

TO: The Secretary

FROM: Chair and Vice-chair, Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020

SUBJECT: Recommendations for Implementing Healthy People 2020

I and the members of the Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020 wish to offer for your consideration a set of recommendations for how the U.S. Department of Health and Human Services (HHS) can translate into action the theoretical approaches and underlying ideas represented in the framework for Healthy People 2020.

In examining a range of questions related to implementation, the Committee has explored issues including: users' needs for tools, aids, and guidance; incentives for Healthy People user groups; and examples that can be put into place to ensure accountability in implementing Healthy People 2020. Based on our discussions of these issues, the Committee presents a list of recommendations for both immediate-term and longer-term actions to implement Healthy People 2020. "Immediate" recommendations are for actions that should take place or be accelerated in the first year of the decade. Longer-term recommendations refer to actions that might be initiated within 5 years.

SECTION I. IMMEDIATE RECOMMENDATIONS FOR IMPLEMENTING HEALTHY PEOPLE 2020

1) Make the proposed Interactive Web site a major priority for resources.

- The interactive Healthy People 2020 website, which is intended to make Healthy People 2020 a living document for the Healthy People community, will be critical to providing implementation guidance. This website should be linked to the new HHS Community Health Data Initiative
- Technical assistance resources should be made available on the interactive website.
- The Community Health Data Initiative (CDHI) is an exciting, joint effort between HHS and the Institute of Medicine to help consumers and communities get more value out of the Nation's wealth of health data. The Committee is delighted that Healthy People will be one of the data sources for this initiative. We encourage HHS to capitalize on the opportunities for linking national level Healthy People data to state and local level data sources.
- The potential exists for this site to create an online Healthy People 2020 community.

2) Foster continuity of Healthy People actions and build on current activities and strengths.

Healthy People 2020 should not be viewed as the beginning of the initiative, as if it was starting from scratch. The Healthy People process has been ongoing, and many activities proposed for 2020 are already taking place. Healthy People 2020 should link to existing initiatives, while motivating and facilitating approaches that are appropriate for the new decade. Approaches in Healthy People that are innovative and different this decade (e.g., a focus on determinants of health, including those in the social and physical environment) should be highlighted. The strengths of 2010 should be enhanced, while new strengths are developed for 2020.

3) Jump start and support innovation.

- Provide support for users to embrace the health determinants orientation of Healthy People 2020 to enhance their capabilities. This could include providing technical assistance in the form of short courses, web-based training, and/or conference sessions that guide users on how to address factors in the social and physical environment through their state or local programs.
- Share models or practices of local level efforts that linked to address health determinants in the social and physical environment.
- Partner with non-traditional organizations, agencies and initiatives whose focus has been on social justice, human rights and equity.

4) Provide leadership regarding program planning and prioritization.

- Use evidence-based public interventions to achieve Healthy People objectives at the local, state and national levels.
- Identify strategies that assist users to focus their actions.
- Work with users to assure that Healthy People 2020 objectives are included in annual work plans and identified in program logic models.

5) Assess and meet technical assistance needs

- It may be important to conduct a needs assessment to ensure that DHHS understands the technical needs of users for implementing Healthy People 2020.

6) Facilitate evaluation

- Many Healthy People activities that have been implemented in the past have not been evaluated. Evaluation mechanisms need to be facilitated to better determine the strengths of Healthy People 2010 in order to inform future efforts.
- Evaluation must also be a key element of Healthy People 2020 interventions.

SECTION III. LONGER-TERM RECOMMENDATIONS FOR IMPLEMENTING HEALTHY PEOPLE 2020

Some issues listed here are important underpinnings for the more immediate issues described above.

1) Provide more detail about how to implement Healthy People at the state and local levels (toolkit).

- Healthy People 2010 offered an implementation toolkit, but some users indicated that it did not provide enough information and guidance about how to accomplish objectives.
- For Healthy People 2020, an action toolkit should be created that encourages users to adopt models and strategies that were successful for Healthy People 2010. Practical examples can be included. Localities/ municipalities and states can also be helped to include Healthy People in their strategic and action plans, with a focus on partnership building.
- Hands-on technical assistance and resources (e.g. webinars, conferences, call centers, online curricula, and smart assistance) are needed to support implementation efforts at the local level, especially for large local/ municipal health departments, which will have an important role.
- An online curriculum (e.g., distance learning) could be created to give users general understanding of the Healthy People initiative and where they can get technical assistance. Users who complete this course could receive certification.

- Consider creating a toolkit to help states and localities/ municipalities develop targets, metrics, or data-tracking. If so, determine whether it should be incorporated into models of successful state-level efforts.
- Link Healthy People to community-based measurement of population health and support the development of any needed metrics or adaptation of existing measures.

2) Identify and disseminate Models of Excellence, including the following key components:

- Exemplars of states that effectively coordinated statewide efforts for Healthy People 2010.
 - Nominees could share stories and answer questions through speakers' bureaus or webinars.
 - A template could be created to highlight how states addressed key areas of implementation. DHHS could offer grants to states to develop such case studies.
- Exemplars that demonstrate how state-level coordination can combine with regional and local level efforts to address health at the local level.
- Exemplars of local/ municipal efforts to achieve Healthy People objectives through multi-sectoral partnerships and other innovative approaches.
- Exemplars of business/ employers' use of Healthy People that help to demonstrate how implementing Healthy People interventions is of benefit to them.
- Exemplars for specific intervention areas. These initiatives or generic implementation models should be based on evidence-based processes in areas such as immunization, chronic disease prevention, maternal and child health, women's health, etc.

3) An accountability infrastructure should be in place **at all levels of government, including federal.**

- National, state, and local-level leadership is needed, using Healthy People 2020 as a prevention cornerstone.
- Healthy People should be mentioned in Federal Agencies' "talking points" about health.
- The Office of Personnel Management should incorporate Healthy People 2020 into its efforts with the federal workforce.
- Implementation activities should be linked to the national health reform effort.

4) There should be a clear, empowered role for the Healthy People State Coordinators.

- It is important to clarify the role of the State Coordinator, strengthen that role, ensure that every state has a State Coordinator, and make sure this is a win-win for the states without imposing on them. Currently, states may have no specific requirements for this position. Persons who assume this role usually have other responsibilities, apart from coordinating state-level Healthy People efforts.

- The role of the State Coordinators should be strengthened, and steps should be taken to ensure that they have a direct line to decision-makers. In states that have a state plan, the person who is responsible for that would be the logical contact for the Healthy People Coordinator. Resources will need to be made available or secured to support this recommendation.
- Depending on the state, more than one state coordinator may be needed (i.e., there should be a scaling of the number of state coordinators by population).
 - While states are primary partners for the federal Healthy People efforts, municipalities and localities are critical to implementation efforts,

5) A self- assessment and planning tool is needed on the Website to help users at the local and state levels bridge their current programmatic activities to Healthy People 2020.

- Many states and localities are already carrying out programs that are aligned with the Healthy People 2020 framework and objectives. Yet they might not be aware of this, would not have time to compare their ongoing efforts to Healthy People, or both.
- It is important to help such users to see how their current efforts fit into Healthy People by providing a tool for self-assessment and planning that identifies what areas of Healthy People their programs are already addressing. This tool should also include a dimension that suggests other areas of Healthy People 2020 that these programs can expand to address.

6) Leverage resources through partnerships and networks.

- Partnerships should go beyond the public health sector and include entities such as schools, transportation, housing, businesses, and environmental organizations in order to address determinants of health. Such efforts might be coordinated with NACCHO, ASTHO, or the Alliance to Make U.S. Healthiest.
- Partnerships should also extend outside of government agencies, to groups such as community-based organizations, professional associations, universities and colleges.

7) Make participation in the Healthy People Consortium significant and meaningful.

- It should become a portal for people to walk through to identify how they can contribute and champion Healthy People objectives and share lessons learned.
- Include selected Consortium leaders in training employers about how to use Healthy People, and provide them with technical assistance to carry out this role.

8) Engage business (especially business-led coalitions that are already working with public health) in educating stakeholders and providing support for the use of Healthy People by businesses.

- Guidelines for public-private partnerships are needed to facilitate the development of sound, credible alliances involving the private sector. Partnerships should coordinate action efforts, identify new resources, and share existing resources. Non-health-related companies should be motivated using arguments about economic productivity and the overall economy.

9) Ensure that Healthy People is incorporated into the strategic plans of other federal agencies.

- The Federal Interagency Workgroup (FIW) has an important role as an interdisciplinary body that can help to operationalize the cross-cutting elements of Healthy People 2020 (e.g., those that relate to physical and social environments and extend beyond the field of health).
- Federal agencies could incorporate Healthy People in their strategic plans (e.g., the U.S. Departments of Agriculture, Education, Transportation, Housing and Urban Development, Labor, and the Environmental Protection). Academic, professional, and other organizations could also be encouraged to incorporate Healthy People into their strategic planning processes.

10) Use a “Health in All Policies” approach to map social determinants to health outcomes.

- More attention should be paid to how we measure the impact of social determinants theory on health outcomes, so that the effectiveness of this approach can be demonstrated.
- Look at ways to conduct policy scans, beyond the nutrition/ physical activity arena. What other interest groups are conducting cross-sectoral policy scans (e.g., Tobacco, HIV, etc.)
- Because FIW members are from various agencies and organizations, this group could be a valuable for implementing the “Health in All Policies” approach.



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Committee Chair

Appendix 1.
Members of the Subcommittee on Implementation

APPENDIX 1

Subcommittee on Implementation Members

In January of 2009, the U.S. Department of Health and Human Services requested that the Secretary's Advisory Committee provide feedback on how to best implement the Healthy People 2020 framework. The Committee convened a Subcommittee on Implementation to provide expert opinions on these issues. The Subcommittee met a total of 5 times between March and June. This document presents their high-level, immediate- and longer-term recommendations for Healthy People 2020.

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