease who receive disease modifying therapies

CANCER (C) – 7/24/18

Objective Number	Objective Statement	HEALTH EQUITY
C-2030-1	Reduce the overall cancer death rate	
C-2030-2	Reduce the lung cancer death rate	
C-2030-3	Increase the proportion of adults who receive a lung cancer screening based on the most recent guidelines	PROMO
C-2030-4	Reduce the female breast cancer death rate	
C-2030-5	Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines	PROMO
C-2030-6	Reduce the colorectal cancer death rate	
C-2030-7	Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines	PROMO
C-2030-8	Reduce the prostate cancer death rate	
C-2030-9	Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines	PROMO
C-2030-10	Reduce the proportion of adolescents in grades 9 through 12 who report sunburn	CHILD
C-2030-11	Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis	

CHRONIC KIDNEY DISEASE (CKD) – 8/28/18

Objective Number	Objective Statement
CKD-2030-1	Reduce the proportion of the US adult population with chronic kidney disease
CKD-2030-2	Increase the proportion of adults with chronic kidney disease who know they have reduced kidney function
CKD-2030-3	Increase the proportion of Medicare beneficiaries aged 65 years or older who have a follow-up evaluation of their kidney function 3 months after a hospitalization with acute kidney injury
CKD-2030-4	Increase the proportion of Medicare beneficiaries aged 65 years or older with chronic kidney disease who receive medical evaluation with serum creatinine, lipids, and urine albumin tests
CKD-2030-5	Increase the proportion of adults with diabetes and chronic kidney disease who receive recommended medical treatment with angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor blockers (ARBs)
CKD-2030-6	Reduce the proportion of adults with chronic kidney disease who have elevated blood pressure
CKD-2030-7	Reduce the rate of new cases of end-stage kidney disease
CKD-2030-8	Reduce the proportion of adult hemodialysis patients who use catheters as the only mode of vascular access
CKD-2030-9	Increase the proportion of persons younger than 70 years receiving a kidney transplant within 3 years of initiating treatment for end-stage kidney disease
CKD-2030-10	Reduce the death rate for persons on dialysis

DEMENTIAS, INCLUDING ALZHEIMER’S DISEASE (DIA) – 8/15/18

Objective Number	Objective Statement
DIA-2030-1	Increase the proportion of adults aged 65 years and older with diagnosed Alzheimer’s disease and other dementias, or their caregiver, who are aware of the diagnosis
DIA-2030-2	Reduce the proportion of preventable hospitalizations in adults aged 65 years and older with diagnosed Alzheimer’s disease and other dementias
DIA-2030-3	Increase the proportion of adults aged 65 years and older with Subjective Cognitive Decline (SCD) who have discussed their confusion or memory loss with a health care professional

DIABETES (D) – 8/21/18

Objective Number	Objective Statement
D-2030-1	Reduce the annual number of new cases of diagnosed diabetes in the population
D-2030-2	Reduce the rate of all-cause mortality among adults with diagnosed diabetes
D-2030-3	Reduce the rate of lower extremity amputations in adults with diagnosed diabetes
D-2030-4	Reduce the proportion of adults with diagnosed diabetes with an A1c value greater than 9%
D-2030-5	Increase the proportion of adults with diabetes who have an annual eye exam
D-2030-6	Increase the proportion of adults with known diabetes who receive an annual urinary albumin test
D-2030-7	Increase the proportion of adults with diabetes using insulin who perform self-monitoring of blood glucose at least once daily
D-2030-8	Increase the proportion of persons with diagnosed diabetes who ever receive formal diabetes education
D-2030-9	Decrease the proportion of adults with undiagnosed diabetes
D-2030-10	Decrease the proportion of adults with undiagnosed prediabetes

DISABILITY AND HEALTH (DH) – 8/23/18, 9/12/18

Objective Number	Objective Statement	Health Equity
DH-2030-1	Increase the proportion of nationally-representative, population-based surveys that include in their core a standardized set of questions that identify people with disabilities.	PROMO
DH-2030-2	Increase the proportion of State and the District of Columbia health departments that have at least one health promotion program aimed at improving the health and well-being of people with disabilities	
DH-2030-3	Reduce the proportion of adults with disabilities aged 18 years and older who experience delays in receiving primary and periodic preventive care due to cost.	PROMO
DH-2030-4	Reduce the prevalence of anxiety or depression among family caregivers of people with disabling conditions	
DH-2030-5	Increase the proportion of children and youth with disabilities who spend at least 80 percent of their time in regular education programs	RO
DH-2030-6	Reduce the proportion of people with disabilities who receive long-term care services that live in congregate care residences with seven or more people.	
DH-2030-7	Increase the proportion of all occupied homes and residential buildings that have visitable features	
DH-2030-8	Reduce the proportion of adults with disabilities aged 18 years and older who experience serious psychological distress	

EARLY AND MIDDLE CHILDHOOD (EMC) – 8/21/18

Objective Number	Objective Statement	Health Equity
EMC-2030-1	Increase the proportion of children aged 6-17 years who communicate positively with their parents	CHILD
EMC-2030-2	Increase the proportion of young children whose parents read to them	CHILD
EMC-2030-3	Increase the proportion of children whose doctors or other health care providers ask the parents about concerns regarding their child’s learning, development, or behavior	
EMC-2030-4	Increase the proportion of children who get sufficient sleep	CHILD
EMC-2030-5	Increase the proportion of children with ADHD who receive recommended behavioral treatment	CHILD

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS (ECBP) – 8/22/18

Objective Number	Objective Statement	Health Equity
ECBP-2030-1	Increase the proportion of adolescents who participate in daily school physical education	CHILD

ENVIRONMENTAL HEALTH (EH) – 8/27/18

Objective Number	Objective Statement	Health Equity
EH-2030-1	Reduce the number of days the Air Quality Index (AQI) exceeds 100, weighted by population and AQI	ENVIRON
EH-2030-2	Increase trips to work made by mass transit	
EH-2030-3	Increase the proportion of persons who telecommute	
EH-2030-4	Increase the proportion of persons served by community water systems who receive a supply of drinking water that meets the regulations of the Safe Drinking Water Act.	ENVIRON
EH-2030-5	Reduce blood lead level in children aged 1–5 years	CHILD
EH-2030-6	Reduce mean blood lead level in children aged 1–5 years	
EH-2030-7	Minimize the risks to human health and the environment posed by hazardous sites	ENVIRON
EH-2030-8	Reduce the amount of toxic pollutants released into the environment	ENVIRON
EH-2030-9	Reduce exposure to arsenic in the population, as measured by blood or urine concentrations of the substance or its metabolites	ENVIRON
EH-2030-10	Reduce exposure to cadmium in the population, as measured by blood or urine concentrations of the substance or its metabolites	
EH-2030-11	Reduce exposure to lead in the population, as measured by blood or urine concentrations of the substance or its metabolites	ENVIRON
EH-2030-12	Reduce exposure to mercury among children aged 1 to 5 years, as measured by blood or urine concentrations of the substance or its metabolites	CHILD
EH-2030-15	Reduce exposure to 3,4,6-trichloro-2-pyridinol (chlorpyrifos) in the population, as measured by blood and urine concentrations of the substance or its metabolites	
EH-2030-17	Reduce exposure to bisphenol A in the population, as measured by blood or urine concentrations of the substance or its metabolites	ENVIRON
EH-2030-18	Reduce exposure to perchlorate in the population, as measured by blood or urine concentrations of the substance or its metabolites	ENVIRON

Objective Number	Objective Statement	Health Equity
EH-2030-19	Reduce exposure to mono-n-butyl phthalate in the population, as measured by blood or urine concentrations of the substance or its metabolites	
EH-2030-21	Improve quality, utility, awareness, and use of existing information systems for environmental health	PROMO
EH-2030-22	Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to lead poisoning	PROMO
EH-2030-23	Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to pesticide poisoning	
EH-2030-24	Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to mercury poisoning	PROMO
EH-2030-25	Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to arsenic poisoning	PROMO
EH-2030-26	Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to cadmium poisoning	
EH-2030-22-26	<p>Increase the number of states, territories, tribes, and the District of Columbia that monitor diseases or conditions that can be caused by exposure to [TBD]</p> <p>Note: the FIW voted on a potential composite measure containing some or all of these objectives, but as a memo was not received, this objective was not included in the ODPHP/NCHS review spreadsheet.</p>	PROMO

FAMILY PLANNING (FP) – 8/2/18, 9/12/18

Objective Number	Objective Statement	Health Equity
FP-2030-1	Decrease the proportion of pregnancies that are unintended	
FP-2030-2	Increase the proportion of publicly funded family planning clinics that offer the full range of reversible contraceptive methods onsite	
FP-2030-3	Reduce the proportion of pregnancies conceived within 18 months of a previous birth	
FP-2030-5	Reduce pregnancies among adolescent females aged 15 to 19 years	
FP-2030-6-7	Increase the proportion of adolescents aged 15-17 years who have never had sexual intercourse	CHILD
FP-2030-8	Increase the proportion of sexually active females aged 15 to 19 years who use a condom and hormonal or intrauterine contraception at last intercourse	
FP-2030-9	Increase the proportion of sexually active males aged 15 to 19 years who used a condom at last intercourse	
FP-2030-10-11	Increase the proportion of sexually active adolescents aged 15 to 19 years who use any method of contraception at first intercourse	CHILD
FP-2030-14-17	Increase the proportion of female adolescents who received formal instruction on abstinence, birth control methods, HIV/AIDS prevention, and sexually transmitted diseases before they were 18 years old	CHILD
FP-2030-18	Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies	RO
FP-2030-19	Increase the proportion of females aged 20 to 44 years at risk of unintended pregnancy who use most effective or moderately effective methods of contraception	PROMO
FP-2030-20	Increase the proportion of adolescent females aged 15 to 19 at risk of unintended pregnancy who use most effective or moderately effective methods of contraception	CHILD

FOOD SAFETY (FS) – 8/28/18

Objective Number	Objective Statement	Health Equity
FS-2030-1	Reduce the incidence of laboratory- diagnosed, domestically-acquired Campylobacter infections	
FS-2030-2	Reduce the incidence of laboratory-diagnosed, domestically-acquired Shiga toxin-producing Escherichia coli (STEC) infections	
FS-2030-3	Reduce the incidence of laboratory-diagnosed, domestically-acquired Listeria monocytogenes infections	
FS-2030-4	Reduce the incidence of laboratory-diagnosed, domestically-acquired Salmonella infections	
FS-2030-10	Prevent an increase in the proportion of nontyphoidal Salmonella infections in humans that are resistant to three or more drug classes	
FS-2030-11	Prevent an increase in the proportion of domestically-acquired Campylobacter jejuni infections in humans that are resistant to macrolides	
FS-2030-12	Increase the proportion of consumers who follow the key food safety practice of “Clean: wash hands and surfaces often.”	
FS-2030-14	Increase the proportion of consumers who follow the key food safety practice of “Cook: cook to the safe internal temperature.”	
FS-2030-16	Increase the proportion of retail food store delis where food employees practice proper handwashing.	ENVIRON
FS-2030-18	Increase the proportion of retail food store delis where food contact surfaces are properly cleaned and sanitized.	ENVIRON
FS-2030-19	Increase the proportion of retail food store delis where foods requiring refrigeration are held at the proper temperature	ENVIRON
FS-2030-20	Increase the proportion of retail food store delis where foods displayed or stored hot are held at the proper temperature	ENVIRON

GLOBAL HEALTH (GH) – 8/22/18

Objective Number	Objective Statement
GH-2030-1	Increase the number of field epidemiologists trained globally by HHS

HEALTH COMMUNICATION AND HEALTH INFORMATION TECHNOLOGY (HC/HIT) – 7/24/18

Objective Number	Objective Statement	Health Equity
HC/HIT-2030-1	Increase the proportion of persons who report their health care provider always asked them to describe how they will follow instructions	PROMO
HC/HIT-2030-2	Decrease the proportion of persons who report poor patient/provider communication (e.g. Listening, Explanations, Disrespect, Time)	PROMO
HC/HIT-2030-3	Increase the proportion of persons who report that their health care providers always involved them in decisions about their health care as much as they wanted	PROMO
HC/HIT-2030-4	Increase proportion of persons who use HIT to track health care data OR communicate with providers	PROMO
HC/HIT-2030-5	Increase the proportion of persons with broadband access to the Internet	RO
HC/HIT-2030-6	Increase the proportion of persons offered online access to their medical record	PROMO
HC/HIT-2030-7	Increase the proportion of adults who report having social support (having friends or family members that they talk to about their health)	PROMO

HEALTHCARE-ASSOCIATED INFECTIONS (HAI) – 7/18/18

Objective Number	Objective Statement
HAI-2030-1	Reduce hospital-onset Clostridioides difficile infections (CDI)
HAI-2030-2	Reduce hospital-onset methicillin-resistant Staphylococcus aureus (MRSA) bacteremia infections (a.k.a. MRSA bacteremia)

HEARING AND OTHER SENSORY OR COMMUNICATION DISORDERS (HOSCD) – 8/29/18

Objective Number	Objective Statement	Health Equity
HOSCD-2030-1	Increase the proportion of newborns who are screened for hearing loss by no later than age 1 month	CHILD
HOSCD-2030-2	Increase the proportion of infants who did not pass the hearing screening test that receive diagnostic audiologic evaluation for hearing loss no later than age 3 months	CHILD
HOSCD-2030-3	Increase the proportion of infants with confirmed hearing loss who are enrolled for intervention services no later than age 6 months	CHILD
HOSCD-2030-4	Reduce frequent ear infections (otitis media) in children	
HOSCD-2030-5	Increase the proportion of adults with hearing loss who use a hearing aid	
HOSCD-2030-6	Increase the proportion of adults who have had a hearing examination within the past 5 years	
HOSCD-2030-7	Increase the proportion of adults who use hearing protection devices (earplugs, earmuffs) when exposed to loud sounds or music	
HOSCD-2030-8	Reduce the proportion of adults who have hearing loss due to noise exposure	
HOSCD-2030-9	Increase the proportion of adults with onset of bothersome tinnitus in the past 5 years who have seen a health care specialist	
HOSCD-2030-10	Increase the proportion of adults with moderate to severe balance or dizziness problems who have seen or been referred to a health care specialist for evaluation and treatment	
HOSCD-2030-11	Reduce the proportion of adults with balance and dizziness problems who have fallen in the past 5 years	
HOSCD-2030-12	Increase the proportion of adults with smell or taste disorders who have ever seen a health care provider about their disorder	
HOSCD-2030-13	Increase the proportion of children with communication disorders of voice, speech, or language who have seen a health care specialist for evaluation or treatment in the past 12 months	CHILD

HEART DISEASE AND STROKE (HDS) – 8/9/18

Objective Number	Objective Statement
HDS-2030-1	Increase overall cardiovascular health in U.S. adults
HDS-2030-2	Reduce coronary heart disease deaths
HDS-2030-3	Reduce stroke deaths
HDS-2030-4	Reduce the proportion of adults with hypertension
HDS-2030-5	Reduce the mean total blood cholesterol levels among adults
HDS-2030-6	Increase the proportion of adults with hypertension whose blood pressure is under control
HDS-2030-7	Increase aspirin therapy use among those with no history of cardiovascular disease based on current recommendations
HDS-2030-8	Increase the proportion of adults with a history of cardiovascular disease who are using aspirin therapy to prevent recurrent cardiovascular events
HDS-2030-9	Reduce hospitalizations among adults with heart failure as the principal diagnosis
HDS-2030-10	Increase the proportion of patients with hypertension in clinical health systems whose blood pressure is under control
HDS-2030-11	Increase the treatment of blood cholesterol among eligible adults

HIV– 9/5/18

Objective Number	Objective Statement
HIV-2030-1	Reduce the number of new HIV infections among adolescents and adults, 13 years and older
HIV-2030-2	Increase the proportion of persons 13 years and older who know their HIV status
HIV-2030-3	Reduce the number of new HIV diagnoses among persons of all ages
HIV-2030-4	Increase the percentage of persons, 13 years and older, with newly diagnosed HIV infection linked to HIV medical care within one month
HIV-2030-5	Increase the percentage of persons 13 years and older with diagnosed HIV infection who are virally suppressed
HIV-2030-6	Reduce rate of newly diagnosed perinatally acquired HIV infections

IMMUNIZATION AND INFECTIOUS DISEASES (IID) – 8/23/18

Objective Number	Objective Statement	Health Equity
IID-2030-1	Reduce the rate of hepatitis A	
IID-2030-2	Reduce the rate of acute hepatitis B	
IID-2030-3	Reduce the rate of acute hepatitis C	
IID-2030-4	Increase the proportion of persons aware they have chronic hepatitis B	
IID-2030-5	Increase the proportion of persons aware they have chronic hepatitis C	
IID-2030-6	Reduce the rate of deaths with hepatitis B as the underlying or a contributing cause	
IID-2030-7	Reduce the rate of deaths with hepatitis C as the underlying or a contributing cause	
IID-2030-8	Reduce tuberculosis (TB)	
IID-2030-9	Reduce cases of pertussis among children under 1 year of age	CHILD
IID-2030-10	Reduce new invasive pneumococcal infections among children under age 5 years	
IID-2030-11	Increase the vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 2 years	CHILD
IID-2030-12	Maintain an effective vaccination coverage level of 1 dose of measles-mumps-rubella vaccine (MMR) among children by age 2 years	CHILD
IID-2030-13	Decrease the percentage of children in the United States who receive 0 doses of recommended vaccines by age 2 years	CHILD
IID-2030-14	Increase the percentage of adolescents aged 13 through 15 years who receive recommended doses of human papillomavirus (HPV) vaccine	CHILD
IID-2030-15-17	Increase the percentage of noninstitutionalized persons aged 6 months and older who are vaccinated annually against seasonal influenza	CHILD
IID-2030-18	Reduce infections due to human papillomavirus (HPV) types prevented by the 9 valent vaccine	
IID-2030-19	Maintain elimination of measles, rubella, congenital rubella syndrome (CRS), and acute paralytic poliomyelitis.	
IID-2030-20	Maintain the vaccination coverage level of 2 doses of measles-mumps-rubella (MMR) vaccine for children in kindergarten	CHILD

INJURY AND VIOLENCE PREVENTION (IVP) – 8/29/18

Objective Number	Objective Statement	Health Equity
IVP-2030-1	Reduce fatal injuries	
IVP-2030-2	Reduce emergency department (ED) visits for nonfatal injuries	
IVP-2030-3	Reduce fatal traumatic brain injuries.	
IVP-2030-4	Reduce unintentional injury deaths.	
IVP-2030-5	Reduce emergency department (ED) visits for nonfatal unintentional injuries.	
IVP-2030-6	Reduce motor vehicle crash-related deaths per 100,000 population.	
IVP-2030-7	Decrease the proportion of passenger vehicle occupant deaths that were known unrestrained.	
IVP-2030-8	Decrease the proportion of alcohol-impaired motor vehicle crash deaths.	
IVP-2030-9	Prevent an increase in fall-related deaths among adults aged 65 years and older.	
IVP-2030-10	Reduce homicides	
IVP-2030-11	Reduce nonfatal physical assault injuries	
IVP-2030-12	Reduce physical fighting among adolescents	
IVP-2030-13	Reduce gun carrying among adolescents	
IVP-2030-14	Reduce firearm-related deaths	
IVP-2030-15	Reduce nonfatal firearm-related injuries	
IVP-2030-16	Reduce child abuse and neglect deaths	
IVP-2030-17	Reduce nonfatal child abuse and neglect	CHILD
IVP-2030-18	Reduce adolescent sexual violence by anyone	
IVP-2030-19	Reduce adolescent dating violence (sexual or physical)	
IVP-2030-20	Reduce nonfatal intentional self-harm injuries	

LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH (LGBT) – 8/21/18

Objective Number	Objective Statement	Health Equity
LGBT-2030-1	Increase the number of nationally representative, population-based surveys that collect data on (or for) lesbian, gay and bisexual populations.	PROMO
LGBT-2030-2	Increase the number of nationally representative, population-based surveys that collect data on (or for) transgender populations.	PROMO
LGBT-2030-3	Increase the number of states, territories, and the District of Columbia that include questions on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System (BRFSS).	PROMO
LGBT-2030-4	Increase the number of states, territories, and the District of Columbia that use the standard module on sexual orientation and gender identity in the Behavioral Risk Factor Surveillance System (BRFSS).	PROMO
LGBT-2030-5	Increase the number of states and the District of Columbia that include questions related to sexual orientation in the Youth Risk Behavior Surveillance System (YRBSS).	
LGBT-2030-6	Reduce bullying of sexual minority (gay, lesbian, bisexual) adolescents.	DISC
LGBT-2030-7	Reduce suicidal ideation among Sexual Minority Youth (SMY), including SMY youth who seriously considered suicide, made a plan, or made an attempt in the past year.	
LGBT-2030-8	Reduce proportion of sexual minority (lesbian, gay, or bisexual) high-school students who have ever used illicit drugs.	

MATERNAL, INFANT, AND CHILD HEALTH (MICH) – 8/13/18

Objective Number	Objective Statement	Health Equity
MICH-2030-1	Reduce the rate of fetal deaths at 20 or more weeks of gestation	
MICH-2030-2	Reduce the rate of all infant deaths (within 1 year)	
MICH-2030-3	Reduce the rate of deaths among children and adolescents aged 1 to 19 years	
MICH-2030-4	Reduce maternal deaths	
MICH-2030-5	Reduce severe maternal complications of pregnancy identified during labor and delivery hospitalizations	
MICH-2030-6	Reduce cesarean births among low-risk women with no prior births	
MICH-2030-7	Reduce low birth weight (LBW)	
MICH-2030-8	Reduce preterm births	
MICH-2030-9	Increase the proportion of pregnant women who receive early and adequate prenatal care	PROMO
MICH-2030-10	Increase abstinence from alcohol among pregnant women	
MICH-2030-11	Increase abstinence from cigarette smoking among pregnant women	
MICH-2030-12	Increase abstinence from illicit drugs among pregnant women	
MICH-2030-13	Increase the proportion of women of childbearing age who have optimal red blood cell folate concentrations	
MICH-2030-14	Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy	
MICH-2030-15	Increase the proportion of women delivering a live birth who used a most effective or moderately effective contraception method postpartum	
MICH-2030-16	Increase the proportion of women giving birth who attend a postpartum care visit with a health care worker	
MICH-2030-17	Increase the proportion of infants who are put to sleep on their backs	
MICH-2030-18	Increase the proportion of infants who are breastfed	
MICH-2030-19	Increase the proportion of infants who are breastfed exclusively through 6 months	CHILD

Objective Number	Objective Statement	Health Equity
MICH-2030-20	Increase the proportion of children (aged 9-35 months) who have completed a developmental screening	CHILD
MICH-2030-21	Increase the proportion of children with autism spectrum disorder (ASD) enrolled in special services by 48 months of age	CHILD
MICH-2030-22	Increase the proportion of children who have access to a medical home	CHILD
MICH-2030-23	Increase the proportion of children with special health care needs who receive care in a family-centered, comprehensive, and coordinated system	CHILD

MEDICAL PRODUCT SAFETY (MPS) – 8/7/18

Objective Number	Objective Statement
MPS-2030-1	Increase the proportion of medical-surgical hospitals that report adverse drug events
MPS-2030-2	Increase the number of safe and effective medical products – diagnostics, drugs and biologics - associated with predictive biomarkers
MPS-2030-3	Reduce emergency department (ED) visits for medication overdoses among children less than 5 years of age

MENTAL HEALTH AND MENTAL DISORDERS (MHMD) – 8/2/18

Objective Number	Objective Statement	Health Equity
MHMD-2030-1	Reduce the suicide rate	
MHMD-2030-2	Reduce suicide attempts by adolescents	
MHMD-2030-3	Increase the proportion of children with mental health problems who receive treatment	CHILD
MHMD-2030-4	Increase the proportion of adults with serious mental illness (SMI) who receive treatment	PROMO
MHMD-2030-5	Increase the proportion of adults with major depressive episodes (MDEs) who receive treatment	PROMO
MHMD-2030-6	Increase the proportion of adolescents with major depressive episodes (MDEs) who receive treatment	CHILD
MHMD-2030-7	Increase the proportion of persons with co-occurring substance use disorders and mental disorders who received treatment for both disorders	PROMO
MHMD-2030-8	Increase the proportion of primary care physician office visits where adolescents and adults are screened for depression	

NUTRITION AND WEIGHT STATUS (NWS) – 8/9/18

Objective Number	Objective Statement	Health Equity
NWS-2030-1	Reduce household food insecurity and in doing so reduce hunger	RO
NWS-2030-2	Reduce the proportion of adults who have obesity	
NWS-2030-3	Reduce the proportion of children and adolescents aged 2 to 19 years who have obesity	
NWS-2030-4	Reduce the proportion of infants and toddlers, aged 24 months and younger, with a high weight-for-recumbent length	
NWS-2030-5	Increase the proportion of physician office visits made by adult patients who have obesity that include counseling or education related to weight reduction, nutrition, or physical activity	
NWS-2030-6	Increase the contribution of fruits to the diets of the population aged 2 years and older	
NWS-2030-7	Increase the contribution of total vegetables to the diets of the population aged 2 years and older	
NWS-2030-8	Increase the contribution of dark green vegetables, red and orange vegetables, and beans and peas to the diets of the population aged 2 years and older	

Objective Number	Objective Statement	Health Equity
NWS-2030-9	Increase the contribution of whole grains to the diets of the population aged 2 years and older	
NWS-2030-10	Reduce consumption of calories from added sugars in the population aged 2 years and older	
NWS-2030-11	Reduce consumption of saturated fat in the population aged 2 years and older	
NWS-2030-12	Reduce consumption of sodium in the population aged 2 years and older	
NWS-2030-13	Increase consumption of calcium in the population aged 2 years and older	
NWS-2030-14	Increase consumption of potassium in the population aged 2 years and older	
NWS-2030-15	Increase consumption of vitamin D in the population aged 2 years and older	
NWS-2030-16	Reduce iron deficiency among children aged 1 to 2 years	
NWS-2030-17	Reduce iron deficiency among females aged 12 to 49 years	
NWS-2030-18	Increase the population median urinary iodine concentration among women of reproductive age	

OCCUPATIONAL SAFETY AND HEALTH (OSH) – 8/22/18

Objective Number	Objective Statement
OSH-2030-01	Reduce deaths from work-related injuries in all industries
OSH-2030-02	Reduce nonfatal work-related injuries resulting in one or more days away from work, as reported by employers
OSH-2030-03	Reduce the rate of injury and illness cases involving days away from work due to overexertion or repetitive motion
OSH-2030-04	Reduce pneumoconiosis deaths
OSH-2030-05	Reduce work-related assaults
OSH-2030-06	Reduce the rate of elevated blood lead levels in adults with work-related lead exposure
OSH-2030-07	Reduce occupational skin diseases or disorders among full-time workers
OSH-2030-08	Reduce new cases of occupational hearing loss

OLDER ADULTS (OA) – 8/15/18

Objective Number	Objective Statement
OA-2030-2	Increase the proportion of older adults with reduced physical or cognitive function who engage in light, moderate, or vigorous leisure-time physical activities
OA-2030-3	Reduce the Rate of Pressure Ulcer-Related Hospital Admissions among Older Adults
OA-2030-4	Reduce the Rate of Emergency Department (ED) Visits Due to Falls among Older Adults
OA-2030-5	Reduce the proportion of older adults who use inappropriate medications
OA-2030-6	Reduce the Rate of Hospital Admissions for Diabetes among Older Adults
OA-2030-7	Reduce the Rate of Hospital Admissions for Pneumonia among Older Adults
OA-2030-8	Reduce the Rate of Hospital Admissions for Urinary Tract Infections Among Older Adults

OPIOIDS– 9/12/18

Objective Number	Objective Statement
OPIOID-IVP-2030-1	Reduce overdose deaths involving natural and semisynthetic opioids (e.g., oxycodone, hydrocodone) among all persons.
OPIOID-IVP-2030-2	Reduce overdose deaths involving synthetic opioids other than methadone (e.g., fentanyl) among all persons.
OPIOID-IVP-2030-3	Reduce overdose deaths involving heroin among all persons.
OPIOID-SU-2030-4	Reduce the proportion of heroin use.
OPIOID-SU-2030-5	Reduce the proportion of initiation of heroin use
OPIOID-SU-2030-6	Reduce the proportion of people with opioid use disorder in the past year
OPIOID-SU-2030-7	Reduce the proportion of prescription pain reliever misuse.
OPIOID-SU-2030-8	Reduce the proportion of prescription pain reliever misuse initiation
OPIOID-MPS-2030-9	Reduce emergency department (ED) visits for harms from nonmedical use of prescription opioids
OPIOID-IVP-2030-10	Reduce overdose deaths involving opioids among all persons.
OPIOID-IVP-2030-11	Reduce overdose deaths involving methadone among all persons.

ORAL HEALTH (OH) – 8/22/18

Objective Number	Objective Statement	Health Equity
OH-2030-1	Reduce the proportion of children and adolescents aged 3 to 19 years with lifetime tooth decay experience in their primary or permanent teeth	
OH-2030-2	Reduce the proportion of children and adolescents aged 3 to 19 years with active and currently untreated tooth decay in their primary or permanent teeth	
OH-2030-3	Reduce the proportion of adults aged 20 to 74 with active or currently untreated tooth decay	
OH-2030-4	Reduce the proportion of adults aged 75 years and older with untreated root surface decay	
OH-2030-5	Reduce the proportion of adults aged 45 and older who have lost all of their natural teeth	
OH-2030-6	Reduce the proportion of adults aged 45 and older who have moderate and severe periodontitis	
OH-2030-7	Increase the proportion of oral and pharyngeal cancers detected at the earliest stage	
OH-2030-8	Increase the proportion of children, adolescents, and adults who use the oral health care system	
OH-2030-9	Increase the proportion of low income youth who have a preventive dental visit	CHILD
OH-2030-10	Increase the proportion of children and adolescents aged 3 to 19 who have received dental sealants on one or more of their primary or permanent molar teeth	
OH-2030-11	Increase the proportion of the US population served by community systems with optimally fluoridated water systems	PROMO
OH-2030-12	Increase the proportion of current smokers who received information from a dentist or dental hygienist focusing on reducing tobacco use or on smoking cessation in the past year	
OH-2030-13	Increase the proportion of adults who received an oral and pharyngeal cancer screening from a dentist or dental hygienist in the past year	
OH-2030-14	Increase the proportion of persons with diabetes who are counseled by a dentist or dental professional regarding the benefits of checking their blood glucose levels	

PHYSICAL ACTIVITY (PA) – 8/13/18

Objective Number	Objective Statement	Health Equity
PA-2030-1	Reduce the proportion of adults who engage in no leisure-time physical activity	
PA-2030-2	Increase the proportion of adults who meet current minimum guidelines for aerobic physical activity and for muscle-strengthening activity	
PA-2030-3	Increase the proportion of adults who meet the current minimum aerobic physical activity guideline needed for substantial health benefits	
PA-2030-4	Increase the proportion of adults who meet the current highly active aerobic physical activity guideline needed for more extensive health benefits	
PA-2030-5	Increase the proportion of adults who meet the current muscle-strengthening activity guideline	
PA-2030-6	Increase the proportion of adolescents who meet current guidelines for aerobic physical activity and muscle-strengthening activity	
PA-2030-7	Increase the proportion of adolescents who meet the current aerobic physical activity guideline	
PA-2030-8	Increase the proportion of adolescents who meet the current muscle-strengthening activity guideline	
PA-2030-9	Increase the proportion of children and adolescents aged 2 to 17 years with total screen time for no more than 2 hours a day	
PA-2030-10	Increase the proportion of adults who walk or use a bicycle to get to and from places	
PA-2030-11	Increase the proportion of children and adolescents aged 12 to 17 years who walk or use a bicycle to get to and from places	
PA-2030-12	Increase the proportion of children and adolescents aged 6 to 17 years who participate on a sports team or take sports lessons after school or on weekends	
PA-2030-13	Increase the proportion of middle and high schools that, either directly or through the school district, had a joint use agreement for shared use of school or community physical activity facilities	PROMO

PREPAREDNESS (PREP) – 8/23/18

Objective Number	Objective Statement
PREP-2030-1	Increase the rate of bystander CPR for all non-traumatic cardiac arrests
PREP-2030-2	Increase the rate of bystander automated external defibrillator (AED) use for non-traumatic cardiac arrests occurring in public locations

PUBLIC HEALTH INFRASTRUCTURE (PHI) – 8/27/18

Objective Number	Objective Statement	Health Equity
PHI-2030-1	Increase the proportion of State public health agencies that are accredited	
PHI-2030-2	Increase the proportion of local public health agencies that are accredited	
PHI-2030-3	Increase the number of Tribal public health agencies that are accredited	
PHI-2030-4 and 6	Increase the proportion of States that have developed a health improvement plan	PROMO
PHI-2030-5	Increase the proportion of local jurisdictions that have developed a health improvement plan	PROMO
PHI-2030-7	Increase the proportion of state public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel	
PHI-2030-8	Increase the proportion of local public health agencies that use Core Competencies for Public Health Professionals in continuing education for personnel	

RESPIRATORY DISEASES (RD) – 7/18/18

Objective Number	Objective Statement
RD-2030-1-3	Reduce asthma deaths among the US population
RD-2030-4	Reduce emergency department visits for children with asthma under 5 years
RD-2030-5-6	Reduce emergency department (ED) visits for persons with asthma aged ≥ 5 years
RD-2030-7	Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults
RD-2030-8	Reduce emergency department (ED) visits for chronic obstructive pulmonary disease (COPD)
RD-2030-9-10	Reduce asthma attacks among persons with current asthma

SEXUALLY TRANSMITTED DISEASES (STD) – 9/5/18

Objective Number	Objective Statement	Health Equity
STD-2030-1-2	Increase the proportion of sexually active females aged 16 to 24 years enrolled in Medicaid and commercial health plans who are screened for chlamydial infections	PROMO
STD-2030-3	Reduce gonorrhea rates among males aged 15 to 24 years	
STD-2030-4	Reduce the incidence of primary & secondary syphilis in women aged 15-44	
STD-2030-6	Reduce congenital syphilis	
STD-2030-7	Reduce pelvic inflammatory disease in women aged 15-44 years	
STD-2030-8	Reduce the proportion of population aged 15-24 with herpes simplex virus-2	

SLEEP HEALTH (SH) – 8/28/18

Objective Number	Objective Statement
SH-2030-1	Reduce the rate of vehicular crashes that are due to drowsy driving
SH-2030-2	Increase the proportion of persons with symptoms of obstructive sleep apnea who seek medical evaluation
SH-2030-3	Increase the proportion of adults who get sufficient sleep
SH-2030-4	Increase the proportion of students in grades 9 through 12 who get sufficient sleep

SOCIAL DETERMINANTS OF HEALTH (SDOH) – 8/27/18

Objective Number	Objective Statement	Health Equity
SDOH-2030-1	Proportion of children aged 0-17 years living with at least one parent employed year round, full time	CHILD
SDOH-2030-2	Proportion of high school completers who were enrolled in college the October immediately after completing high school	RO
SDOH-2030-3	Proportion of persons living in poverty	RO
SDOH-2030-4	Proportion of all households that spend more than 30% of income on housing	RO
SDOH-2030-5	Proportion of children who had ever experienced a parent who has served time in jail	CHILD
SDOH-2030-6	Increase employment among working-age individuals, ages 16-64	RO

SUBSTANCE USE (SU) – 9/5/18

Objective Number	Objective Statement	Health Equity
SU-2030-1	Increase the proportion of high school seniors never using substances—Alcoholic beverages	
SU-2030-2	Increase the proportion of high school seniors never using substances—Illicit drugs	
SU-2030-3	Increase the proportion of persons who need alcohol and/or illicit drug treatment and received specialty treatment for substance use problem in the past year	PROMO
SU-2030-4	Reduce cirrhosis deaths	
SU-2030-5	Reduce drug overdose deaths	
SU-2030-6	Reduce the proportion of adolescents reporting use of alcohol during the past 30 days	
SU-2030-7	Reduce the proportion of adolescents reporting use of any illicit drugs during the past 30 days	
SU-2030-8	Reduce the proportion of adolescents reporting use of marijuana in the past 30 days	
SU-2030-9	Reduce the proportion of adults reporting use of any illicit drug during the past 30 days	
SU-2030-10	Reduce the proportion of adults reporting use of marijuana daily or almost daily	
SU-2030-11	Reduce the proportion of persons under 21 engaging in binge drinking of alcoholic beverages	
SU-2030-12	Reduce the proportion of persons 21 and older engaging in binge drinking of alcoholic beverages	
SU-2030-13	Reduce average annual alcohol consumption (gallons per person, 14+ years)	
SU-2030-14	Decrease the rate of alcohol-impaired driving (.08+ blood alcohol content [BAC]) fatalities	
SU-2030-15	Reduce the past-year misuse of prescription drugs	
SU-2030-16	Reduce the proportion of people with alcohol use disorder in the past year	
SU-2030-17	Reduce the proportion of people with marijuana use disorder in the past year	
SU-2030-18	Reduce the proportion of people with an illicit drug use disorder in the past year	

TOBACCO USE (TU) – 7/18/18, 8/15/18

Objective Number	Objective Statement	Health Equity
TU-2030-1	Reduce current use of any tobacco products among adults	
TU-2030-2	Reduce current use of cigarettes among adults	
TU-2030-3	Reduce current use of any tobacco products among adolescents	
TU-2030-4	Reduce current use of e-cigarettes among adolescents	
TU-2030-5	Reduce current use of cigarettes among adolescents	
TU-2030-6	Reduce current use of cigars, cigarillos and little cigars among adolescents	
TU-2030-7	Reduce current use of smokeless tobacco products among adolescents	
TU-2030-8	Reduce current use of flavored tobacco products among adolescent tobacco users	
TU-2030-9	Reduce the initiation of the use of cigarettes among adolescents and young adults	
TU-2030-10	Increase smoking quit attempts among adult smokers (past year)	
TU-2030-11	Increase the proportion of adult smokers who receive advice to quit from a health professional	
TU-2030-12	Increase use of smoking cessation counseling and/or medication among adult smokers	
TU-2030-13	Increase recent smoking cessation success among adult smokers	
TU-2030-14	Increase smoking cessation during pregnancy among females	
TU-2030-15	Increase tobacco cessation counseling in substance use treatment facilities	
TU-2030-16	Increase tobacco cessation counseling in mental health care facilities	
TU-2030-17	Increase comprehensive Medicaid insurance coverage of evidence-based treatment for nicotine dependency in States and the District of Columbia	
TU-2030-18	Increase the number of States, the District of Columbia, and Territories that have smoke-free policies that prohibit smoking in all indoor areas of worksites, restaurants and bars	PROMO

Objective Number	Objective Statement	Health Equity
TU-2030-19	Increase the number of States, the District of Columbia, and Territories that have smoke-free policies that prohibit smoking in all indoor areas of multiunit housing	PROMO
TU-2030-20	Increase the proportion of smoke free homes	ENVIRON
TU-2030-21	Reduce the proportion of children, adolescents and adults exposed to secondhand smoke	
TU-2030-22	Eliminate policies in States, the District of Columbia, and Territories that preempt local tobacco control policies	
TU-2030-23	Increase the national average tax on cigarettes	
TU-2030-24	Reduce the proportion of adolescents in grades 6-12 who are exposed to tobacco product marketing	CHILD
TU-2030-25	Increase the number of states, the District of Columbia, and Territories that establish 21 years as the minimum age for purchasing tobacco products	PROMO

VISION (V) – 8/29/18

Objective Number	Objective Statement	Health Equity
V-2030-1	Increase the proportion of preschool children aged 3-5 years who receive vision screening	CHILD
V-2030-2	Increase the proportion of adults who have a comprehensive eye examination, including dilation, within the past 2 years	PROMO
V-2030-3	Reduce blindness and visual impairment in children and adolescents aged 17 years and under	
V-2030-4	Reduce visual impairment due to diabetic retinopathy	
V-2030-5	Reduce visual impairment due to glaucoma	
V-2030-6	Reduce visual impairment due to cataract	
V-2030-7	Reduce visual impairment due to age-related macular degeneration	
V-2030-8	Increase the use of vision rehabilitation services by persons with visual impairment	
V-2030-9	Increase the use of assistive and adaptive devices by persons with visual impairment	

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- ² Secretary's Advisory Committee for Healthy People 2030, Report #2: Recommendations for Developing Objectives, Setting Priorities, Identifying Data Needs, and Involving Stakeholders for Healthy People 2030. Submitted to the Secretary of the U.S. Department of Health and Human Services in October, 2017. Online at: https://www.healthypeople.gov/sites/default/files/Advisory_Committee_Objectives_for_HP2030_Report.pdf
- ³ For public comment on Healthy People 2030, see: <https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Public-Comment>
- ⁴ The Committee's reports and recommendations can be viewed online at: <https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Committee-Meetings>
- ⁵ The Healthy People 2030 Framework can be viewed online at: <https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Framework>
- ⁶ The Committee's reports and recommendations can be viewed online at: <https://www.healthypeople.gov/2020/About-Healthy-People/Development-Healthy-People-2030/Committee-Meetings>
- ⁷ The Committee's issue briefs can be viewed online at: https://www.healthypeople.gov/sites/default/files/HP2030_Committee-Combined-Issue%20Briefs_2019-508c.pdf