

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

## Report #2: Recommendations for Developing Objectives, Setting Priorities, Identifying Data Needs, and Involving Stakeholders for Healthy People 2030

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### Introduction

The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Committee) is a federal advisory committee composed of non-federal, independent subject matter experts. The Committee is responsible for making recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) for developing and implementing the national health promotion and disease prevention objectives for 2030, known as Healthy People 2030.

After its inaugural meeting in December of 2016, the Committee appointed several subcommittees, tasking each with providing input on aspects of the Healthy People 2030 initiative's development. These groups included the Approaches Subcommittee; the Subcommittee on Prioritization and Criteria for Objective Selection (Prioritization Subcommittee); the Data Subcommittee; the Subcommittee on Social Determinants of Health and Health Equity (SDOH and HE Subcommittee), and the Subcommittee on Stakeholder Engagement and Communication (Stakeholders Subcommittee). The subcommittees each met regularly via teleconference in the spring and summer of 2017, and each subsequently submitted recommendations to the Committee.

At its in-person meeting on September 6 and 7, 2017, and during a follow-up web-based meeting on October 16, 2017, the Committee reviewed, discussed, modified, and later approved recommendations to date from the 5 subcommittees. The initial work of the Approaches Subcommittee was approved by the full Committee in spring 2017 and submitted to the Secretary as the Committee's first report (Report #1). The current report (Report #2) presents an overview of the Committee's fall 2017 recommendations to the Secretary.<sup>1</sup> It offers guidance on a stepwise process for developing objectives, setting priorities, and reducing the overall number of objectives; discusses the role of data in Healthy People 2030; suggests strategies for incorporating social determinants of health (SDOH) and health equity into the structure of the initiative; and offers an approach to stakeholder engagement.

Detailed discussion of some of these issues is explored in the full-length report of the Prioritization Subcommittee (see Appendix A). The Committee's Report #1, a recommended framework for Healthy People 2030, was updated to reflect public comment and is attached to the current report as Appendix B. The proposed framework was posted on the HealthyPeople.gov website from June 27 through September 29, 2017. Members of the public were invited to comment. A total of 1,016 comments were received via the website, email, and in writing. The comments were analyzed and discussed, resulting in an updated and final Framework for Healthy People 2030.

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<sup>1</sup> Additional written reports and recommendations from current and new subcommittees are forthcoming.

## Overview of Issues Covered in This Summary Report

The Committee suggests that Healthy People 2030 offer context for and background on the overarching purpose of the initiative, explaining issues that are important to implementation over the decade. Key issues for Healthy People 2030 objectives include: identifying opportunities to address health inequities and achieve health equity; providing consideration and funding of cost effectiveness and health effectiveness analyses; and reducing population health burden (both preventable and non-preventable).

Healthy People develops and tracks measurable objectives and goals that are applicable at the national, state, tribal, and community levels. It is a dynamic initiative; each assessment of progress informs and drives actions to achieve objectives. When high-quality data are available with sufficient frequency, Healthy People can assess progress on objectives over the decade and make needed course corrections.

In Healthy People 2030, data can be used to: formulate measurable objectives; set quantifiable targets for progress on objectives during the decade (2020 to 2030); identify and launch strategies to meet the targets; measure progress toward the targets over the decade; and help identify disparities in health and well-being. The structure of the initiative should incorporate SDOH and health equity. Healthy People stakeholders should be engaged through strategies that extend beyond the traditional, structured public comment periods for testimony or written comment.

### I. Operating Principles to Support Priority-Setting for Healthy People 2030

Since health inequities are a key concern of Healthy People 2030, the initiative must enable stakeholders to identify opportunities to achieve health equity. Healthy People 2030 should include SDOH and health equity as cross-cutting themes, and SDOH should be maintained as a distinct topic area. SDOH should also be applied as a selection criterion for organizing objectives within specific topic areas. In addition, analyses of cost effectiveness and reduction of population health burden for Healthy People objectives should be understood as important parts of government budget priorities.

<b>Recommendation 1.1</b>	Include SDOH and health equity as cross-cutting themes in Healthy People 2030.
<b>Recommendation 1.2</b>	Maintain SDOH as a distinct topic area.
<b>Recommendation 2</b>	Apply SDOH as a selection criterion for topic area objectives.

### II. Developing, Selecting, and Prioritizing Objectives for Healthy People 2030

This section presents the Committee's recommendations relating to 3 steps that decision-makers may wish to take to identify, refine, prioritize, and select topics and objectives for Healthy People 2030.

**STEP 1. Select Topics that Will Be Used to Organize Objectives and Convene Workgroups**

The first step in developing objectives will be to identify 1 or more organizing frameworks for the objectives. These will make it possible to arrange the objectives and to convene appropriate partners.

*A. Offer flexible ways to organize opportunities.*

<b>Recommendation 3</b>	<p>Healthy People 2030 should offer users the flexibility to array objectives according to different interests or dimensions. For example, the organization of Healthy People 2030 could offer analysis by age group across the lifespan. It could also organize the objectives by other approaches such as: general domain (e.g., social environment, physical environment, behavior, clinical); intervention type (e.g., policy, education, clinical, system); risk factors; disease or injury; or target audience (e.g., business, schools, states, local government, federal government, clinical care system, non-profit health-interested organizations).</p> <p>Advances in information technology make it possible to array objectives in several different ways, depending on the interests of the user. Organizing objectives in several different ways within a “digital universe” will encourage decision-makers to consider multiple perspectives on a given issue, including its contributing factors, potential solutions, or partners for problem solving.</p>
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*B. Refine the list of Healthy People 2030 topics to be used in organizing the objectives.*

<b>Recommendation 4</b>	<p>Decision-makers should refine the list of Healthy People 2030 topics used to organize the Healthy People 2030 objectives. Topics should reflect the most important aspects of health based on: 1) reducing deaths; 2) reducing morbidity; 3) reducing disability; 4) reducing health disparity/ increasing health equity; and 5) increasing well-being.</p>
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*C. Convene federal and non-federal stakeholders to work on topics and objectives.*

<b>Recommendation 5</b>	<p>HHS should use a blended, public-private approach to prioritizing and setting objectives. For some topics, the preferred approach should involve leadership and coordination from the Federal Interagency Workgroup (FIW) with meaningful involvement from relevant private organizations. For others, it would be preferable to have private sector organizations provide leadership and coordination with involvement of appropriate federal organizations. We also recommend that HHS, working with the FIW, develop guidelines for how to distribute responsibilities in a manner that builds on the strength of both the public and private sectors and promotes efficiency and transparency.</p>
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*D. Convene topic working groups that include both federal and non-federal participants.*

<b>Recommendation 6</b>	Once a list of topics has been refined, decision-makers should identify, engage, and recruit non-federal stakeholder organizations (such as national nonprofits or associations) to participate in the workgroups and in objective development. A workgroup should be formed for each topic.
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**STEP 2. Identify Objectives Using Inclusion and Quality Control Criteria, Then Set Targets**

The second step will be to apply 2 inclusion criteria to determine which objectives should be included in the initiative, and 8 quality control criteria to refine the preliminary list of objectives.

*E. Apply inclusion and quality control criteria to identify preliminary objectives.*

<b>Recommendation 7</b>	The following 10 criteria (2 inclusion criteria and 8 quality control criteria) should be taken into consideration when commenting on the proposed objectives or suggesting additional ones. Weighting of criteria may differ depending upon the topic area. For most objectives, all criteria are relevant; for others, not all criteria are relevant.
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*Use the following 2 inclusion criteria to consider which objectives should be in Healthy People 2030.*

- The result to be achieved should reflect **issues of national importance** and **support the Healthy People 2030 overarching goals**. Federal agencies, states, localities, non-governmental organizations, and the public and private sectors should be able to use objectives to direct efforts in schools, communities, worksites, health care practices, and other environments.
- Objectives should be **measurable**. When a baseline has been established, they should have a quantifiable measure of progress; when the objectives are developmental, they should establish a baseline and interim measures of progress.

*Use the following 8 quality control criteria to refine the preliminary list of objectives.*

To refine the list, consider whether the objective meets quality control criteria for Healthy People 2030:

- Objectives should be **useful and understandable** to a broad audience. If an important objective does not have any evidence of improvement through an effective intervention, it should become a prioritized research agenda item. Decisions about maintaining or archiving an existing objective should not be determined by whether it has met its target in a previous Healthy People iteration. The objective selection and review processes should be flexible enough to **allow revisions to objectives that reflect major updates or new knowledge**.
- Objectives should **address a range of issues** such as: behavior and health outcomes; availability of, access to, and content of behavioral and health service interventions; socio-

environmental conditions; and community capacity.<sup>2</sup> They should be **directed toward improving health and well-being outcomes and quality of life** across the lifespan.

- Objectives should be **prevention and protection oriented**, with quantifiable measures achievable by 2030 through population-based and individual actions that affect policy, health and medical care systems, infrastructure, and/or programs.
- There should be **scientific evidence that the quantifiable measure is achievable or evidence that we can move towards it**.
- Objectives should **address health inequities and health disparities in defined populations**. These include populations categorized by race/ethnicity, socioeconomic status, gender, disability status, sexual orientation, and geographic location. For specific health issues, additional special populations should be addressed based on an examination of the available evidence on vulnerability, health status, and disparate care.
- Healthy People 2030 is heavily data driven. **Valid, reliable, representative data and data systems at the national, state, and community levels** should be used for Healthy People 2030 objectives. Each core objective must have: 1) an identified data source; 2) baseline data; and 3) a total of at least 3 data points throughout the decade. One additional data point is recommended, in addition to the 2 that are required.
- **Address SDOH<sup>3</sup>** wherever they impact attainment of health objectives.

*F. Estimate what can be achieved and by when, using best current knowledge.*

<b>Recommendation 8.1</b>	Healthy People 2030 objectives should include quantifiable measures of progress that employ best current knowledge to estimate what can be achieved, and how quickly, for systematically identified opportunities.
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*G. Modify quantifiable measures of progress (targets) based on new evidence.*

<b>Recommendation 8.2</b>	Healthy People 2030 targets should not be static, but should be subject to revisions based on new knowledge and experience in efforts to achieve defined objectives.
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<sup>2</sup> Community capacity is defined as the ability of a community to plan, implement, and evaluate health strategies.

<sup>3</sup> As explained by Braveman P, Arkin E, Orleans T (2017), in this context, “Health means physical and mental health status and well-being, distinguished from health care.”

### STEP 3. Categorize the Refined List of Objectives and Prioritize Based on Expected Impact

#### *H. Classify the objectives into 3 groups: core, developmental, and research.*

Recommendation 9	<p><b><u>Core Objectives:</u></b> High-priority objectives that have: 1) an identified data source or potential data source; 2) baseline data; and 3) assurance of at least 1 additional data point throughout the decade.</p> <p><b><u>Developmental Objectives:</u></b> High-priority issues that do not meet the data standards for inclusion as core objectives but are associated with effective evidence-based interventions. When objectives are developmental, a baseline and interim quantifiable measure of progress should be established.</p> <p><b><u>Research Objectives:</u></b> High-priority objectives that do not meet data standards and that are not associated with effective evidence-based interventions. They should prioritize financial and policy support for activities that, based on the best evidence, have a high likelihood of improving measurable outcomes. HHS should assure alignment of Healthy People 2030 objectives with the responsibilities and accountability of all its agencies and support the identified priority developmental and research needs. HHS should also explore whether the priorities and activities of other advisory bodies are consistent with this recommendation, if permissible under Federal Advisory Committee Act (FACA) regulations.</p>
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#### *I. Identify both core and research objectives to include in Healthy People 2030.*

Recommendation 9.1	<p>When no known effective intervention is available, but health or economic burden is high, the issue should become a priority for research. Further analysis is needed to determine whether collecting data for research objectives increases interest in and funding to address health determinants and intervention research. HHS should consider how to integrate information emanating from Healthy People 2030 into funding priorities in research, operations, and policy advocacy.</p>
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#### *J. HHS should help stakeholders meet the Healthy People objectives.*

Recommendation 9.2	<p>HHS, through its many agencies, needs to play an enhanced role in helping stakeholders meet the Healthy People objectives. It should prioritize financial and policy support for activities that, based on the best evidence, have a high likelihood of improving measurable outcomes. It should assure alignment of Healthy People 2030 objectives with the responsibilities and accountability of all its agencies and support the identified priority developmental and research needs.</p>
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*K. Apply prioritization criteria to rank core objectives by expected impact.*

<b>Recommendation 9.3</b>	<p>Healthy People 2030 should identify priorities and opportunities by applying a prioritization framework, generalizable to and usable by all target audiences. Criteria that should be applied <b>to prioritize the core objectives</b> are:</p> <ul style="list-style-type: none"><li>• <b>Overall health burden</b> (both preventable and not yet preventable based on current opportunities)</li><li>• <b>Preventable burden</b> (i.e., ameliorable fraction/amount of health and well-being to be gained) from implementation of available effective interventions</li><li>• <b>Health inequity/disparity reductions</b> possible based on current opportunities, including opportunities to address SDOH</li><li>• <b>Cost effectiveness and prevention effectiveness</b></li></ul>
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**Issues for Consideration:**

- Any framework for prioritization should be sufficiently flexible to be usable by all groups. It should apply to different levels of organization, such as national, state, tribal, and community.
- Priorities and opportunities should be reorganized in a way that limits the number of objectives.

**Rationale:**

- Developmental objectives lack national baseline data and, therefore, have limited or no technical specifications (data details) available. To be moved to the body of core objectives, developmental objectives must, by the time of the midcourse review, have a nationally representative potential data source and at least 2 data points: baseline and at least 1 tracking point.

### III. Recommended Data Requirements for Healthy People 2030

The Committee recommends 4 actions to ensure that data upon which Healthy People 2030 are based fulfill core functions, enable assessment of trends, and manage efforts to achieve the objectives.

<i>Timeliness of the data (how soon after data collection the data should be made available)</i>	
Recommendation 10	For Healthy People 2030 objectives, data should be made available as soon as possible and no later than 1 year after the end of data collection.
<i>Frequency of data (recommended interval between data collection periods)</i>	
Recommendation 11	Data collection should occur annually.
<i>Number of data points</i>	
Recommendation 12.1	Objectives should have at least 3 data points within the decade.
Recommendation 12.2	To establish reliable trends, data points from a prior decade may be included if those data points are comparable.
<i>Data syndication</i>	
Recommendation 13	Current data syndication efforts should continue for Healthy People 2030, and they should increase in frequency.

Additional recommendations on data requirements for Healthy People 2030 include the following:

<i>Data quality</i>	
Recommendation 14	When Healthy People 2030 objectives are being selected, the quality of the existing and potential data sources should be considered based on currently accepted and published standards.
<i>Community data</i>	
Recommendation 15	To support programs and inform policies to meet the objectives, data specific to the community are needed. HHS should work with communities to frequently (e.g., every quarter) update community-level information (e.g., numerical data, observations that community members are making about progress or barriers). Community-level information should be used together with national, state, and tribal data to enable accountability, surveillance, and decision-making.

#### IV. Recommended Stakeholder Engagement for Healthy People 2030

It is essential for Healthy People 2030 to clearly communicate with diverse stakeholders. New information that the Committee has proposed for the Healthy People 2030 Framework (Appendix B) provides context and rationale for the initiative's approach to engage stakeholders.

- Background (Past and Present): Situates Healthy People 2030 within the 5-decade history of Healthy People. It describes the initiative's major accomplishments and highlights areas where progress is lagging.
- Foundational Principles: Explains the function and orientation of Healthy People 2030. It informs the work of the Committee and communicates to all stakeholders the principles that underlie decisions about Healthy People 2030.

- Plan of Action: Describes what Healthy People 2030 proposes to do.
- Objectives: Deals briefly with the process through which specific objectives are set.
- The Future and Stakeholders: Informs all stakeholders about how and when progress toward Healthy People 2030 goals is assessed, and where information about such progress can be found.

Recommendations for engaging stakeholders in Healthy People 2030 include the following:

<i>Stakeholder engagement process</i>	
<b>Recommendation 16</b>	Broad engagement should include more than structured public comment periods for testimony or written comment.
<i>Stakeholder types</i>	
<b>Recommendation 17</b>	Adopt a Health in All Policies approach to identifying sectors for inclusion in the process.

Stakeholders from across a range of sectors should be engaged in Healthy People 2030, including:

- Health and health care
  - Public health
  - Hospitals and health care delivery systems
  - Health insurance companies
  - Pharmaceutical companies
  - Emergency response
- Environment/environmental regulation
- Transportation
- Criminal justice, juvenile justice, law enforcement, public safety
- State, tribal, and local government
- Housing
- Education
- Faith-based communities
- Urban planning and development
- Labor/labor organizations
  - Worker safety
- Energy and utilities
- Food and agriculture
- Commerce and business
- Defense and military
- Technology and IT

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*Appendix A.*

Report of the Subcommittee on Prioritization and  
Criteria for Objective Selection, Healthy People 2030

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# Prioritization and Criteria for Objective Selection, Healthy People 2030

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## Executive Summary

The charge of the Subcommittee on Prioritization and Criteria for Objective Selection (Prioritization Subcommittee) is to:

- Identify criteria to be used in prioritizing and setting quantifiable objectives
- Consider how to reduce the overall number of measurable objectives

This report presents an overview of the Prioritization Subcommittee’s recommendations for various aspects of this charge, followed by a more detailed explication of and guidance on the thinking that undergirds them. While the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Committee) is charged with providing guidance to the Secretary of the U.S. Department of Health and Human Services (HHS), our recommendations can be adapted for use by Healthy People stakeholders at other levels, such as states and localities.

### **Operating Principles That Undergird the Priority-Setting Approach for Healthy People 2030**

- Health inequities are a key concern of Healthy People 2030. The initiative must enable stakeholders to identify opportunities to address health inequities and achieve health equity.
- Analyses of cost effectiveness and reduction of population health burden for Healthy People objectives should be understood as an important part of government budget priorities.
- The availability of 1 or more effective interventions is a critical consideration.

Steps in Prioritizing and Selecting Objectives, and Related Recommendations to the Secretary

### STEP 1. TOPICS

#### **A. Make decisions on topics: Organize opportunities within Healthy People 2030**

Healthy People 2030 should offer flexibility to array objectives according to interests or dimensions—e.g., it could offer analysis by: age group across the lifespan; general domain (social environment, physical environment, behavior, clinical); intervention type; risk factors; disease or injury; or target audience.

#### **B. Convene working groups with federal and non-federal stakeholders**

HHS should refine the list of Healthy People 2030 topics and identify and engage non-federal stakeholders to participate in topic workgroups. Topics will be used to organize the Healthy People 2030 objectives; they should reflect the “most important” aspects of health, based on:

- Reducing deaths
- Reducing morbidity
- Reducing disability
- Reducing health disparity/increasing health equity
- Increasing well-being

1. Convene workgroups to develop Healthy People 2030 objectives  
HHS should use a blended, federal and non-federal approach (e.g., national nonprofits and associations) to set and prioritize objectives.

## STEP 2. PRELIMINARY OBJECTIVES

2. Develop preliminary objectives for Healthy People 2030: Criteria to be used  
Nine criteria (summarized in Tables 3A and 3B, and further explained later in this report) should be considered when commenting on proposed objectives or suggesting additional ones. The criteria are intended for use first in developing a preliminary set and, second in conducting a quality control review.

<b>2A</b>	<b>Develop a list of preliminary objectives by considering overarching issues for HP2030</b>
To determine which objectives should be considered for inclusion in Healthy People 2030, consider:	<p>Results to be achieved should <b>reflect issues of national importance</b> and <b>support the Healthy People 2030 goals</b>.</p> <p>Objectives should <b>be measurable</b>; when a baseline has been established, they should have a quantifiable measure of progress to be achieved by 2030 and, when the objectives are developmental, they should establish a baseline and interim measures of progress.</p>
<b>2B</b>	<b>Refine the preliminary list of objectives by applying quality control criteria</b>
To refine the list of objectives, consider whether the objective meets quality control criteria for Healthy People 2030:	<p>Be <b>useful and understandable</b> to a broad audience.</p> <p>The objective selection and review processes should be flexible enough to allow revisions to objectives that <b>reflect major updates or new knowledge</b>.</p> <p><b>Address a range of issues</b> such as: behavior and health outcomes; availability of, access to, and content of behavioral and health service interventions; social determinants of health (SDOH); and community capacity.</p> <p>Be <b>prevention and protection oriented</b>, with quantitative measures achievable by 2030 through population-based and individual actions that affect policy, health and medical care systems, infrastructure, and programs.</p> <p>Be <b>supported by scientific evidence</b> that the <b>quantifiable measure is achievable or evidence that we can move toward it</b>.</p> <p><b>Address health inequities and health disparities in defined populations</b>. These include populations categorized by race/ethnicity, socioeconomic status, gender, disability status, sexual orientation, and geographic location.</p> <p><b>Use valid, reliable, representative data and data systems at the national, state, tribal, and community levels</b> for Healthy People 2030 objectives.</p> <p><b>Address SDOH</b> wherever they impact attainment of objectives.</p>

3. Set quantifiable measures of progress for Healthy People 2030 objectives and modify these

based on new evidence and data during the decade.

Healthy People 2030 objectives should include quantifiable measures of progress that employ the best current knowledge to estimate what can be achieved—and how quickly—for systematically identified opportunities. Healthy People 2030 should not be a static document but should be subject to revisions based on new knowledge and experience in efforts to achieve defined objectives.

### STEP 3. FINAL OBJECTIVES

#### A. Categorize the final list of objectives into 3 groups: core, research, and developmental

##### 4. Categorize the refined list of objectives into 3 groups:

Identify both core objectives and research objectives to include in Healthy People 2030.

- **Core objectives:** Each core objective (implementation objective) must have 1) an identified data source, or potential data source, 2) baseline data, and 3) assurance of at least 1 additional data point throughout the decade.
- **Research objectives:** HHS, through its many agencies, needs to play an enhanced role in helping stakeholders meet the Healthy People objectives. It should prioritize financial and policy support for activities that have a high likelihood of improving measurable outcomes.
- **Developmental objectives:** High-priority issues that do not meet the data standards for inclusion as a core objective but are associated with effective evidence-based interventions. When objectives are developmental, a baseline and interim, quantifiable measure of progress should be established.

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

##### 5. Criteria to be used in prioritizing quantifiable objectives for Healthy People 2030

Presenting opportunities that are relevant to the needs of different segments of the broad Healthy People 2030 audience will require prioritizing opportunities based on a predetermined, common set of criteria; these include:

- **Overall health burden** (both preventable and not yet preventable based on current opportunities)
- **Preventable burden** (i.e., ameliorable fraction/amount of health and well-being to be gained), from implementation of available effective interventions
- **Health inequity/disparity reductions possible** based on current opportunities, including opportunities to address SDOH
- **Cost effectiveness and prevention effectiveness**

## **Operating Principles that Undergird the Priority-Setting Approach for Healthy People 2030**

*Health inequities are a key concern of Healthy People 2030. The initiative must enable stakeholders to identify opportunities to address health inequities and achieve health equity.*

Healthy People 2030 should prioritize attention to health inequities and opportunities to reduce them. Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences—including powerlessness and lack of access to: good jobs with fair pay; quality education and housing; safe environments; and quality medical care.<sup>1, 2</sup>

Health equity is a value based on the core principal of social justice, and is therefore an overarching goal for the Healthy People 2030 initiative. This concept cannot yet be used as a measure of the initiative's overall success because metrics are not yet in place to enable assessment of how far away the destination is—or what quantifiable amount of progress we have made. Health equity is an important concern for U.S. society; our Nation's prosperity depends on the health and well-being of the entire population. Members of a healthy population can actively participate as citizens in our democracy,<sup>3</sup> and as more productive workers who have lower annual costs for medical care.

Healthy People 2030 should offer context and background on the overarching purpose of the initiative, covering issues important to implementing Healthy People over the next decade. These include historical and structural bases for inequities (e.g., income inequalities); removing conditions that contribute to worsened or new health inequities; and locating and making effective use of data.

- Highlight historical bases for inequities
  - Major structural issues affect health inequities in the U.S. but are not readily identifiable in most Healthy People objectives.
    - Such issues encompass the traditional SDOH (e.g., poverty, housing, criminal justice, education), the ability to accumulate financial assets, and determinants lying further upstream that have had broad influences on health and well-being over significant periods in our history. For instance, racism, discrimination, and policy decisions have disadvantaged subpopulations over time and continue to have residual effects. Examples include:
      - Redlining decisions that led to consistent degradation in certain communities
      - Policies limiting who can qualify for certain types of housing on bases other than their financial situation
      - Academic funding and policies that lead to differential opportunities for academic success

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<sup>1</sup> Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017. Accessed online 9.22.2017 at: [https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2017/rwjf437393](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393)

<sup>2</sup> The Subcommittee on Social Determinants of Health and Health Equity is currently (as of October 2017) developing a definition of health equity to be presented to and discussed by the Secretary's Advisory Committee.

<sup>3</sup> Braveman, PA, Kumanyika S, Fielding J, LaVeist T, Borrell LN, Manderscheid R, Troutman A. (2011). Health disparities and health equity: the issue is justice. *American journal of public health*, 101(S1), S149-S155.

- Explain the nature of structural problems and how interventions can address them
  - What is it about the policies, programs, or systems that allow or create inequities?
    - Discuss analyzing policies to see why they don't benefit everyone equally (e.g., Edward Ehlinger's Triple Aim for Health Equity)<sup>4</sup>
- Explore how to remove inequitable conditions and the causes of inequities
  - Monitor and address SDOH
  - Respond quickly and at necessary scale when communities are "infected" by detrimental social determinants (e.g., the opioid crisis)
  - Explain how inequities related to social determinants undercut the effectiveness of many potential health interventions  
Consider strategies to prevent new or increased health inequities
- Make effective use of data that demonstrate inequities
  - Address the topic of data that can identify health inequities and their causes, including:
    - Where to look for such data
    - How to evaluate it
    - How to use it and determine whether it can be used to track improvements

**Analyses of cost effectiveness and reduction of population health burden for Healthy People objectives should be understood as an important part of government budget priorities.**

Increasingly, stakeholders will look at not only health effects, but economic efficiency of—and economic return on—investments in health and policy decisions within multiple sectors that affect health and well-being. It is therefore important that HHS include economic and prevention effectiveness<sup>5</sup> analyses in Healthy People 2030. When data are available, such analyses should include preventable health burden and intervention cost effectiveness. The Committee should recommend the best opportunities to display this information and the most effective ways to present results of these analyses.

**Issues for consideration:**

- To gain acceptance, consistent methods of cost effectiveness analyses are vital. Explanation of how to operationalize the inclusion of standardized methods for economic analysis is needed. Analysis of prevention effectiveness is also important when it is difficult to estimate costs (i.e., for some health relevant policies).
- Many interventions lack validated data necessary to perform these types of analyses. Lack of such analysis should not preclude recommending specific objectives and related interventions. Wherever there are data to support analysis, including modeling, economic analysis should be required or strongly recommended.
- There is potential to encounter the "wrong pocket problem" (i.e., an organization that is in the best position to make an investment to improve an aspect health and well-being may not be the one that will benefit from savings that accrue). The government should consider existing and potential incentives to increase such investment. One potential approach could be to project the effects of public sector investments to improve health and well-being on Medicaid or Medicare expenditures.

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<sup>4</sup> Ehlinger EP. We need a Triple Aim for Health Equity. *Minnesota medicine*. 2015 Oct;98(10):28-9.

<sup>5</sup> Haddix, Anne C., Steven M. Teutsch, and Phaedra S. Corso, eds. *Prevention effectiveness: a guide to decision analysis and economic evaluation*. Oxford University Press, 2003.

- When possible, the U.S. Preventive Services Task Force (USPSTF) and the Community Preventive Services Task Force (CPSTF) attempt to conduct economic analyses to provide contextual information. Sometimes available data are insufficient. When sufficient data are available to support economic analysis, users have often found the results to be helpful. Identifying where such analysis has not been performed can elevate the priority level of such opportunities within the research agenda.

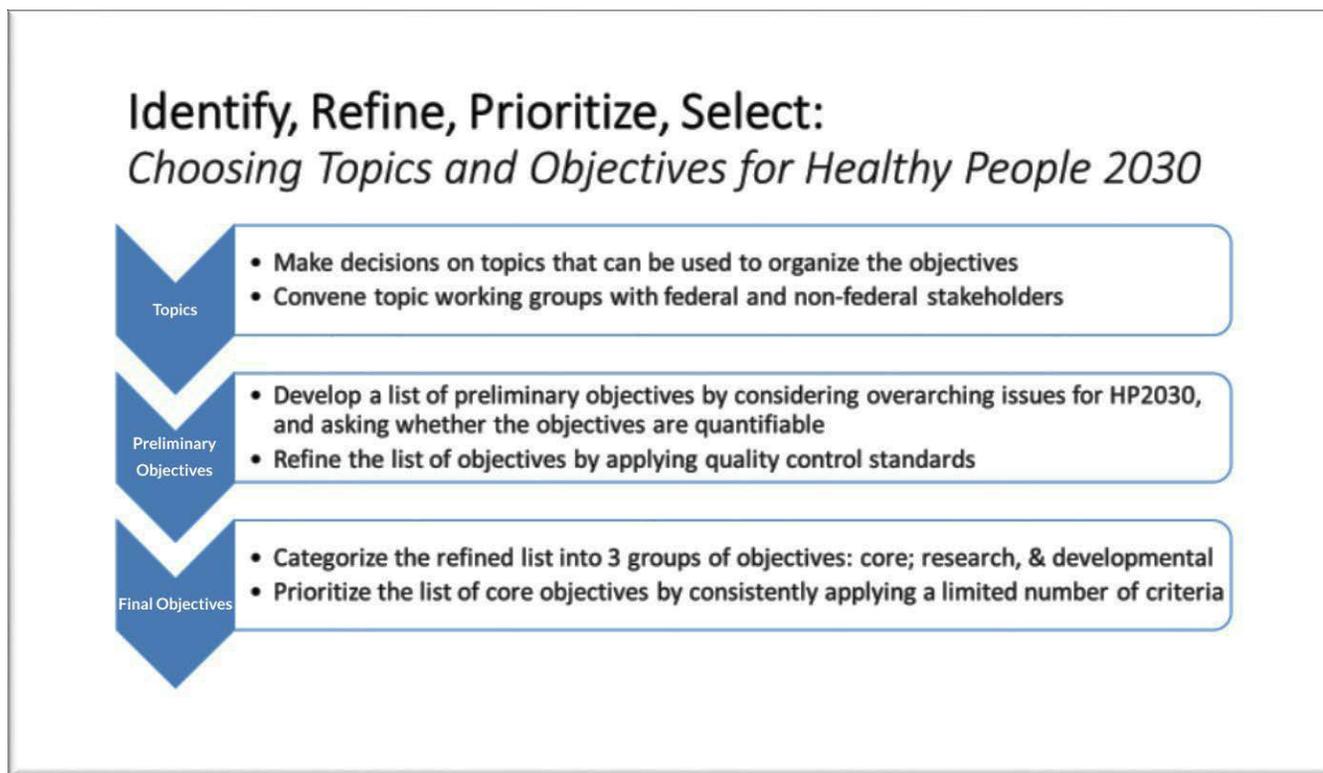
**The availability of 1 or more effective interventions is a critical consideration.**

- Healthy People 2030 should drive action on issues for which there is at least 1 known effective intervention. The core set of implementation objectives should only include those that have data on effective interventions. Attention should be accorded to any objectives that were not included in Healthy People 2020, but for which 1 or more known effective interventions are available. Attention to implementation science (the study of methods that influence the integration of evidence-based interventions into practice settings) can increase movement toward the Healthy People 2030 objectives.

### Overview of the Process

In Figure 1, below, we provide an overview of steps through which decision-makers may wish to proceed in identifying, refining, prioritizing, and selecting a final set of topics and objectives for Healthy People 2030. We have interwoven these steps as subheadings throughout the report to assist the reader in applying the concepts discussed in this report to practical decisions that will yield a manageable set of measures. Figure 2, which details these steps in a more comprehensive manner, is available in the Appendix.

Figure 1. Overview of the Process for Choosing Topics and Objectives for Healthy People 2030



## Detailed Discussion of Prioritization and Objectives Selection

### STEP 1. TOPICS

Make decisions on topics

#### **1. Organizing opportunities within Healthy People 2030**

##### **Recommendation:**

Healthy People 2030 should offer users the flexibility to array objectives according to different interests or dimensions. As an example, the organization of Healthy People 2030 could offer analysis by age group across the life course. It could also be organized by several other approaches, such as by: general domain (social environment, physical environment, behavior, clinical); intervention type (policy, education, clinical, system, etc.); risk factors, disease or injury; or target audience (business, schools, states, local government, federal government, clinical care system, nonprofit organizations that are interested in health and well-being, etc.).

##### **Options for developing topics and arranging the objectives might include:**

- A set of lead topics and their associated objectives. This approach would align with the one that has been used for Healthy People 2020 (e.g., Adolescent Health, Cancer, Diabetes, etc.) and with prior Healthy People initiatives.
- A set of objectives that are disconnected from any single topic, but that can be categorized within multiple topic areas (e.g., chronic disease mortality, important objectives for infectious disease, chronic disease, access to care, socioeconomic and environmental issues, systems, etc.) This approach would be particularly useful if partner organizations are engaged to manage objectives for specific topics such as Heart Disease or Older Adults.

##### **Issues for consideration: Experience from Healthy People 2020:**

In planning for Healthy People 2020, the Committee emphasized a lifecourse approach and cumulative risk over time. Research over the past decade affirms and reinforces the importance of this approach and the enhanced value of interventions early in the life course.

Examples of how broad objectives might be arrayed by life course include: all children should have the best possible growth and development so that they enter kindergarten ready and able to learn; and all seniors should have health care and social supports that maximize independent living or functional independence. The initiative should crosswalk age groups with specific risk factors or social determinants.

- Opportunities for Healthy People 2020 were arrayed by topic area. Advances in information technology make it possible to array objectives in several different ways, depending on the interest of the user. An appendix could explicate the relationship between determinants and outcomes (e.g., with a crosswalk table).
- Organizing objectives in several different ways within a “digital universe” will encourage decision-makers to consider multiple perspectives on a given issue, its contributing factors, and potential solutions or partners for problem solving.

### Convene topic working groups with federal and non-federal stakeholders

Decision-makers should refine the list of Healthy People 2030 topics and identify and engage non-federal stakeholders to participate in topic workgroups. Topics will be used to organize the Healthy People 2030 objectives; they should reflect the “most important” aspects of health based on:

- Reducing deaths
- Reducing morbidity
- Reducing disability
- Reducing health disparity/increasing health equity
- Increasing well-being

Decision-makers should recruit stakeholder organizations, such as national nonprofits or associations, to participate in the workgroups and in objective development.

## ***2. The process for developing Healthy People 2030 objectives***

### **Recommendation:**

HHS should use a blended, public-private approach to prioritizing and objective setting. For some topics, the preferred approach should involve leadership and coordination from a Federal Interagency Workgroup (FIW), but with meaningful involvement from relevant private organizations. For others, it would be preferable to have private sector organizations provide leadership and coordination, but with involvement of appropriate federal organizations. We also recommend that HHS, working with the FIW, develop guidelines for how to distribute responsibilities in a manner that builds on the strength of both the public and private sector and promotes efficiency and transparency.

### **Rationale:**

Central attention should be paid to a limited set of objectives that are prioritized based on the factors outlined in the prioritization criteria. Collaboration for many topics would reduce the burden on the health organization, which will usually take the lead. It will be critical to offer training in methods so that the Nation receives consistent work products and compatible measurements.

### **Issues for consideration:**

- We encourage the FIW’s workgroups, which are staffed by the federal government, to also involve individuals who represent other organizations.
- The potential and risks in calling upon empowered partner organizations from outside of government to engage in the process of developing and managing objectives for Healthy People 2030 should be thoroughly discussed by the full Committee.
- We recommend involving other stakeholder organizations (e.g., nonprofits or associations) in the prioritization and objective-setting process, as there are benefits to doing so.

## STEP 2. PRELIMINARY OBJECTIVES

### 3. Developing preliminary objectives for the Healthy People 2030 framework: Criteria to be used

#### Recommendation:

The following 9 criteria should be taken into consideration when commenting on the proposed objectives or suggesting additional ones. Weighting of criteria may differ depending upon the topic area. For most objectives all criteria are relevant, but for others not all criteria are relevant.

#### Develop a list of preliminary objectives by considering overarching issues for HP2030

To determine which objectives should be considered for inclusion in Healthy People 2030, consider:

- The result to be achieved should **reflect issues of national importance** and **support the Healthy People 2030 goals**. Federal agencies, states, localities, non-governmental organizations, and the public and private sectors should be able to use objectives to direct efforts in schools, communities, worksites, health practices, and other environments.
- Objectives **should be measurable**. When a baseline has been established, they should have a quantifiable measure of progress; when the objectives are developmental, they should establish a baseline and interim measures of progress (i.e., specifying how much movement toward the objective is expected at different points in time over the 2020–2030 decade to understand the degree of progress).

#### Refine the preliminary list of objectives by applying quality control criteria

To refine the list of objectives, consider whether the objective meets quality control criteria for Healthy People 2030:

- Objectives should be **useful and understandable** to a broad audience.
- The objective selection and review processes should be flexible enough to **allow revisions to objectives that reflect major updates or new knowledge**. If an important objective does not have any evidence of improvement through an effective intervention, it should become a prioritized research agenda item. Decisions about maintaining or archiving an objective should not be determined by whether it has met its target in a previous Healthy People iteration.
- **Objectives should address a range of issues** such as: behavior and health outcomes; availability of, access to, and content of behavioral and health service interventions; socio-environmental conditions; and community capacity.<sup>6</sup> They should be **directed toward improving health and well-being outcomes and quality of life** across the lifespan.
- Objectives should be **prevention and protection oriented**, with quantitative (measurable) measures achievable by 2030 through population-based and individual actions that affect policy, health and well-being, and medical care systems, infrastructure and/or programs.
- The objectives should be **supported by scientific evidence that the quantifiable measure is achievable or evidence that we can move toward it**.
- Objectives should **address health inequities and health disparities in defined populations**. These include populations categorized by race/ethnicity, socioeconomic status, gender, disability status, sexual orientation, and geographic location. For specific health issues, additional special populations should be addressed based on an examination of the available evidence on vulnerability, health status, and disparate care.
- Healthy People 2030, like past versions, is heavily data driven. **Valid, reliable, representative data and data systems at the national, state, tribal, and community levels should be used** for

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<sup>6</sup> Community capacity is defined as the ability of a community to plan, implement, and evaluate health strategies.

Healthy People 2030 objectives. Each regular objective must have: 1) an identified data source, or potential data source; 2) baseline data; and 3) assurance of at least 1 additional data point (a total of at least 3 data points) throughout the decade. One additional data point (in addition to the 2 that are required) is recommended but not required.

- **Address SDOH<sup>7</sup>** wherever they impact attainment of objectives.

#### ***4. Set quantifiable measures of progress for Healthy People 2030 objectives and modify these based on new evidence and data during the decade.***

Healthy People objectives serve both communication and measurement functions. Should Healthy People 2030 objectives be set based on expected progress from the baseline year, or should they incorporate calculations of what could be accomplished with full or partial implementation of evidence-based interventions that are known to be effective? The way that Healthy People 2030 answers these questions will reflect underlying choices about the meaning of the targets that are set.

##### **4.1 Recommendation:**

Healthy People 2030 objectives should include quantifiable measures of progress that employ the best current knowledge to estimate what can be achieved—and how quickly—or systematically identified opportunities.

##### **Rationale:**

Previously, Healthy People has often set quantitative objectives at an “aspirational” level to inspire progress. Aspirational objective setting reflects the view that we cannot, as a Nation, accept limited progress. Yet a delicate balance is required to set quantitative objectives at levels that maximize progress without seeming impractical. Aspirational quantitative objectives can have the unintended consequence of yielding avoidable gaps at the end of the decade between what Healthy People said it could achieve at the start of the decade and what is achieved. Healthy People should temper aspiration with a reasonable calculation of what is achievable and explain the factors that have been considered in arriving at that conclusion.

##### **Issues for consideration and suggested approaches:**

- Healthy People 2030 should assess what progress is possible by 2030 and use this calculation to set objectives, rather than planning to make incremental improvements from the baseline year of 2020.
- The disadvantage of an incremental approach (e.g., planning to improve by 10% from baseline) is that it neither considers current knowledge regarding effect sizes of evidence-based interventions nor how to incorporate future developments that could change what Healthy People can expect to achieve. Objectives should be changed to reflect what is achievable based on new knowledge.

##### **4.2 Recommendation:**

Healthy People 2030 should not be a static document but should be subject to revisions based on new

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<sup>7</sup> As explained by Braveman P, Arkin E, Orleans T (2017), in this context, “Health means physical and mental health status and well-being, distinguished from health care.”

knowledge and experience in efforts to achieve defined objectives.

**Rationale:**

At regular intervals between 2020 and 2030, Healthy People should look forward based on new knowledge and past progress. If an intervention is not working, that should be considered. Information should be gathered on scaling up effective interventions and should be used to recalibrate objectives for 2030.

**Issues for consideration:**

- At the state and local levels:
  - Target-setting approaches for Healthy People objectives will be a concern.
  - Federal grantees are often required to link their activities to specific Healthy People objectives, and the Centers for Disease Control and Prevention (CDC) requires states to use Healthy People objectives when they apply for funding through the Preventive Services Block Grant. There may be opportunities to examine existing mechanisms for feedback between the Healthy People objectives and outcomes data at state and local levels.

**STEP 3. FINAL OBJECTIVES.**

Categorize the final list into 3 groups of objectives: core, research, and developmental

**5. Categorizing the refined, prioritized objectives into 3 groups**

- **Core objectives:** Each core objective (implementation objective) must have: 1) an identified data source or potential data source; 2) baseline data; and 3) assurance of at least 1 additional data point throughout the decade.
- **Research objectives:** HHS, through its many agencies, needs to play an enhanced role in helping stakeholders meet the Healthy People objectives. It should prioritize financial and policy support for activities that, based on the best evidence, have a high likelihood of improving measurable outcomes. It should assure alignment of Healthy People 2030 objectives with the responsibilities and accountability of all its agencies and support the identified priority developmental and research needs. HHS should also explore whether the priorities and activities of other advisory bodies are consistent with this recommendation, if such an activity would be permissible under FACA regulations.
- **Developmental objectives:** High-priority issues that do not meet the data standards for inclusion as a core objective but are associated with effective evidence-based interventions. When objectives are developmental, a baseline and interim, quantifiable measure of progress should be established.

**5.1 Recommendation:**

Identify both core objectives and research objectives to include in Healthy People 2030.

**Rationale:**

When no known effective intervention is available but burden is high, the issue should become a priority for research. Research priorities related to objectives have been developed for prior Healthy People reports. To a variable extent, they have spurred research including data collection. Further analysis is

needed to determine whether collecting this data has increased interest in and funding to address the relevant health determinants and intervention research. Based on this analysis, HHS should consider how best to integrate information emanating from Healthy People 2030 into funding priorities in research, operations, and policy advocacy.

**Issues for consideration:**

Incentives are needed to encourage research on neglected or underfunded areas. Not all agencies' priorities or available funding align with those of the Healthy People initiative. This can be an obstacle to tying funding to the Healthy People objectives. To enlarge the impact of Healthy People 2030, HHS should examine how information about potential improvement in the health and well-being of the population and return on investment from interventions known to be effective and cost effective as noted by Healthy People 2030 can be applied to operations and policy advocacy.

**5.2 Recommendation:**

HHS, through its many agencies, needs to play an enhanced role in helping stakeholders meet the Healthy People objectives. It should prioritize financial and policy support for activities that, based on the best evidence, have a high likelihood of improving measurable outcomes. It should assure alignment of Healthy People 2030 objectives with the responsibilities and accountability of all its agencies and support the identified priority developmental and research needs. HHS should also explore whether the priorities and activities of other advisory bodies are consistent with this recommendation, if such an activity would be permissible under FACA regulations.

**Rationale:**

Developmental objectives lack national baseline data and, therefore, have limited or no technical specifications (data details) available. To be moved to the body of regular objectives, developmental objectives must, by the time of the midcourse review (which takes place midway through the decade), have a nationally representative potential data source and at least 2 data points: baseline and at least 1 tracking point. Although developmental objectives have been part of a drive for data collection and action, that effort is not always successful in prompting data availability or collection.

Over the past decade, approximately 25% of developmental objectives in Healthy People 2020 ultimately became measurable. In Healthy People 2020, 16.4% of 1,188 objectives were unmeasurable at the time of launch in 2010. By the time that the Healthy People Midcourse Review was released in 2017, 10.6% of 1,271 objectives were unmeasurable.<sup>8</sup> Developmental objectives indicate areas to be placed on the national agenda for data collection and analysis. They address subjects of sufficient national importance that investments should be made over the next decade to measure their progress.

**Issues for consideration:**

- Developmental objectives are needed, but it is important to identify those that are high priority for data collection and to promote them so they make progress. Given limited resources, they should be prioritized in keeping with the prioritization criteria in section 2 of this report.
- Developmental objectives can catalyze new data collection priorities and highlight gaps in existing federal data. Yet sometimes important gaps persist from decade to decade.
- Developmental objectives should be limited in number; a rationale for including them is needed.
- Members of the FIW should receive support and training to ensure that they can apply consistent approaches for setting quantifiable objectives.

Prioritize the refined list of core objectives based on their expected impact

***6. Criteria to be used in prioritizing quantifiable objectives for Healthy People 2030***

**Recommendation:**

Healthy People 2030 should identify priorities and opportunities by applying a prioritization framework, generalizable to—and usable by—all target audiences. The initiative should offer context and background information on the overarching purpose of the initiative, inclusive of increasing health equity.

**Rationale:**

Healthy People 2030 will need to array opportunities in a framework that speaks to the concerns and opportunities of each of the various target audiences. Every audience is important and must be engaged. This poses a communication challenge; to the greatest degree possible, the nomenclature that is used in Healthy People 2030 must be understood by individuals and groups with different backgrounds, interests, and opportunities for actions that contribute to the achievement of Healthy People 2030 objectives.

Presenting opportunities that are relevant to the needs of different segments of the broad Healthy People 2030 audience will require prioritizing opportunities based on a predetermined, common set of criteria. Discussed in this section, the same set of prioritization criteria should be used at the federal

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<sup>8</sup> Healthy People objectives are dynamic, with a fluctuating total number of objectives. Over the course of a decade, some objectives are added while others are dropped; this is also true of developmental objectives. In some cases, developmental objectives can obtain a data source and become regular Healthy People objectives. Due to the constantly changing number of Healthy People objectives, determining the percentage of developmental objectives that become measurable over a decade is not a straightforward task.

level and by stakeholders. Stakeholders may treat the criteria differently depending on their concerns. Broad criteria are listed below and are further explored in Table 1 and include:

- **Overall health burden** (both preventable and not yet preventable based on current opportunities)
- **Preventable burden** (i.e., ameliorable fraction/amount of health and well-being to be gained), from implementation of available effective interventions
- **Health inequity/disparity reductions** possible based on current opportunities,<sup>9</sup> including opportunities to address SDOH<sup>10</sup>
- **Cost effectiveness and prevention effectiveness**

**Issues for consideration and suggested approaches:**

- Any framework for prioritization should be sufficiently flexible to be usable by all groups. It should apply to different levels of organization, such as national, state, tribal, and community, and should be relevant to different user groups as they seek to achieve objectives aligned with their missions. All Healthy People 2030 audiences should use the same decision-making framework.
- Priorities and opportunities should be reorganized in a way that limits the number of objectives.
- A determination should be made for how much information should be explicitly stated on the fit of each goal or objective with prioritization criteria.
- Healthy People 2030 should provide users with background information to help them identify interventions that have the greatest potential to cost effectively result in progress in achieving the objectives. There are opportunities to address sub-populations (e.g., by age, life stage, income, or level of health literacy) that are most adversely affected. It is not necessary for all interventions to target the entire population.
- When evidence of effectiveness exists, priority should be given to those interventions that will promote greater equity.

Criterion	Rationale for Emphasizing
<b><i>Overall health burden (both preventable and not yet preventable based on current opportunities)</i></b>	The greatest opportunities for improved health relate to both underlying factors (e.g., poverty, racism, poor educational attainment) that affect multiple health problems and more proximate factors (e.g., inadequate access to high-quality health care or unhealthy habits). It is also important to emphasize diseases with large burdens (e.g., Alzheimer’s and other dementias) for which no specific effective interventions have been identified. In addition, there are serious conditions that affect a small population and for which there are effective interventions (e.g., some neural tube defects in newborns, including cystic fibrosis and PKU); these deserve inclusion, as well.
<b><i>Preventable burden, inclusive of available effective interventions</i></b>	Preventable burden is that portion that can be successfully addressed by interventions that have been shown to be effective. Preventable burden has 2 components: 1) moving all affected groups in the right direction; and 2) making progress to eliminate or reduce health inequities.

<sup>9</sup> Adaptation of effective interventions may be needed for certain populations, particularly in cases where there are health inequities/health disparities.

<sup>10</sup> One example of an opportunity to reduce health inequities and disparities might be: GIS data that identifies spatial patterns in childhood lead exposure and disparities in childhood lead toxicity.

Criterion	Rationale for Emphasizing
	Evidence-based health or public health interventions are practices, programs, or policies that have been proven effective through systematic meta-analysis. Such reviews are performed by CPSTF, the Cochrane Collaboration, and USPSTF in particular, and are highlighted in the <a href="#">Healthy People database</a> of evidence-based resources.
<b><i>Health inequities/disparities reductions possible based on current opportunities, including opportunities to address SDOH</i></b>	<p>This criterion addresses the extent to which the health inequity or disparity can be reduced by intervening.</p> <p>Inequities are important and looking at how well interventions reduce those inequities is therefore important. Addressing health inequities often requires making progress for the entire population through effective implementation of universal interventions, appropriately implemented for optimal reach in diverse circumstances, in combination with targeted interventions with subpopulations that are proportionate to need.</p>
<b><i>Cost effectiveness and prevention effectiveness</i></b>	Cost effectiveness represents the relative returns or relative value of different investments. These may include returns in health status (prevention effectiveness evaluation), or economic value (cost effectiveness analysis). Prevention effectiveness analysis seeks to maximize health, subject to budget constraints. <sup>11, 12</sup>

<sup>11</sup> Russell, Louise B. The science of making better decisions about health: cost-effectiveness and cost-benefit analysis. No. 2014-06. Working Papers, Department of Economics, Rutgers, the State University of New Jersey, 2014.

<sup>12</sup> Website of the Centers for Disease Control and Prevention, State, Tribal, Local & Territorial Public Health Professionals Gateway, Public Health Economics and Methods. Accessed 08/21/2017 at: <https://www.cdc.gov/stltpublichealth/pheconomics/>

## Appendix A.1. Stepwise Process for Choosing Topics and Objectives for Healthy People 2030

### ***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 (SDOH), 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 2A. 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 2B. Refine the list of objectives by applying quality control standards.***

- 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 quantifiable 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 SDOH wherever they impact attainment objectives.

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

- Each core objective must have: 1) an identified data source or potential data sources, 2) baseline data, and 3) assurance of at least 2 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 3B. 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).

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## *Appendix B.*

# Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030: *Approach and Final Framework for Healthy People 2030*

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## *Appendix B.*

### *Approach and Final Framework for Healthy People 2030*

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The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Committee) is a federal advisory committee composed of non-federal, independent subject matter experts. The Committee is responsible for making recommendations to the Secretary of the U.S. Department of Health and Human Services (HHS) for the development and implementation of the national health promotion and disease prevention objectives for 2030.

At its inaugural meeting on December 1 and 2, 2016, the Committee appointed an Approaches Subcommittee to think conceptually about potential approaches to a structure for Healthy People 2030, propose a framework, and identify critical components that should be included in the initiative. The Approaches Subcommittee subsequently met via teleconference 4 times between January and April of 2017. It drafted a report of recommendations for: 1) a proposed approach to Healthy People 2030; 2) a rationale for that approach; and 3) a proposed, 8-component framework that could be used to organize the initiative's structure and content.

Members of the Committee met by webinar on April 26, 2017, to review, discuss, and approve the draft report of the Approaches Subcommittee. The Committee approved the report, including the first 5 elements (vision, mission, foundational principles, overarching goals, and plan of action). Their approval included the caveat that the report's final 3 elements (objectives, the future, and stakeholders) would later be updated using input from other subcommittees whose work pertains to them. After receiving this input, the Approaches Subcommittee met on August 31, 2017, to review and approve the revised report.

The HHS Office of Disease Prevention and Health Promotion (ODPHP) posted the proposed framework on the HealthyPeople.gov website from June 27 through September 29, 2017. Members of the public submitted 1,016 comments on the proposed framework, including those submitted through an online database on the website, by email, and via oral comment. Analysis of public comments was conducted by a contractor and a report of the findings was shared with the Approaches Subcommittee at a webinar on October 16, 2017. The Subcommittee revised the framework to address public comment and met again to finalize the report on December 1, 2017. The final framework report was presented to, discussed, revised, and approved by the full Committee during a web-based meeting on December 11, 2017.

#### **Introduction**

##### ***Our approach***

Over the past decade, the Healthy People 2020 initiative was built around statements of vision and mission, as well as a set of 4 overarching goals. For Healthy People 2030, the Committee recommends **modifying this structure** by including additional elements to add information about the central ideas and principles of Healthy People 2030 and using a clarifying statement to describe key actions. In addition to the Vision, Mission and Overarching Goals, new elements to be included this

decade are: **Background (Past and Present), Foundational Principles, Plan of Action, Objectives, The Future, and Stakeholders.**

### ***Rationale for this approach***

It is essential for Healthy People 2030 to clearly communicate to and reach diverse stakeholders. A web environment gives us the flexibility to communicate about Healthy People 2030 in ways that meet the needs of different audiences. The new information that we propose to include in Healthy People 2030 would provide context and rationale for the initiative's approach:

- **Background (Past and Present)**—Situates Healthy People 2030 within the 5-decade history of Healthy People. It describes the initiative's major accomplishments and highlights areas where progress is lagging.
- **Foundational Principles**—Explains the function and orientation of Healthy People 2030. It informs the work of the Committee. It also communicates to all stakeholders the principles that underlie decisions about Healthy People 2030.
- **Plan of Action**—Describes what Healthy People 2030 proposes to do.
- **Goals and Objectives**—Provides an overview of the process through which specific objectives are set.
- **The Future**—Informs all stakeholders about how and when progress toward Healthy People 2030 goals is assessed and where information about such progress can be found.
- **Stakeholders**—Indicates who will move Healthy People 2030 forward.

### **The Healthy People 2030 Framework**

#### **BACKGROUND (PAST AND PRESENT)**

Healthy People is a national effort that sets goals and objectives to improve the health and well-being of people in the United States.

#### *"History of the Healthy People initiative"*

Healthy People 2030 is the fifth edition of Healthy People. It aims at new challenges and builds on lessons learned from its first 4 decades. The initiative began in 1979, when Surgeon General Julius Richmond issued a landmark report entitled, *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention*.<sup>13</sup> This report focused on reducing preventable death and injury. It included ambitious, quantifiable objectives to achieve national health promotion and disease prevention goals for the United States within a 10-year period (by 1990). The report was followed in later decades by the release of updated, 10-year Healthy People goals and objectives (*Healthy People 2000*, *Healthy People 2010*, and *Healthy People 2020*). For more on the history of Healthy People refer to <https://www.healthypeople.gov/2020/About-Healthy-People/History-Development-Healthy-People-2020>.

#### *"What Healthy People contributes"*

Healthy People helps users to access data on changes in the health status of the U.S. population; these data also inform each new decade's goals and objectives. Communities across the U.S. may adopt Healthy People goals and objectives. Communities, which may be as small as neighborhoods or large as municipalities, may alter the goals and objectives to meet their own needs, and/or use them to set priorities for their region and population groups. Healthy People priorities are those aspects of health that are the most critical to overall health and well-being and can be improved using our available knowledge.

<sup>13</sup> USA. Department of Health, Education and Welfare. (1979). *Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention 1979*.

Since the Healthy People initiative was first launched, the United States has made significant progress. Achievements include reducing major causes of death such as heart disease and cancer; reducing infant and maternal mortality; reducing risk factors like tobacco smoking, hypertension, and elevated cholesterol; and increasing childhood vaccinations. During these decades, the importance of collaborating across agencies at the national, state, local, and tribal levels, and with the private and public health sectors has been demonstrated.

A key lesson is that a widely accessible plan containing achievable goals and objectives can guide the action of individuals, communities, and stakeholders to improve health. To achieve the health and well-being of all people, it is essential to involve, as active partners, diverse stakeholders from across the public, private, and nonprofit sectors. It is important to monitor progress on Healthy People goals and objectives, and to share high-quality data and feedback on progress with stakeholders and the public. In addition, we have learned that significant changes (e.g., reduced rates of smoking) may be difficult, but are achievable through persistent effort.

Although much progress has been made, the United States lags other developed countries (such as other members of the Organisation for Economic Co-operation and Development [OECD]) on key measures of health and well-being, including life expectancy, infant mortality, and obesity, despite spending the highest percentage of its gross domestic product on health. A challenge for Healthy People 2030 is to guide the United States in achieving our population's full potential for health and well-being so that we are second to none among developed countries.

#### **VISION**

*"Where we are headed"*

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

#### **MISSION**

*"Why we are here"*

To promote, strengthen, and evaluate the Nation's efforts to improve the health and well-being of all people.

#### **FOUNDATIONAL PRINCIPLES**

*"What guides our actions"*

Foundational Principles explain the thinking that guides decisions about Healthy People 2030.

- Health and well-being of all people and communities are essential to a **thriving, equitable society**.
- Promoting health and well-being and preventing disease are **linked efforts** that encompass **physical, mental, and social** health dimensions.
- Investing to achieve the full potential for health and well-being for all provides **valuable benefits to society**.
- Achieving 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 health and well-being.

- Promoting and achieving the Nation's health and well-being is a **shared responsibility** that is distributed across the national, state, tribal, and community levels, including the public, private, and nonprofit sectors.
- Working to attain the full potential for health and well-being of the population is a component of **decision-making and policy formulation** across all sectors.

#### **OVERARCHING GOALS**

*"What we plan to achieve"*

- Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury, and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.
- Promote healthy development, healthy behaviors, and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

#### **PLAN OF ACTION**

*"What we propose to do"*

- Set national goals and measurable objectives to guide evidence-based policies, programs, and other actions to improve health and well-being.
- Provide data that can drive targeted actions to address regions and populations with poor health or at high risk for poor health in the future.
- Foster impact through public and private efforts to improve health and well-being for people of all ages and the communities in which they live.
- Provide tools for the public, programs, policymakers, and others to evaluate progress toward improving health and well-being.
- Share and support the implementation of evidence-based programs and policies that are scalable and sustainable.
- Report biennially on progress throughout the decade from 2020 to 2030.
- Stimulate research and innovation toward meeting Healthy People 2030 goals and highlight critical research, data, and evaluation needs.
- Facilitate development and availability of affordable means of health promotion, disease prevention, and treatment.

**OBJECTIVES***"How specific objectives are set"*

Healthy People 2030 organizes objectives by cross-cutting themes that are important to the health of the Nation; these themes provide a flexible structure for the initiative. Guided by the Healthy People 2030 mission, vision, overarching goals, and foundational principles, stakeholders contribute to identifying, prioritizing, and setting objectives. They do this work through a systematic process of applying a set of clearly defined, predetermined criteria to choose and refine a set of working objectives. From this preliminary set, final objectives are selected based on overall health burden, preventable burden, the ability to reduce health inequities and health disparities, and cost-effectiveness/prevention effectiveness. The final Healthy People 2030 objectives may be modified throughout the decade based on new evidence and data, in keeping with the dynamic nature of the initiative.

**THE FUTURE***"How progress will be assessed"*

Throughout the decade, Healthy People 2030 will assess progress toward meeting the objectives for the Nation, eliminating health disparities between groups, and advancing health equity. Such progress will be reported frequently, based on the goals, objectives, and available data. Data will continue to play a central role in Healthy People 2030 as it moves into the future. Frequency of data collection; trend calculation; quality of the data; timeliness of releases to the public; advances in technology and data collection processes; and the involvement of state, tribal, and community data partners from public, private, and nonprofit sources are factors that will impact how often reporting on progress occurs. Progress updates will be conducted biennially, actively disseminated, and will be made available and accessible on the Healthy People 2030 website. The progress updates will enable stakeholders and the public to take action to achieve Healthy People 2030 objectives.

**STAKEHOLDERS***"Who will move Healthy People 2030 forward"*

Healthy People 2030 provides action goals that are intended to be used by national, state, tribal, and community stakeholders. Reaching Healthy People 2030 goals and objectives requires full involvement of stakeholders. Stakeholders are active partners, working across all sectors, who contribute to the development of objectives, prioritize decisions, and take actions throughout the decade to achieve optimal health and well-being for all people. Recognizing that the only way to achieve a healthy population is through the effort of all, Healthy People 2030 seeks to engage a collection of stakeholders that is as diverse as possible across a range of public, private, and nonprofit sectors. Creating health equity will require the participation of all sectors that affect the determinants of health. This responsibility is shared, because all sectors of society both impact and benefit from the health and well-being of the population.

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*Appendix C.*  
Glossary of Working Definitions for  
Healthy People 2030

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## *Glossary of Working Definitions for Healthy People 2030*

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To provide a robust context for its recommendations, the Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Committee) has been discussing and continues to refine definitions of certain key terms that are mentioned throughout its reports. Until the Committee has reached consensus on final definitions for these terms, it is using “working definitions” to ensure that members have a common point of reference for their discussions, and that readers of subcommittee reports understand the intended meaning of these terms. For ease of reference, the Committee provides working definitions below for these key terms.

**Health** refers to a person’s physical and mental condition; it implies fitness under changing circumstances, and must be safeguarded against threats from illness, injury, or death. Hence, the definition of health incorporates both physical and mental health, and safety is considered an important determinant of health.

**Health and well-being** refers to how people think, feel, and function at a personal and a social level—and how they evaluate their lives as a whole.

**Health equity** means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences.<sup>14</sup>

**Health literacy** occurs when a society provides accurate health information and services that people can easily find, understand, and use to inform their decisions and actions.

A **law** is an established procedure, standard, or system of rules that must be followed by members of a society. Laws take many forms, such as constitutions, statutes, regulations, and case law (i.e., court decisions). They are shaped by “sub-regulatory guidance,” or written guidance that does not go through the formal rulemaking process. This guidance appears in various forms, such as agency memoranda, letters to state officials, and manuals.

A **policy** is a decision or set of decisions oriented toward a long-term purpose or to a problem. While a policy is not in itself a law, the policy-making process may identify laws that would be needed to implement the policy’s goals.

**Well-being** is an inclusive phenomenon that encompasses many aspects of life and states of being, including physical, mental, emotional, social, financial, occupational, intellectual, or spiritual.

**Social cohesion** is “a group or population that works toward the well-being of all of its members, fights exclusion and marginalization, creates a sense of belonging, and promotes trust;”<sup>15</sup> it has been

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<sup>14</sup> Braveman P, et al, 2017. Accessed online 9.22.2017 at:  
[https://www.rwjf.org/content/dam/farm/reports/issue\\_briefs/2017/rwjf437393](https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2017/rwjf437393)

<sup>15</sup> Solar O, Irwin A. A conceptual framework for action on social determinants of health. Social Determinants of Health Discussion Paper 2 (Policy and Practice). World Health Organization, Geneva. 2010.

recognized as a prerequisite for achieving health equity and improving well-being.<sup>16</sup>

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<sup>16</sup> Ehlinger E. Health equity and social cohesion. MetroDoctors. September/October, 2017;12-13.