

Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030

May 14, 2018
1:00 pm to 4:00 pm ET



ODPHP

Office of Disease Prevention
and Health Promotion

Welcome

Carter Blakey

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U.S. Department of Health and Human Services



Goals for the Meeting

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



Healthy People Federal Interagency Workgroup (FIW) Update

Jennifer Villani, PhD, MPH

National Institutes of Health Representative to the FIW



Recommendations from the Secretary's Advisory Committee for HP2030



Vision

A society in which all people achieve their full potential for health and well-being across the lifespan.

Mission

To promote and evaluate the nation's efforts to improve the health and well-being of its people.

Foundational Principles

Plan of Action

Overarching Goals



Step-wise process to identify topics and objectives for HP2030:

1. Select topics that will be used to organize objectives and convene workgroups.
2. Identify objectives using inclusion and quality control criteria, then set targets.
3. Categorize the refined list of objectives and prioritize based on expected impact.

Step 1. Make decisions on topics and convene workgroups for Healthy People 2030.

- There is no one correct way to organize objectives for Healthy People 2030.
- Options for a framework to array objectives by topic might include: life course, risk factors, diseases and conditions, social determinants of health, or others.
- The initial list of topics should be refined to reflect the “most important” aspects of health based on:
 - **Reducing deaths**
 - **Reducing morbidity**
 - **Reducing disability**
 - **Reducing health disparity/ increasing health equity**
 - **Increasing well-being**
- Convene workgroups for each topic, including federal and non-federal stakeholders (e.g., national organizations, non-profits, associations).

Step 2.A. Develop a preliminary set of objectives by considering overarching issues for Healthy People 2030.

- Determine which objectives should be considered for inclusion in Healthy People 2030.
 - Does the objective address an issue of national importance?
 - Is the objective quantifiable?

Step 2.B Refine the list of objectives by applying quality control criteria.

- Is the objective understandable?
- Does the objective need to be revised to reflect major updates or new knowledge?
- Does the set of objectives address a range of issues across topics such as:
 - Behavior and health outcomes; behavioral and health service interventions (availability, access, content), social determinants of health; or community capacity.
- Does the objective meet the following quality control criteria for HP2030?
 - Be prevention and protection oriented, with quantitative (measurable) measures achievable by 2030 through readily identifiable actions.
 - Be supported by scientific evidence that the quantifiable measure is achievable OR evidence that we can move towards it.
 - Address health inequities and health disparities in defined populations, including those categorized by race/ethnicity, socioeconomic status, gender, disability status, sexual orientation, and geographic location.
 - Use valid, reliable, representative data and data systems at the national, state, and community levels.
 - Address social determinants of health wherever they impact attainment of objectives.

Step 3.A. Categorize the refined list of objectives into three groups: core, research, and developmental.

- Each core objective must have: 1) an identified data source or potential data source, 2) baseline data, and 3) assurance of at least two additional data points over the decade.
- When objectives lack evidence based effective interventions, they should be categorized as research objectives.
- When objectives are developmental, they should establish a baseline and interim quantifiable measures of progress.

Step 3.B. Prioritize the refined list of core objectives based on their expected impact.

- Prioritize the refined list of quantifiable measures by applying criteria of:
 - Overall health burden
 - Preventable burden
 - Potential to reduce health inequities/disparities
 - Cost-effectiveness and prevention effectiveness
- Rank each core objective in terms of extent of benefit derived from achieving the quantifiable measure (e.g., high, medium, or low benefit).

Healthy People Federal Interagency Workgroup HP2030 Efforts



- In November, the Implementation Subgroup of the FIW formed 3 workstreams:
 1. Topic areas and organizing framework
 2. Core, Developmental, Research objectives
 3. Objective selection criteria

1. Core Objectives

- Approved data source
- Baseline data no older than 2015
- At least 2 additional data points for the decade
- Supported by scientific evidence
- Of national importance
- Addresses health equity and disparities

2. Developmental Objectives – high priority issues that do not have reliable baseline data, but for which evidence-based interventions have been developed
3. Research Objectives – represent significant opportunities for advancement in areas with limited research; may/may not have reliable data, and do not yet have evidence-based interventions identified

- First round: each topic area workgroup applied two required criteria to their current HP2020 objectives:
 - Must be measurable by the data cutoff for inclusion in HP2030, which is 2019
 - Must have baseline data no older than 2015, and 2 additional data points during the HP203 decade
- Reduced the number of planned objectives to 705 based on data from 40 of the 42 topic areas

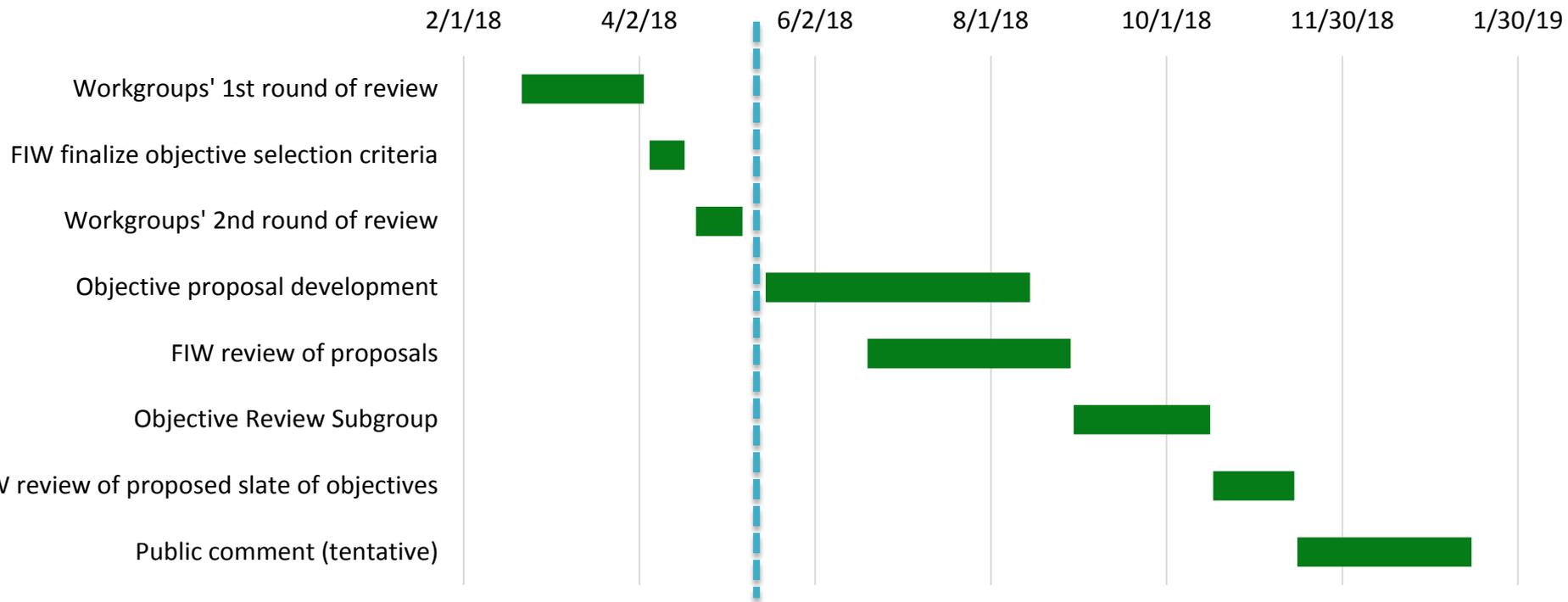
- Second Round: Topic area workgroups recently finished assessing their objectives to determine which objectives will be proposed for HP2030
- The FIW will review the proposed core objectives over the summer.

Additional Objective Selection Criteria

- National importance
 - Direct impact or influence on health
 - Broad and comprehensive applicability
 - Substantial burden
 - National public health priority
- Evidence-based
- Health equity and disparities

- Winter of 2018 (~November to January)
- Public will be invited to comment on the HP2030 objectives vetted by the FIW and proposed for HP2030
- Online public comment at [HealthyPeople.gov](https://www.HealthyPeople.gov)

Timeline



Committee Questions

Moderated by
Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



Recommendation from the Data Subcommittee regarding Methodologies for Setting HP2030 Objective Targets

Nirav Shah, MD, MPH
Data Subcommittee Member



- **Membership:**

- Chair: Edward Sondik, PhD
- Dushanka V. Kleinman, DDS, MScD
- Nico Pronk, PhD, MA, FACSM, FAWHP
- Therese Richmond, PhD, CRNP, FAAN
- Nirav Shah, MD, MPH

- **Meetings addressing Target Setting:**

- December 20, 2017
- January 19, 2018
- March 16, 2018
- April 2, 2018

Develop recommendations regarding:

- **Data Considerations** (data needs, data source standards, and progress reporting)
- **Data Innovation** (changes in data sources, analysis and reporting; community data; summary measures; and the future of health data)

Target Setting for Healthy People 2030 Recommendations



- From Healthy People's inception, targets and an emphasis on science-based knowledge have been a part of Healthy People objectives.
- Occasionally Healthy People targets have reflected policy considerations and were not strictly statistical constructs.
- Selection of target setting methods has been affected by available resources, expertise, and data quality.

- **Gains in health and well-being:** To specify achievable gains in health and well-being – the target is the improved level above the baseline of the HP 2030 objectives.
- **Action:** To encourage action and appropriate human and financial resource allocation on the part of the public and private stakeholders.

- Setting measurable targets for objectives requires judgment and is not an exact science.
- A variety of information needs to be integrated into a realistic assessment of what can be accomplished, aided by methods of target-setting.

- Objectives should be science-based.
- Improving health equity is an important goal.
- A target setting method may be augmented with a subjective or aspirational component.
- Supporting material for each objective must include at least one scenario that will achieve the target.

1. Modeling and/or Projection/Trend Analysis
2. Adapting recommendations from national programs, regulations, policies, and laws
3. Specific percentage point improvement
4. 10 percent improvement
5. Minimal statistical significance
6. Retention of the previous Healthy People target
7. Total coverage/elimination
8. Better than the best
9. Maintain the baseline value as the target

The Data Subcommittee recommends that the priority of target setting methods goes from 1 to 9, with 1 being the preferred target setting method and 9 being the least preferred choice.

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- **Description**

Modeling and statistical analysis are used to identify possible future targets. Target selection based on health impact, achievability, feasible actions.

Priority 1 Strongest evidence that the target is achievable.

- **Example:** EH-3.2

Reduce the risk of adverse health effects caused by area sources of airborne toxins.

This target was developed from an EPA emissions concentration forecast model that includes mobile sources, fires, area sources and major sources in the modeling.

Baseline: 1,300,000 tons (2005)

Target: 1,700,000 tons

- **Description**

National programs may have targets suitable for Healthy People. Methods used to set the targets should be reviewed to assure consistency with current science.

Level of target achievability and health impact depend on the supporting analysis.

Priority 2 in terms of target achievability

- **Example: IID-8**

Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV)

Baseline: 68.4% in 2012

Target: 80.0% consistent with CDC analysis

- **Description**

Target selected by choosing a percentage improvement. Supporting the choice should be a systematic review of evidence and/or modeling/projection to assure target achievability. Strong target achievability assuming systematic review of evidence and projection of trends.

Priority 3 in terms of target achievability

- **Example:** EMC-4.3.1

Increase the proportion of elementary schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools

Baseline 7.5% in 2006

Target: 11.5%, an increase of 4% (or a relative increase of 53%)

- **Description**

Target selected to represent a 10% improvement. Supporting the choice should be a systematic review of evidence and/or modeling/projection to assure target achievability.

Low outcome rates would mean small change; large rates would mean large change.

Priority 4 in terms of target achievability

- **Example: MHMD-1**

Reduce the suicide rate.

Baseline: 11.3 suicides per 100,000 population (2007)

Target: 10.2 suicides per 100,000 population (10% improvement)

- **Description**

Chooses a target so the distance between the target and the baseline is the smallest distance to represent a statistically significant change.

The target should take account of key factors that will influence improvement. Could lead to a target consistent with little health impact.

Priority 5 in terms of target achievability

- **Example: RD-4**

Reduce activity limitations among persons with current asthma. This rate represents the percentage of people with asthma who currently have activity limitations.

Baseline: 12.7% (2008)

Target: 10.3%

- **Description**

Reflects little progress made in the prior decade. New analysis is critical to assure achievability, importance of health problem and encouraging action. Key factors that will influence improvement should be identified.

Priority 6 in terms of target achievability

- **Example:** TU-11.1

Reduce cigarette smoking by adults

Baseline: 20.6% (2008)

Target: 12%

- **Description**

Total coverage or total elimination is sought and deemed achievable within the decade.

Concern that these goals may not be realistic and/or achievable.

Priority 7 in terms of target achievability

- **Example: AHS-1.1**

Increase the proportion of persons with medical insurance

Baseline: 83.2% (2008)

Target: 100%

Interim data: 89.7% (2016)

- **Example: IID-1.8** Maintain elimination of polio

Baseline: 0 cases (2008)

Target: 0 cases

Interim data: 0 cases (2015)

- **Description**

Chooses the “best” value of the measure across subgroups as an achievable target for other subgroups. Analysis should include identification of key subgroup-specific factors that enable progress

Priority 8 in terms of target achievability

- **Example:** (HP2010) 12-9

Reduce the proportion of adults with high blood pressure.

Baseline: 25% (1998-94),

Target: 14%

Note: Mexican Americans had the “best” rate.

- **Description**

For health problems that are in imminent danger of getting worse. Key factors that will achieve stability of the baseline need to be known.

A method that should be used only in special cases of a concern for decreasing health status.

Priority 9 in terms of target achievability

- **Example: IVP-9.4**

Prevent an increase in poisoning deaths caused by unintentional or undetermined intent among persons aged 35 to 54 years

Baseline: 21.6 deaths per 100,000 (2007)

Target: 21.6 deaths per 100,000

Interim data: 34.2 (2016)

- Healthy People 2020 used the 10% target-setting method for over 60% of objectives, despite the fact that modeling and projection were emphasized.
- This reflects the method's simplicity and level of target achievability.
- No past method adequately addresses disparities.
- We recommend -- regardless of method -- that all objectives be assessed to consider a target or targets that encourage progress toward health equity.

1. Are there any methods that are not represented on this list that the Committee feels should be included?
2. Are there any methods that are represented on this list that the Committee feels should not be included?
3. Does the Committee agree with the prioritized order of the target setting methods? Should any methods be moved up or down the list?

Committee Discussion

Moderated by
Nirav Shah, MD, MPH
Data Subcommittee Member



Next Steps

Dushanka V. Kleinman, DDS, MScD
Committee Co-Chair



Recommendations from the Leading Health Indicator (LHI) Subcommittee regarding Criteria for Selecting LHIs

Therese Richmond, PhD, CRNP, FAAN
Leading Health Indicators Subcommittee Chair



- **Membership:**

- Chair: Therese Richmond, PhD, CRNP, FAAN
- Susan Goekler, PhD, MCHES
- Dushanka Kleinman, DDS, MScD
- Mary Pittman, DrPH, MHSA, FACHE
- Nico Pronk, PhD, MA, FACSM, FAWHP
- Edward Sondik, PhD
- Joel Teitelbaum, JD, LLM

- **Meetings:**

- December 6, 2017
- February 2, 2018
- March 6, 2018
- March 29, 2018
- April 27, 2018

Provide advice regarding the selection of LHIs for Healthy People 2030.

This guidance should include considerations related to:

- The definition of LHIs
- The use of LHIs (past, present, future) and how LHIs can help achieve the Healthy People 2030 mission, goals and objectives
- The alignment of LHIs with the selection of Healthy People 2030 objectives/priority areas

(continued)

- Criteria for LHI selection
- Use of the Healthy People 2030 Framework as a foundation for the criteria for selecting LHIs for the Healthy People 2030 initiative
- Consideration of the recommendations from other SCs (Prioritization, SDOH/HE, SDOH and Health Equity, Data, and Stakeholders Subcommittees) in recommending criteria for the selection of LHIs for Healthy People 2030

The subcommittee's discussions have focused on:

1. LHI Definition & Rationale
2. LHI Selection Criteria & Approach

The Subcommittee received the following presentations to help inform their discussions:

- Development and Implementation of the Healthy People 2020 LHIs
- *Who's Leading the Leading Health Indicators? Series*
- Healthy People 2020 Leading Health Indicators: History and Current Status

- What is the emphasis - leading or indicators?
- Goal - to provide guidance
- Importance of synchrony with the framework and work of other Subcommittees
- Test-run of proposed criteria and recommended process

Recommendation 1: LHI Definition

- LHIs are a selected set of measures of determinants and sentinel indicators of current and potential changes in population health and well-being.

Recommendation 2: Criteria for LHI selection

Phase 1: All core objectives should be assessed across 4 criteria

The criteria include:

- **Public health burden** - the relative significance to the health and well-being of the nation
- Magnitude of the **health disparity** and the degree to which, if the target were met, **health equity** would be achieved
- The degree to which it is a **sentinel or bellwether**
- **Actionability**

Recommendation 2: Criteria for LHI selection

Phase 2: The potential pool of LHIs that emerge from *Phase 1* would then be subjected to an **additional set of criteria** prior to the selection of the final LHIs for HP2030.

These considerations include the assessment of the LHIs as a group.

- The LHIs represent a **balanced portfolio** or cohesive set of indicators of health and well-being across the lifespan
- The LHIs are balanced between common, **upstream root causes** of poor health and well-being and measures of **high priority health states**
- The LHIs are **amenable to policy interventions** at the local, state, tribal, and national level
- The LHIs are **understandable and will resonate** with diverse stakeholders to drive action

- Rationale for the two phase process
- Recommended Phase 1 process for evaluating core objectives as potential LHIs
- Recommended Phase 2 process
- Importance of an iterative approach to selecting the final set of LHIs

Committee Discussion

Moderated by
Therese Richmond, PhD, CRNP, FAAN
Leading Health Indicators Subcommittee Chair



Next Steps

Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair



Meeting Summary: Recommendations, Action Items, and Next Steps

Nico Pronk, PhD, MA, FACSM, FAWHP
Committee Co-Chair



Meeting Adjourned

