

**Secretary's Advisory Committee on  
National Health Promotion and Disease Prevention Objectives for 2030  
Third Meeting: April 27, 2017**

12:00 p.m. to 2:00 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
- Edward J. Sondik, PhD
- Joel B. Teitelbaum, JD, LLM

**Committee Recommendations (Approved by Vote)**

1. The Committee voted to approve the recommended structure for Healthy People 2030.
2. The Committee voted to approve Option 1 of the foundational principles.
3. The Committee voted to approve the recommended content for the Healthy People 2030 framework with discussed modifications.

**Action Items**

1. The Approaches subcommittee will make revisions to the recommended content for the framework as agreed on by the Committee.
2. The Committee will meet on June 27, 2017, from 1:00 p.m. to 5:00 p.m. EST via webinar.

**Welcome**

12:00 p.m. to 12:05 p.m.

Ms. Carter Blakey thanked the Committee members and other attendees for joining the third meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Ms. Blakey reviewed the agenda for the meeting, which included a presentation and discussion by Dr. Therese Richmond, chair of the Approaches subcommittee, of the Approaches subcommittee's "Report of the Approaches Subcommittee, Healthy People 2030" document, and an update from Ms. Martina Taylor on the Healthy People 2030 activities of the Federal Interagency Workgroup (FIW).

### **Goals for the Meeting**

12:05 p.m. to 12:10 p.m.

Dr. Nico Pronk provided an overview of the goals for the meeting. After the presentation of the Approaches subcommittee report, the Committee will discuss the document in detail, including recommendations for alternative language or revisions, in an effort to reach consensus. After discussion, Dr. Dushanka V. Kleinman will present 3 motions for approval: 1) to approve the overall structure of the framework; 2) to approve Option 1 or Option 2 of the foundational principles; and 3) to approve the content of the framework. When the Committee reaches consensus, the recommendations will be sent to HHS Secretary Dr. Thomas Price.

### **Approaches Subcommittee Recommendations**

12:10 p.m. to 12:25 p.m.

Dr. Richmond introduced the members of the Approaches subcommittee, which includes Dr. Susan Goekler, Dr. Cynthia Gómez, Dr. Edward Sondik, Mr. Joel Teitelbaum, Dr. Pronk, and Dr. Kleinman. She reminded the Committee that the Approaches subcommittee's charge is to: 1) think conceptually about potential approaches to be considered in creating a structure, and 2) to identify critical components to be incorporated into Healthy People 2030.

Dr. Richmond recalled the feedback provided from the Committee during the February 13, 2017 Committee meeting, which suggested that the Approaches subcommittee report use easily understandable action language as well as follow a simple, straightforward structure. Following the February 13, 2017 Committee meeting, the Approaches subcommittee worked to consider the Committee feedback and engaged a plain language expert. The Approaches subcommittee added the following new sections to their report:

- Background (Past and Present)
- Foundational Principles
- The Future

These additions were recommended in order to better meet Healthy People 2030's goal of communicating clearly to a diverse group of stakeholders.

The background (past and present) section situates Healthy People 2030 within the five-decade history of Healthy People and describes the initiative's major accomplishments. The foundational principles section explains the function and orientation of Healthy People 2030, and informs the work of the Committee and other subcommittees. This section also communicates to stakeholders the principles that underlie decision-making. The future section informs stakeholders about how and when progress towards Healthy People 2030 goals is assessed, and where information about such progress can be found.

Dr. Richmond discussed the proposed structure, which retains some of the Healthy People 2020 sections, including vision, mission, and overarching goals. The Approaches subcommittee decided to add a clarifying statement to each of these subheadings to increase user-friendliness and make explicit what each section seeks to accomplish. The proposed structure in its entirety is as follows:

- Background (Past and Present) – “History of the Healthy People initiative” and “What Healthy People contributes”
- Vision – “Where we are headed”
- Mission – “Why we are here”
- Foundational Principles – “What guides our actions”
- Plan of Action – “What we propose to do”
- Overarching Goals – “What we plan to achieve”
- Objectives – “How specific objectives are set”
- Stakeholders – “Who will move Healthy People 2030 forward”
- The Future – “How progress will be assessed”

Dr. Richmond then discussed the content of the report. The background section is a short preamble that situates the Healthy People initiative within a broader context by providing a concise overview of its past and linking that to the present initiative. This section will also provide a brief explanation of what the Healthy People initiative contributes and how it may be used. The final paragraph of the background section will highlight where significant progress has been made with the Healthy People initiative and acknowledge areas where progress is still needed, as well as situate the United States within a broader global context.

The Approaches subcommittee has drafted the following vision statement: “A society in which all people achieve and maintain optimal health and well-being across the lifespan.” Dr. Richmond noted that 1 Committee member had previously questioned the use of the word “optimal” but added that the Approaches subcommittee continues to recommend the use of this word in the vision as people may not achieve complete health given hereditary or life-stage circumstances. This is a shift from the Healthy People 2020 vision, which is: “A society in which all people live long, healthy lives.”

The proposed mission is “to promote and evaluate the Nation’s efforts to improve the health and well-being of its people,” which differs from the Healthy People 2020 mission in that it is a standalone sentence rather than a “Healthy People strives to:” stem with sub-bullets.

The Approaches subcommittee proposed 2 options for the foundational principles with similar content but varying presentation. Option 1 reflects what the Approaches subcommittee originally proposed, while Option 2 seeks to streamline the principles and make them easier to follow. The Approaches subcommittee requested the Committee’s feedback on Option 1 and 2 for the foundational principles.

The plan of action builds on the bullets that were previously listed in the mission, and the overarching goals are grounded in the Healthy People 2020 overarching goals. The overarching goal on engaging with stakeholders is new to Healthy People 2030, and both sections were adjusted for clarity and user-friendliness.

The objectives, stakeholders, and future sections will be voted on at a future Committee meeting. The objectives section has been sent to the Prioritization and Objective Selection Criteria subcommittee for review, and the stakeholders and future sections will be sent to the Stakeholder Engagement and Communications subcommittee.

## **Committee Discussion**

12:25 p.m. to 1:30 p.m.

Dr. Richmond facilitated Committee discussion about the Approaches subcommittee report and asked Committee members to share their feedback.

### ***Discussion of the recommended structure***

Dr. Mary Pittman commented that she liked the structure in that it achieves the goal of simplicity and clarity in the language; however, the idea that Healthy People is a tool for action was not as strong or clear within this framework. Dr. Goekler also noted she liked the structure said it was easy to visualize how it could be presented nicely in a web-based format.

Dr. Jonathan Fielding provided a number of comments related to the framework. First, he questioned whether there needed to be additional background about lessons learned from Healthy People 2020 and Healthy People 2010, although he noted it may be difficult to incorporate that into the proposed content for the framework. Dr. Richmond noted that the subcommittee had discussed how much detail to provide on lessons learned in the background section and did end up linking to the history of Healthy People, which may help address the need for context from prior iterations. If the Committee thinks that there should be additional content, they will also need to determine where to include it.

Dr. Fielding also raised a concern about the use of the word “optimal” throughout the framework (e.g., people achieve and maintain optimal health). He suggested using language such as “achieve full potential for health.” Dr. Fielding had other specific comments on the language used, noting that: 1) Option 2 for the foundational principles is more plain-language friendly; 2) the term “health literacy” may not be intuitive for readers and could use further context; and 3) the framework does not address efficiency or trying to achieve the goals and objectives in the most efficient way in terms of health care costs.

No other Committee members offered questions or comments related to the structure. Dr. Richmond indicated the Committee would address Dr. Fielding’s specific comments as they discussed the content of each section.

### ***Discussion of foundational principles***

Dr. Richmond noted that there were 2 options presented for the foundational principles and welcomed discussion on the 2 options.

Dr. Paul Halverson commented that although Option 2 is simpler, he was concerned it might raise a philosophical discussion and argument that the Committee may not want to address. He thought that the structure of Option 2 implies that individual health and well-being are a shared responsibility of all sectors, but he thought the focus should be on community health and the health of the population. The stem statement may work for some of the principles, such as the first principle, but he was concerned about the implication of the second principle.

Reflecting on Dr. Halverson’s comments and further Committee discussion, the Committee agreed that they preferred Option 1. Dr. Pronk added that Option 1 is more representative of the Approaches subcommittee’s deliberations.

Dr. Pittman suggested an addition to the second statement under Option 1 to say optimal levels of health and well-being *for all*. This makes the statement more inclusive. Mr. Teitelbaum noted that the second statement under Option 1 was missing the word “and” after “lower health care costs.”

Dr. Sondik asked if health and well-being should be quantified, such as “good” or “high-level” health and well-being, since health could be good or poor. Otherwise, the statement just says that health and well-being in general are essential to a fully functioning equitable society, but doesn’t indicate that it is optimal or high-level.

Dr. Richmond recalled Dr. Fielding’s earlier comment about health literacy. Dr. Fielding agreed that health literacy is a topic to be addressed, but was concerned that the definition would not be clear. Dr. Kleinman suggested including a link and potentially some additional information in the introduction about the work that has been done around health literacy and the critical role it plays in communities, the health care delivery system, and for individuals. There could also be a link to the National Action Plan to Improve Health Literacy. Healthy literacy is essential to elevate health and well-being.

Dr. Pronk recalled Dr. Fielding’s earlier comment on efficiency and suggested that it would be beneficial to include that concept in the foundational principles. Dr. Richmond agreed and asked the Committee if they supported the inclusion of this topic in the foundational principles with language to be developed after the meeting. No Committee members had concerns with this approach.

Dr. Richmond summarized the discussion, noting that the Committee preferred Option 1 with some modifications.

#### ***Discussion of recommended content***

Dr. Fielding noted again the importance of referencing lessons learned in the framework and showing how Healthy People 2030 will build on previous iterations. Dr. Sondik agreed that it was important to mention lessons learned and suggested including a general statement acknowledging what has been learned in terms of approaches to set the stage in the framework. The Committee agreed with this approach and a modification will be made to address this suggestion.

Dr. Pronk noted that the last sentence in the background section refers to achieving “maximum levels of health and well-being,” the vision statement and foundational principles say “optimal health and well-being,” and other references in the framework are not quantified. Given prior concerns with the word “optimal,” he proposed considering alternative language and making it consistent throughout the framework.

Dr. Richmond suggested they consider revised language in the context of the proposed vision statement: “A society in which all people achieve and maintain optimal health and well-being across the lifespan.”

Dr. Pronk suggested a revision to: “A society in which all people achieve their full potential for health and well-being across the lifespan.” Dr. Sondik supported this revision, recalling his earlier comment that health and well-being needs to be quantified in some way (e.g., optimal) throughout the document. He acknowledged that it is difficult to find a clear and precise word to quantify health and well-being, but he was supportive of Dr. Pronk’s proposed revision.

There was some discussion among Committee members about whether the statement should read, “A society in which all people **can** achieve their full potential for health and well-being across the lifespan.”

Dr. Kleinman noted this addition provides some societal context. However, after further discussion the Committee agreed that “can” was a bit of a “weasel word” and that the statement was stronger without the addition.

The Committee agreed to revise the vision statement to: “A society in which all people achieve their full potential for health and well-being across the lifespan.”

The Committee did not make any revisions to the proposed mission statement.

The Committee agreed on some changes to the plan of action section. Dr. Fielding noted that policies and programs are actions, so proposed the addition of “other” in the first statement. The Committee agreed the first statement would read, “Set goals and objectives to guide policies, programs, and **other** actions that improve health and well-being.” Additionally, the Committee agreed to remove the word “directors” from the fourth statement to read, “Provide tools for the public, programs, policy makers, and others to evaluate progress toward improving health.”

The Committee discussed the seventh statement under plan of action, “Stimulate research and innovation in all aspects of health to develop and make available affordable means of health promotion, disease prevention, and treatment.” The Committee agreed this should be split into 2 statements, with suggestions such as: “Stimulate research and innovation related to the Healthy People 2030 goals,” and “Develop and make available efficient and affordable means of health promotion, disease prevention, and treatment.” The Committee agreed on the concept of the 2 statements; the language will be finalized after the meeting.

The Committee discussed the overarching goals. Dr. Pittman noted that it is important to convey that the stakeholders referenced in the fifth goal go beyond government stakeholders. The Committee discussed adding “public and private stakeholders,” but agreed to leave the goal as written and provide more clarification about the stakeholders in the stakeholders section.

The Committee agreed to revise the first goal from “Attain healthy lives full of purpose and well-being” to “Attain healthy, purposeful lives and well-being.”

Dr. Richmond will make the changes agreed upon during the meeting to the final recommendations. Additionally, the Co-Chairs will review the document for consistency and ensure similar language is used throughout the framework (e.g., consistent use of “full potential for health and well-being”).

### **Next Steps for Approaches Subcommittee Recommendations**

1:30 p.m. to 1:35 p.m.

Dr. Kleinman thanked Dr. Richmond for presenting the work of the Approaches subcommittee and facilitating the thoughtful discussion around the proposed framework.

Dr. Kleinman began with the motion to approve the recommended structure for the Healthy People 2030 framework as presented. The framework includes the following components: background (past and present), vision, mission, foundational principles, overarching goals, objectives, stakeholders, and the future. The Committee voted to approve the recommended structure for Healthy People 2030 (9 in favor, 0 abstention, 3 absent).

Dr. Kleinman moved to vote to approve Option 1 of the foundational principles. The Committee voted to approve Option 1 of the foundational principles (9 in favor, 0 abstention, 3 absent).

Dr. Kleinman moved to vote to approve the recommended content for the Healthy People 2030 with the modifications discussed during the meeting. The Committee voted to approve the recommended content with discussed modifications (9 in favor, 0 abstention, 3 absent).

### **Healthy People Federal Interagency Workgroup Update**

1:35 p.m. to 1:55 p.m.

Ms. Taylor, Senior Prevention Science Advisor at the National Cancer Institute at the National Institutes of Health, provided an update on the work of the Healthy People Federal Interagency Workgroup (FIW) and the upcoming opportunities for public comment. Ms. Taylor is a member of the FIW and a co-lead of the Healthy People 2020 Cancer topic area.

Ms. Taylor began with a brief overview of HHS's approach to the development of Healthy People 2030, which revolves around gathering input from a number of sources, including the Committee, the FIW and the Healthy People 2020 co-leads, and the public. The independent experts that serve on the Committee provide recommendations to HHS on the development of Healthy People 2030. The FIW is comprised of nearly 50 members. Approximately 80% of the members are from HHS offices and the rest of the members represent other federal departments (e.g., Department of Transportation, Veterans Affairs, Housing and Urban Development). The FIW implements and manages HP2020 and provides the federal perspective on Healthy People 2030. Regular feedback from the public enables HHS to gather input and understand the real world relevance of Healthy People 2030.

There are 2 FIW subgroups related to Healthy People 2030: the Healthy People 2030 subgroup and the Healthy People 2030 Vision, Mission, and Overarching Goals subgroup. The Healthy People 2030 subgroup reviewed the nominations for the Committee, proposed the Committee members, and drafted the charge to the Committee. The Vision, Mission, and Overarching Goals subgroup was created to provide input on the Healthy People 2030 framework; the subgroup concluded that the Healthy People 2020 framework was a solid starting point for Healthy People 2030 and developed preliminary concepts for the vision, mission, and overarching goals. The FIW's subgroups have submitted proposals regarding HP2030 vision, mission, and overarching goals to the FIW for consideration.

Public engagement is critical to the development of Healthy People 2030 and HHS plans to seek public comment at various points throughout the development process. There are 2 key phases for public comment, the first phase seeking comments on the framework and the second phase seeking comments on the objectives. There are a number of activities related to public comment planned for 2017, including an informational webinar with APHA in the summer; the opportunity to submit online public comment in the summer and fall; time allotted at the September Committee meeting for public comment; and a session at the APHA annual meeting in November. The dates for these activities will be posted in the Federal Register and on [healthypeople.gov](http://healthypeople.gov) when they are finalized. The FIW and Committee anticipate receiving comments from a wide array of stakeholders, including state and local health officials, tribal health organizations, academia, non-governmental organizations, community health advocates, businesses, foundations, federal agencies, and members of the public.

To conclude, Ms. Taylor reviewed the general timeline of the development of Healthy People 2030, which will occur over a 3-year period. As noted, there are 2 phases: development of the framework and development of objectives. Phase 1 began in 2016 and will continue until 2018, when phase 2 begins. Healthy People 2030 will launch near the end of 2020.

### **Questions**

Dr. Goekler asked how the FIW's work on the framework and vision, mission, and goals intersects with the work the Committee is doing around these topics. Ms. Emmeline Ochiai clarified that the Committee will receive information about the FIW's work on these areas during the public comment period. Ms. Taylor added that it will provide the Committee with feedback from the federal perspective.

Dr. Fielding commented that students would be another stakeholder group that would be important to engage with during the development process. He suggested broadening the term academia so as to not limit it to colleges and universities, noting that educational institutions may be a better term. He also asked what lessons learned from 2020 the FIW has considered for the development of Healthy People 2030. Ms. Taylor agreed that lessons learned are important and that the members of the FIW and the 42 Healthy People 2020 topic areas bring a lot of input to the development process based on their experiences from Healthy People 2020.

### **Meeting Summary: Recommendations, Action Items, Next Steps**

1:55 p.m. to 2:00 p.m.

Dr. Kleinman thanked Dr. Richmond and the members of the Approaches subcommittee for their work to develop the recommendations. The Approaches recommendations will be put forward to the Secretary.

The next meeting of the Committee will be on June 27, 2017 from 1:00 p.m. to 5:00 p.m. ET via webinar. Members of the public can sign up for email updates related to the development of Healthy People 2030 on [healthypeople.gov](http://healthypeople.gov).

### **Meeting Adjourned**

2:00 p.m.