

**Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2030
Second Meeting: February 13, 2017**

12:00 p.m. to 4:00 p.m. ET, via webinar

Co-Chairs

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

Chair Emeritus

- Jonathan Fielding, MD, MPH, MA, MBA

Members

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

Action Items

1. The Approaches subcommittee will revise the language for the vision, mission, and overarching goals and consider an assets-based approach.
2. The Prioritization and Objective Selection Criteria subcommittee will refine the criteria for interventions, determine key takeaways for viewers, and ensure the Healthy People products are accessible for viewers of various education levels.
3. The Stakeholder Engagement and Communications subcommittee will focus on identifying alternative dissemination and information-gathering techniques and will explore virtual reality and other advanced simulation techniques.
4. The full Committee will meet on April 27, 2017, from 12:00 p.m. to 2:00 p.m. ET via webinar.

Welcome and Agenda

12:00 p.m. to 12:10 p.m.

Ms. Emmeline Ochiai, Office of Disease Prevention and Health Promotion (ODPHP), began the second meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (hereafter referred to as the Committee). She noted that there would not be opportunities for public comment during this meeting.

Dr. Don Wright, Acting Assistant Secretary for Health and Director of ODPHP, welcomed participants to the meeting and introduced the 2 guest speakers, Dr. Michael McGinnis and Mr. Stan Lehman.

Dr. McGinnis is a Senior Scholar at the National Academy of Medicine, the National Academy of Medicine's Leonard D. Schaeffer Executive Officer, and Executive Director of the National Academy of Medicine's Leadership Consortium for a Value & Science-Driven Health System, and one of the founders of the Healthy People initiative. He will share his recommendations for developing Healthy People 2030.

Mr. Lehman is a Senior Performance Lead at the Centers for Disease Control and Prevention (CDC) and the CDC's representative to the Healthy People Federal Interagency Workgroup (FIW). Mr. Lehman will present an update on the FIW's current efforts on the development of Healthy People 2030.

The Committee co-chairs, Dr. Nico Pronk and Dr. Dushanka V. Kleinman, thanked ODPHP staff for arranging these speakers and thanked the Committee members for their hard work and participation in the various subcommittees over the last few months. Dr. Kleinman reviewed the goals of the meeting, which included hearing the presentations from Dr. McGinnis and Mr. Lehman, discussing the subcommittees' progress and issues for discussion by the full Committee, and planning for upcoming meetings.

Perspective on the Healthy People Initiative

12:10 p.m. to 12:45 p.m.

Dr. McGinnis provided historical context for the Healthy People process and the 5 iterations of the initiative. The central philosophy of Healthy People is that it is a national, not federal, process and agenda. Even though the federal government provides leadership, coordination, and investment, achieving the goals requires leadership from every sector, level, and region of the Nation.

The aims of the Healthy People initiative are: to inform, inspire, target, measure, recruit, lead, manage, and celebrate.

- **Inform:** In 1979, the public's understanding of prevention was limited and Healthy People served to inform the public about the importance of prevention and the health of the population. In 2017, there are new informational challenges, such as informing the public about the multiple determinants of health that shape population health and the health in communities.
- **Inspire:** A fundamental component of the Healthy People strategy is to make apparent what is possible when resources are used in an efficient fashion.
- **Target:** Healthy People focuses attention and action on important areas that may not be the focus of policy makers.
- **Measure:** The initiative has served to drive reliable measurement capacity—what gets measured gets done. There continue to be opportunities to sharpen and make measurement consistent across various elements of health and health care.
- **Recruit:** The goals established by the targets enable public health to recruit new allies to the health sector.
- **Lead:** The initiative provides a leadership tool for the Secretary.
- **Manage:** The initiative provides a management tool for the Secretary to the extent that federal programs can be adjusted to accomplish the goals set forth by the initiative.

- **Celebrate:** An important component of the initiative is to celebrate victories and to mark failures, including celebrating when targets are met and drawing attention to areas where targets are not met to spur action.

Dr. McGinnis reviewed the criteria that have been used from the outset of Healthy People to select objectives. Objectives should be important, science-based, measurable, feasible, easily understood, and balanced. There have been slight differences in the development processes over the decades, building on input from a variety of different sources using a variety of methods. These include gathering input from the lead federal agencies, conducting expert panels to ensure reliability, assembling organizations to participate in the Healthy People consortium, gathering public input at regional meetings, engaging with the Institute of Medicine/National Academy of Medicine, and soliciting public comment. Dr. McGinnis also underscored the vast array of stakeholders (public health, clinicians, payers, researchers, etc.) and partners (social services, transportation, environment, schools, etc.) that are vital to Healthy People.

Question and Answer Session

Dr. Kleinman facilitated a question and answer session. First, she asked about sharpening the focus on measurement, particularly about opportunities to build on measures that deal with different sectors (e.g., measures related to the social determinants of health). Dr. McGinnis noted that one of the key aims of Healthy People is to involve others and it is important to share with non-health-focused stakeholders how health is fundamentally shaped by other areas, and to seek their feedback. He noted that there are examples of other sectors committed to improving health, such as the American Institute of Architects, which has declared health to be 1 of its 3 major priorities.

In her role as the chair of the Social Determinants of Health and Health Equity subcommittee, Dr. Wrenn Gordon asked Dr. McGinnis if he had specific thoughts about how to present the final report in a way that would enable translation to other types of stakeholders and non-health-related partners. Dr. McGinnis stated that measurement is a practical tool and data can spur action. Emphasizing the intersection of these areas is also important, as is engaging with stakeholders early on in the process to integrate them into the work of addressing Healthy People objectives. Another Committee member added that the key is to find common ground among stakeholders so that it is relevant to all.

Healthy People Federal Interagency Workgroup (FIW)

12:45 p.m. to 1:20 p.m.

Dr. Pronk introduced Mr. Lehman, the CDC representative to the FIW. Mr. Lehman provided an overview of the FIW and its role in the Healthy People process. The FIW provides ongoing science-based consultation to ODPHP, meets monthly to monitor Healthy People, approves changes to the initiative, and broadly guides the implementation of Healthy People.

Mr. Lehman began with an overview of the key partners in the initiative. As noted, ODPHP leads and manages the Healthy People development and implementation process on behalf of HHS. The National Center for Health Statistics (NCHS) serves as the statistical advisor on health promotion data and

maintains a comprehensive database for all the Healthy People objectives. The FIW provides broad and ongoing guidance for Healthy People process, including 45 members representing 24 agencies and offices (including non-HHS agencies). Over time, FIW subgroups have been created to address specific and time-limited topics. The Healthy People 2030 subgroup formed 1 year ago to advise the FIW on early considerations related to Healthy People 2030, including reviewing the proposed Committee roster, developing the charge to the Committee, considering objective selection criteria, and reviewing the language for the vision, mission, and overarching goals. Another recently formed subgroup is the Vision, Mission, and Overarching Goals subgroup. This subgroup provides input to the FIW on the Healthy People 2030 framework; the subgroup's initial assessment is that the Healthy People 2020 framework is a solid starting point, and draft language for 2030 is currently being review by the FIW.

The Topic Area Lead Agencies and Topic Area Workgroups and Workgroup Coordinators/Co-leads are 2 other key groups that are essential to the initiative. Each agency manages their Healthy People responsibilities differently, depending on agency preferences. There are 42 topic areas, each led by a lead or co-leads (Topic Area Workgroup Coordinators) and supported by ODPHP and NCHS liaisons. Many of the topic area workgroup members contribute their expertise voluntarily, and one of the challenges is the competing demands on their time. Each workgroup manages the objectives in their topic area; however, the more the 1,200 Healthy People objectives are not evenly distributed among workgroups (some have 2 objectives, some have up to 109 objectives). Mr. Lehman noted that the variation in numbers of objectives per topic area has important implications for Healthy People 2030 because reducing the number of objectives might be straightforward for some workgroups and not for others, depending on the number of objectives they currently have in Healthy People 2020.

Workgroups also manage the content on healthypeople.gov and the Leading Health Indicators, if applicable, as well as working on a number of other activities throughout the decade, including the midcourse review, progress reviews, data submissions, review of public comment, and maintaining and revising objectives. Maintaining the objectives is the most labor-intensive process, as individual objectives are developed by the workgroup, cleared by their agencies, reviewed by NCHS, and approved by the FIW. It sounds straightforward, but the objectives must meet rigorous criteria and strong documentation is required. Mr. Lehman also noted that Healthy People is one of many performance and data activities that an agency manages and topic area workgroups need to consider alignment with these other activities as they are developing Healthy People objectives.

Question and Answer Session

Mr. Joel Teitelbaum asked if the FIW had a formal position on the number of objectives that should be included in Healthy People 2030, given that the development and maintenance of objectives is a labor-intensive process. Mr. Lehman noted that the FIW does not have a particular number identified, but that the FIW Healthy People 2030 subgroup was involved with drafting the charge to the Committee (which calls for a reduction by half). Given the differences in topic areas, it is difficult to determine a proposed number that applies to all topic areas. He added that the additional objectives added to topic areas are not always driven by the workgroups themselves, but sometimes by stakeholder interest. Mr. Lehman

noted that the FIW will look to the recommendations from the Committee related to reducing objectives as they are developing Healthy People 2030.

Dr. Susan Goekler asked if it was still possible to make recommendations for changing the structure of the topic areas (e.g., organizing them by lifespan or setting) given that the infrastructure is in place for the current topic areas. Mr. Lehman expressed that it is absolutely still possible and appropriate for the Committee to make recommendations on the structure and organization of the topic areas.

Dr. Ed Sondik asked about the lead agencies and whether they have implemented programs aimed at meeting the objectives under their purview, whether there is any process in place to assess whether the programs are working or not, and whether agencies compare their approaches. Mr. Lehman explained that agencies are always working to align their priorities and measures; agencies also include requirements for funding opportunities to tie back to Healthy People objectives. He also clarified that the topic area workgroups aren't agency specific; some have co-leads from different agencies, which enables collaboration. He added that although these are often additional work responsibilities, there has also been deep commitment from the agencies and various staff members serving on workgroups. Ms. Blakey also added that there are a number of other mechanisms for assessing progress toward objectives, including progress reviews, the midcourse review, and the final review.

Approaches Subcommittee

1:20 p.m. to 1:45 p.m.

Approaches Subcommittee Members

Chair: Therese Richmond

Dushanka Kleinman

Nico Pronk

Susan Goekler

Cynthia Gómez

Edward Sondik

Joel Teitelbaum

Glenda Wrenn Gordon

Dr. Therese Richmond, the Approaches subcommittee chair, provided an overview of the subcommittee's work to date. She acknowledged and thanked the members of the subcommittee for their contributions. The subcommittee's charge is to think conceptually about various potential approaches to consider in creating a structure to identify critical components to be incorporated into Healthy People 2030. The subcommittee began by carefully reviewing the Healthy People 2020 vision, mission, and overarching goals. Additionally, they received a presentation from Richard Klein, a consultant with NCHS, on the evolution of Healthy People topic areas, framework and objectives; reviewed relevant resources; and deliberated during 2 subcommittee meetings, with a smaller working group working on assignments between subcommittee meetings. Dr. Richmond noted the evolution of Healthy People, particularly the increase in the number of topic areas and objectives over the years.

First, Dr. Richmond discussed 2 potential approaches (classic and alternate) to the structure of Healthy People. The classic approach is the vision, mission, and overarching goals, which is used in Healthy

People 2020. The alternate structure has the primary goal of making Healthy People 2030 accessible to a wide variety of audiences. Dr. Richmond noted that the classic and alternate structures are not mutually exclusive and could be melded.

Under the alternate structure, the structural components are as follows: “journey map” (past); foundational principles; setting and prioritizing topics, goals, and objectives; and assessing progress (future). The alternate structure uses a question format. For example:

- Explain the journey: “Where has Healthy People come from?” “What has Healthy People accomplished?” “What still needs to be accomplished?”
- Establish foundational principles: “What foundational principles guide Healthy People 2030?”
- Articulate the vision: “Why does Healthy People 2030 exist?” “Where are we headed?”
- Set the mission: “What does Healthy People 2030 seek to accomplish?” “Why are we here?” “What do we propose to do?”
- Establish overarching goals: “What are the overarching goals of Healthy People 2030?”
- Identify the stakeholders: “Who will use Healthy People 2030?”
- Select goals, topics, and objectives: “How will Healthy People 2030 goals, topics, and objectives be selected?”
- Identify the plan to assess progress: “When will progress towards meeting Healthy People 2030 goals be assessed?” “Where can progress towards meeting Healthy People 2030 goals be found?”

In terms of content, the subcommittee is currently developing the answers to some of these questions.

The subcommittee did spend a significant amount of time developing the foundational principles that could/might guide Healthy People 2030. Dr. Richmond noted the subcommittee decided to use the words “health and well-being” instead of solely “health” throughout the principles. They considered well-being an essential concept.

The foundational principles the subcommittee developed are:

- Health and well-being of individuals and communities are essential to a fully functioning, equitable society.
- High levels of health and well-being provide value for all.
- Reaching optimal health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy.
- Healthy physical, social, and economic environments strengthen the potential to achieve optimal health and well-being.
- Promoting and achieving the Nation’s health and well-being is a shared responsibility that is distributed among all stakeholders at the national, state, and local levels, including the public, profit, and not-for-profit sectors.
- Incorporating a commitment to the well-being of the population as a component of decision-making and policy formulation across all sectors is crucial to the health of all.

Next, Dr. Richmond provided the subcommittee's consideration for the answer to the question, "Why does Healthy People 2030 exist?" The subcommittee did not reach consensus on this language, so she presented their initial considerations for the 2 options. Dr. Richmond noted that not all subcommittee members agreed with the phrase "afforded the potential."

- **Option 1:** Healthy People 2030 aspires to create a society in which all people are afforded the potential to achieve optimal health and well-being.
 - (Alternative language: Healthy People 2030 aspires to create a society in which all people have the opportunity to achieve optimal health and well-being).
- **Option 2:** Healthy People 2030 aspires to create a society in which all people are afforded the potential to achieve optimal health and well-being throughout the lifespan.
 - (Alternative language: Healthy People 2030 aspires to create a society in which all people have the opportunity to achieve optimal health and well-being across the lifespan).

Dr. Richmond discussed their interpretation of the Healthy People 2020 mission. She asked whether the Committee would prefer a short, concise mission statement, or bulleted points, such as the following example. "The mission of Healthy People 2030 is to catalyze, promote, and evaluate America's efforts to improve the health and well-being of its people. It aims to achieve improved health by:

- Highlighting through goals and objectives how specific aspects of health can be improved and identifying areas and groups with poor health now or high risks to future health.
- Fostering impact through public and private efforts to improve health for individuals of all ages.
- Providing tools for the public, program directors, policy makers, and others to evaluate progress toward improving health.
- Sharing science-based programs that are ready to be adapted in other locations and scaled up.
- Reporting on progress through the decade from 2020 to 2030.
- Stimulating research and innovation in all aspects of health to assure development and availability of affordable means of health promotion and disease prevention and treatment."

In terms of who will use Healthy People 2030, the subcommittee developed the following language: "Healthy People 2030 is broadly disseminated and is intended to be widely used by federal, state, and local stakeholders to help prioritize decisions and actions to achieve optimal health and well-being for the population." Dr. Richmond noted this topic will be informed by the Stakeholder Engagement and Communications subcommittee.

The language for the overarching goals is still being developed.

In terms of how Healthy People 2030 goals, topics, and objectives will be selected, the subcommittee drafted the following language:

- Goals incorporate emerging and important health and well-being interventions, technology, and data while recognizing that continuity of previous Healthy People objectives adds value to tracking improvements in the Nation's health and well-being over time.

- Indicators of health and well-being are measurable, actionable, achievable, based on best evidence, and chosen for high impact on population health and well-being.

This section will be informed by the Objective Criteria and Prioritization subcommittee.

For when progress will be assessed, the language developed was, “Progress will be assessed continuously over the decade with reporting frequencies based on the goals and available data.” Additionally, “Assessments of progress will be found on the Healthy People 2030 website and distributed to state and local health departments, schools of public health, insurance companies, and other stakeholders.”

Dr. Richmond provided an example of how the classic and alternative structures could be combined.

Mission

“Why we are here”

- To catalyze, promote, and evaluate America’s efforts to improve the health and well-being of its people.

Vision

“Where we are headed”

- Healthy People 2030 aspires to create a society in which all people are afforded the potential to achieve optimal health and well-being throughout the lifespan.

Foundational Principles

“What guides our actions”

- Health and well-being of individuals and communities are essential to a fully functioning, equitable society.
- High levels of health and well-being provide value for all.
- To reach optimal health and well-being, health disparities must be eliminated, health equity has to be achieved, and health literacy must be attained.
- Healthy physical, social, and economic environments strengthen the potential to achieve optimal health and well-being.
- Promoting and achieving the Nation’s health and well-being is a shared responsibility that is distributed among all stakeholders at the national, state, and local levels, including the public, profit, and not-for-profit sectors.
- Incorporating a commitment to the well-being of the population as a component of decision-making and policy formulation across all sectors is crucial to the health of all.

Plan of Action

“What we propose to do”

- Highlight through goals and objectives how specific aspects of health can be improved and identify areas and groups with poor health now or high risks to future health.
- Foster impact through public and private efforts to improve health for individuals of all ages.

- Provide tools for the public, program directors, policy makers, and others to evaluate progress toward improving health.
- Share science-based programs that are ready to be adapted in other locations and scaled up.
- Report on progress throughout the decade from 2020 to 2030.
- Stimulate research and innovation in all aspects of health to assure development and availability of affordable means of health promotion and disease prevention and treatment.

Committee Discussion

1:45 p.m. to 2:05 p.m.

The Committee discussed Dr. Richmond's presentation on the Approaches subcommittee. The Committee provided feedback on the classic and alternate structures for Healthy People 2030. Benefits of the classic structure were its simplicity and the fact it is easy to understand. In terms of the alternate structure, Dr. Mary Pittman thought the question and answer version could be included in a report preface. She liked the foundational principles from the alternate structure.

The Committee discussed the vision statement, and feedback included:

- Preference for Option 1, noting that simpler is better. However, Committee members questioned what "optimal" health means.
- Use language in the vision statement that is easily understandable. For example, avoid words like "aspire" and "optimal."
- Committee members agreed that it is important to focus on both health and well-being.
- Concerns from multiple Committee members regarding "afforded the potential." The alternate language was "have the opportunity to achieve," although some Committee members still had concerns with this language. The vision should not be conditional upon individual actions. Dr. Cynthia Gómez, who is on the Approaches subcommittee, noted that their discussions regarding "potential" and "opportunity" stemmed from a desire to acknowledge the structural problems of society, as opposed to suggesting individual responsibility for one's health.
- In terms of the length of the vision statement, a short, concise statement has its benefits; however, more words could help provide justification for reducing the number of objectives in Healthy People 2030.
- Potential revision to "Create a society in which all people achieve health and well-being throughout the lifespan."
- Alternative language could be, "Create a supportive environment where people achieve optimal health." This language would include environmental health in addition to society.

Dr. Kleinman thanked the Approaches subcommittee for their work, and suggested the subcommittee seek advice from experts in plain language. Dr. Richmond welcomed all Committee member recommendations and continued input.

The Committee took a 10-minute break.

Prioritization and Objective Selection Criteria Subcommittee

2:15 p.m. to 2:30 p.m.

Prioritization and Objective Selection Criteria Subcommittee Members

Chair: Jonathan Fielding

Dushanka Kleinman

Nico Pronk

Mary Pittman

Nirav Shah

Edward Sondik

External members: Steve Teutsch, Shiriki Kumanyika

Dr. Jonathan Fielding, the Prioritization and Objective Selection Criteria subcommittee chair, provided an update on the work of their subcommittee. The subcommittee's charge is to identify objective and subjective criteria to be used in the prioritization of objectives and to consider approaches for the reduction of the overall number of measurable objectives currently in Healthy People 2020. Some of the priorities discussed by the subcommittee have been focusing on the user's needs and interests, and clustering of objectives. They have suggested using target audiences to guide the development of objectives. They will also collaborate with the Stakeholder Engagement and Communications subcommittee to identify key audiences. Some ideas for clustering of objectives include: organization by health, well-being and quality of life outcomes; organ system; national burden; broad root causes; interventions (based on best evidence); research priorities (large burden, no/weak interventions); infrastructure; disparities and equity; policies; and Leading Health Indicators.

Within clusters, the subcommittee suggests elevating objectives that are priorities. Additionally, they would like to relate the role of the social determinants of health within and across clusters. Dr. Fielding noted the subcommittee suggests identifying interventions that are specific to a topic area or contribute to multiple topic areas. For each user, provide a limited number of the most relevant objectives; and some old and new objectives can become sub-objectives. The Committee should also consider eliminating objectives and sub-objectives for which data is not available and is unlikely to be available.

Dr. Fielding discussed different ways to cluster or organize priorities, including: by overall mortality and morbidity, by groups that have greater than average risk, by life stage, by key social determinant, or by implementer. Other key issues in terms of priorities include the quality of evidence for interventions, opportunities for scaling interventions, and recognizing that policies will vary at national, state, and local levels based on federal and state constitutions and laws. To increase the uptake and use of Healthy People 2030, the subcommittee recommends including success stories that highlight the given priority area and show how interventions lead to achieving Healthy People goals.

In terms of developing a model for selecting priorities, the subcommittee recommends developing a broad-based systems science model to help guide the selection of priorities for Healthy People 2030. The subcommittee also recommends the creation of a refreshed logic model to illustrate the multiple influences that impact health (e.g., direct behaviors, social determinants of health, and systems).

The criteria for selecting Healthy People 2030 objectives should build on the current selection criteria, which are:

- Important and understandable to a broad audience
- Prevention oriented and should address health improvements
- Drive actions that will work toward the achievement of the proposed targets
- Useful and reflect issues of national importance
- Measurable and should address a range of issues
- Continuity and comparability (relative to previous Healthy People iterations)
- Supported by the best available scientific evidence
- Address population disparities
- Valid, reliable, nationally representative data and data systems

Dr. Fielding noted that to meet the goal of reducing the number of objectives, additional criteria for the objectives of Healthy People 2030 should be considered. Some of these criteria could include: focused; measurable (specifically within a given period of time); actionable (capacity for customers/stakeholders to implement); relevant (especially with regard to stakeholders); material (makes a clear difference); easily understood; and aligned with other agencies, groups, and associations. With the addition of these criteria, the scope of objectives can be better tailored to the overall goals of the initiative.

Committee Discussion

2:30 p.m. to 2:45 p.m.

The Committee then discussed the topics of objective criteria and prioritization. Mr. Teitelbaum asked whether the subcommittee is providing specific recommendations in terms of clustering of objectives. Dr. Fielding responded that these are not specific recommendations at this point. Multiple Committee members stressed the importance of healthy communities or community health goals. Additionally, Dr. Kleinman mentioned infrastructure objectives, and while these objectives may not all be measurable, they are important.

Dr. Pronk discussed next steps for the Prioritization and Objective Selection Criteria subcommittee. They will engage stakeholders and consider developing a logic model that includes a systems science approach.

Dr. Kleinman provided an update to individuals from the public joining with webinar. The Committee will not be accepting public comments during the webinar, but oral public comment opportunities will be scheduled in the future.

Stakeholder Engagement and Communications Subcommittee

2:45 p.m. to 3:00 p.m.

Stakeholder Engagement and Communications Subcommittee Members

Chair: Paul Halverson

Dushanka Kleinman

Nico Pronk

External members: Catherine Baase, Georges Benjamin, Jay Bernhardt, Michael Fraser, Sanne Magnan, José Montero

Dr. Paul Halverson, Stakeholder Engagement and Communications subcommittee chair, provided an update on the subcommittee's most recent meeting. The Stakeholder Engagement and Communications subcommittee has several external participants, including C. Marjorie Aelion (Associations of Schools and Programs of Public Health), Catherine Baase (formerly Dow Chemical Company), Georges Benjamin (APHA), Jay Bernhardt (Moody College of Communications, University of Texas), Michael Fraser (ASTHO), Sanne Magnan (Health Partners Institute), and José Montero (OSTLTS/CDC).

The subcommittee's charge is to recommend an approach to increase awareness and utilization of Healthy People 2030 and to delineate the primary and secondary audiences for Healthy People 2030. During their first meeting, the subcommittee heard a presentation on the current HealthyPeople.gov users and ongoing usability improvements. The subcommittee discussed several topics during their first meeting, including:

- Need to target health plans and payers specifically
- Need to consider web interfaces for both information seekers as well as those who are the focus of the goals
- Need for outreach to academic users as well as health departments specifically
- Consider assessment of organizations that might interface with Healthy People data
- Consider stories from the field—create interest among media and policy makers

The subcommittee also discussed potential target audiences, including:

- Public health officials at the state, local, territorial, and tribal levels
- Payers
- Providers (especially hospitals and physicians)
- Integrated systems
- Accountable care organizations (ACOs)
- Academic institutions and professionals
- Government policy makers, including governors, mayors, and county commissioners
- Business leaders
- Advocacy organizations (e.g., Trust for America's Health, Healthy Cities, STAR community rankings, County Health Rankings, etc.)

- Consider organizations that directly impact the determinants of health (education, jobs, literacy organizations, others)
- Urban v. rural constituents

In terms of dissemination, the subcommittee recommended considering ways to test the impact of various potential objectives through simulation and gaming techniques. The subcommittee should engage groups and thought leaders through easy-to-use simulations that allow users to use their community demographics and Healthy People 2030 objectives to learn about potential impact and the association between objectives and markers of success. There may be potential to partner with modelers at CDC, universities, etc. The next steps for the Stakeholder Engagement and Communications subcommittee are to schedule quarterly meetings; assess gaps in constituents represented; consider a wide range of dissemination means and methods; conduct focus groups and other inquiries to determine what is useful and usable; and provide a range of options for the Committee to consider.

Committee Discussion

3:00 p.m. to 3:10 p.m.

The Committee provided feedback on the Stakeholder Engagement and Communications subcommittee. In terms of soliciting feedback from stakeholders, Dr. Pittman suggested conducting electronic town hall forums or digital focus groups. Another suggestion was to improve collaboration and level of interaction between the Committee and the FIW.

The Committee discussed the benefits of including fewer objectives in Healthy People 2030. One specific benefit was the ability to provide more information on each of the objectives, such as more information on the approaches stakeholders are using to meet the objectives. The Committee suggested providing supplemental materials, such as stories from the field, to strengthen the remaining objectives. As a mechanism to prioritize objective inclusion, the Committee proposed ordering the current objectives in terms of the magnitude of potential achievement.

Dr. Kleinman thanked Dr. Halverson and the Stakeholder Engagement and Communications subcommittee for their progress and efforts. The subcommittee's major recommendations from their first meeting highlighted expanding the usability of Healthy People 2030 and the engagement of old and new stakeholders. Other notable topics of discussion included the use of new technology and system science in the dissemination of Healthy People 2030 and the pivotal role the FIW will have throughout the development process.

Committee Discussion: Key Issues

3:10 p.m. to 3:30 pm

Dr. Pronk led the Committee in an open-ended discussion on key issues. During the first full Committee meeting, a consensus was held around Healthy People 2030 including asset-based objectives rather than being limited to a deficit-based framework. The idea of overall well-being and resilience as important considerations for Healthy People 2030 was reintroduced. Dr. Pronk suggested that overall well-being may be considered an overarching objective for Healthy People 2030. In terms of next steps on this, a topic for research could be to extract from Healthy People 2020 any of the objectives that are relevant to well-being and quality of life. Additionally, the topic of well-being and resilience could either be assigned to one of the existing subcommittees or lead to the formation of a new subcommittee. Another option would be to include a presentation on well-being and resilience at the next full Committee meeting.

Dr. Pronk shared his current work at Health Partners, which includes developing a limited set of measures to reflect overall, subjective well-being. The 6 different measures or dimensions of well-being include: emotional and mental health, social and interpersonal statuses, financial status, career status, physical health, and community support. Life satisfaction can serve as an indicator to reflect all of the previously mentioned measures. Several Committee members were supportive of an assets-based approach and the focus on well-being. They noted that the focus on well-being provides a linkage to the social determinants of health. The Committee highlighted that using life satisfaction may require different measures throughout the stages of the life cycle. There were some concerns regarding the construct of resilience. Dr. Goekler noted that the concept of resilience may be more problematic and difficult in terms of communicating its meaning and measurement. The Committee discussed how using a single metric to describe resilience would result in difficulties for data collection efforts. Dr. Richmond suggested the Committee avoid resilience due to the fact it does not promote growth, but reaching a baseline. It was noted that these types of objectives are very different from the current objectives, and may need to be considered as a different component of more community-based objectives. The Approaches subcommittee will discuss this topic in more detail once the vision, mission, and overarching goals suggestions have been completed. Additionally, speakers with expertise in this topic will be considered for future meetings.

Committee Discussion: Other Subcommittee Activity

3:30 p.m. to 3:50 p.m.

Dr. Wrenn Gordon, the Social Determinants of Health and Health Equity subcommittee chair, provided an overview of the subcommittee's charge. The Social Determinants of Health and Health Equity subcommittee will focus on identifying how the themes of social determinants of health and health equity can contribute to organizing the framework for the Committee's charge. The subcommittee will also investigate the relationship of the social determinants of health to health disparities and law and policy. The first meeting will be held on March 1, 2017.

Dr. Cynthia Gómez and Dr. Susan Goekler expressed interested in joining this subcommittee once their current subcommittee assignments slow down.

Dr. Kleinman turned the Committee discussion towards the proposed Data subcommittee and inquired if any Committee members would be interested in chairing the Data subcommittee. Dr. Edward Sondik shared that he has a strong interest in this topic area and would be willing to take on the role as subcommittee chair. Dr. Richmond also agreed to be a subcommittee member.

The Committee held a brief discussion on incarcerated populations. Discussion focused on the Bureau of Justice Statistics and the overall large amount of data they collect, but also highlighted that the health side of this data is relatively weak. This raised the topic of the data that is currently available surrounding all subpopulations and data the Committee will need.

Meeting Summary: Recommendations, Action Items, Next Steps

3:50 p.m. to 4:00 p.m.

Dr. Pronk provided a summary of the second full Committee meeting. The Committee met the meeting's objectives and received informative presentations from Dr. McGinnis and Mr. Lehman. Next steps for the Approaches subcommittee include: simplifying the language of the vision, mission, and overarching goals; incorporating narratives into the classic model; removing vague terms such as "aspire" and "optimal;" and adding action words and language on health and well-being. The subcommittee will also look to incorporate an assets-based approach.

Major next steps for the Prioritization and Objective Selection Criteria subcommittee include: refining the criteria for interventions; determining key takeaways for viewers; and ensuring the Healthy People products are accessible for viewers of various education levels. Moving forward, the Stakeholder Engagement and Communications subcommittee will focus on identifying alternative dissemination and information-gathering techniques including electronic town halls. This subcommittee will also explore virtual reality and other advanced simulation techniques. Throughout the process, the subcommittee will also work to ensure Healthy People 2030 is as inclusive and accessible to a wide variety of audiences as possible. Dr. Kleinman added that they may look to schedule meetings with subcommittee chairs to discuss certain topics such as subpopulations and other cross-sectional topics.

Dr. Pronk and Dr. Kleinman thanked the Committee members for a productive meeting and the audience for listening in to the meeting. The Committee looks forward to upcoming opportunities to gather public input on the development of Healthy People 2030. More information on the Committee and Healthy People can be found online at healthypeople.gov. Users are also encouraged to sign up for email announcements to receive more information on upcoming Healthy People events.

The next full Committee meeting is scheduled for April 27, 2017, from 12:00 p.m. to 2:00 p.m. ET, via webinar.

Meeting Adjourned

4:00 p.m.