

To: The Secretary

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

SUBJECT: Recommendations on Action Steps and Evidence for 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 innovative strategies that the U.S. Department of Health and Human Services (HHS) can use to ensure successful implementation of Healthy People. These recommendations were developed in response to the following two questions, posed to the Committee by HHS:

- How can HHS show users how to choose from among the list of objectives and interventions based on available evidence?
- How HHS can maximize adoption and use of Healthy People?

A) How can HHS show users how to choose from among the list of objectives and interventions based on available evidence?

1. Established clinical and public health hierarchies of evidence should be provided to users to help them understand which practices are believed to be more effective on the basis of scientific research. Differences between these hierarchies should be explained.
2. A framework should be provided that links interventions to specific disease categories. Rather than presenting a long, intimidating list of interventions, the framework should offer a practical synthesis that makes the information useful to those who are less familiar with hierarchies of evidence.
3. The framework should categorize discrete interventions by type to help users see patterns in approaches to improving population health. Offer a comprehensive approach to thinking about interventions across all ecological levels (e.g., individual, community, organizational, policy, etc.). Local health departments often default to individual-level interventions, so this tool would help them think across multiple levels.
4. Examples can be developed to demonstrate the evidence for action steps at various levels of intervention. For example, to address childhood obesity, one could take individual-level action such as providing health education counseling to a child; one could act at the community level through walking clubs or awareness campaigns; or one could act at the policy/ systems level by increasing prices on sugary beverages.

B.) How HHS can maximize adoption and use of Healthy People?

5. The Healthy People 2010 toolbox was useful for past implementation efforts, and should be continued for Healthy People 2020.
6. The knowledge sources and processes used at the Federal level to select action steps for inclusion in Healthy People 2020 should be clearly described so that Healthy People users at the local, state, and federal levels can make their own decisions.
7. A hierarchy of action steps based on a community's resource capabilities could be recommended. A model that can be used to operationalize this recommendation is the Disease Control Priorities Project which lists disease control priorities for developing countries. (See DCP2: <http://www.dcp2.org/page/main/BrowseInterventions.html>)
8. To be more 'user-friendly', the interactive Healthy People database should provide information that can be tailored by local health departments. This could include, but would not be limited to, links to local websites and a checklist of interventions by level of evidence. Healthy People topic areas that have the greatest epidemiological impact could be aggregated to present the most effective community-level interventions. Checklists should be adaptable for use by various stakeholder groups.



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