

**Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2030
7th Meeting: Monday, December 11, 2017, 3:00 p.m. to 5:00 p.m. ET, via webinar**

Co-Chairs

- Dushanka V. Kleinman, DDS, MScD
- Nico Pronk, PhD, MA, FACSM, FAWHP

Chair Emeritus

- Jonathan Fielding, MD, MPH, MBA, MA

Members

- Susan F. Goekler, PhD, MCHES
- Cynthia A. Gómez, PhD
- Paul K. Halverson, DrPH, MHSA, FACHE
- Mary A. Pittman, DrPH
- Therese S. Richmond, PhD, CRNP, FAAN
- Nirav R. Shah, MD, MPH
- Edward J. Sondik, PhD
- Glenda L. Wrenn Gordon, MD, MSHP, FAPA

Committee Recommendations Approved by Vote

The Committee unanimously voted to approve the following sections of the proposed Healthy People 2030 framework, pending minor language changes to some sections:

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

The Committee previously approved the *Vision (“Where we are headed”)* section during the April 27, 2017 Committee meeting; no changes were made to this section following public comment.

Action Items

1. Provide written comments on the issue-specific briefs to Dr. Pronk, Dr. Kleinman, Ms. Ochiai, and Ms. Devine by Monday, December 18, 2017.
2. The Stakeholder Engagement and Communications Subcommittee will provide an updated sector list reflecting proposed changes.

Welcome

3:00 p.m. to 3:10 p.m.

Dr. Don Wright thanked the Committee members and meeting attendees for joining the 7th meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Dr. Wright reviewed the agenda for the meeting, which included discussions regarding revisions to the Healthy People 2030 framework in response to public comments, recommendations regarding the sector approach for communicating with stakeholders, and the Committee's development of issue-specific briefs addressing health and well-being, law, health equity, systems science and modeling, and disease prevention and health promotion.

Dr. Wright shared plans for conducting Healthy People 2030 regional listening sessions to gather input from sector-based stakeholders. The Office of Disease Prevention and Health Promotion (ODPHP) plans to host up to 4 regional listening sessions during 2018. These sessions will be held across the regions to obtain a wide range of feedback and engage various partners.

These listening sessions have 5 main goals, which are to:

- Strengthen the overall Healthy People 2030 development process through public input to improve the reach, value, impact, applicability, and dissemination of the Healthy People initiative
- Provide opportunities for non-traditional partners and stakeholders to actively participate in and provide feedback to the Healthy People 2030 development process
- Understand the value of Healthy People to stakeholders and how they use it to support their work
- Cultivate new partners for Healthy People and identify ways to develop public-private Healthy People 2030 activities to implement and achieve the targets (e.g., data partnerships between national and state organizations)
- Identify best ways to engage and communicate with diverse stakeholder groups

ODPHP held the first regional listening session at the National Association of County and City Health Officials (NACCHO) Annual Meeting in July 2017. The second listening session was held during the 2017 American Public Health Association (APHA) Annual Meeting in November 2017; 77 individuals attended representing sectors including academia, NGO and nonprofit sectors, and federal, state, local, territorial and tribal governments. The goals of this session were to:

- Identify methods for engaging stakeholders in the development and implementation of Healthy People 2030
- Identify tools and strategies that may support stakeholders in their use of Healthy People 2030 and make Healthy People 2030 more relevant

Dr. Wright noted a few major themes that emerged from the listening session at APHA. First, participants noted that Healthy People is a driving force for improving health and suggested that Healthy People can better position itself as the organizing vision for improving the Nation's health. It is used in grant funding criteria and it steers research agendas by highlighting gaps.

Secondly, it was noted that Healthy People can serve as the "connector" for organizations and individuals. For Healthy People 2030, stakeholders suggested creating more opportunities to share information across organizations and among individuals working on the same objectives, or sharing successful interventions.

Additionally, public health stakeholders want Healthy People objectives and tools to be specific, customizable, and accessible. Stakeholders are seeking how-to information and resources on integrating Healthy People data, objectives, and tools into their work.

Dr. Wright presented further feedback from the listening sessions by sector. Representatives from the academia sector suggested that Healthy People continue to serve as a link between research agendas and goals for interventions. Currently, many federal grant requirements ask applicants to identify which Healthy People objective their work supports—attendees recognized how this coordination at the federal level supports and drives research. In a similar vein, participants from nonprofit organizations noted that Healthy People can be used to drive funding decisions and support partnership building. Additional feedback from participants representing state, local, tribal, and territorial governments suggested that new objectives be specific, measureable, cross-cutting, and actionable, with an emphasis on adding more rural, or localized data. The participants from the federal government suggested that Healthy People provide technical assistance on how to effectively use Healthy People’s many tools in their daily work.

Goals for the Meeting

3:10 p.m. to 3:12 p.m.

Dr. Dushanka V. Kleinman provided an overview of the goals for the meeting. The Committee received recommendations from the Approaches Subcommittee’s review of public comments regarding the proposed HP2030 framework, recommendations from the Stakeholder Engagement and Communications Subcommittee, and updates on the issue-specific briefs under development.

Dr. Kleinman described the following goals for the meeting:

- Determine whether the Committee should recommend revisions to the proposed HP2030 framework based on public comment
- Determine whether to recommend the sectors identified by the Stakeholder Engagement and Communications Subcommittee for the purposes of engagement, communication, and implementation
- Provide feedback to the subcommittees that are developing issue-specific briefs

Approaches Subcommittee: Review of Public Comments and Recommendations for the Proposed Healthy People 2030 Framework

3:12 p.m. to 4:00 p.m.

Dr. Therese Richmond presented the proposed Healthy People 2030 framework on behalf of the Approaches Subcommittee. Dr. Richmond thanked CommunicateHealth for their analysis of public comment on the Healthy People 2030 framework. The majority of comments were positive or neutral, though a few were critical of the framework. Common suggestions for revisions to the framework included:

- Include clear definition of terms
- Emphasize social determinants of health
- Strengthen focus on disease prevention and health promotion
- Focus on health across the lifespan
- Address socioeconomic status and health literacy

Dr. Richmond noted that the Approaches Subcommittee made a few structural changes to the framework following public comment. The *Stakeholders* section was moved into the last paragraph of the *Background (Past, Present, and Future)* section, and the *Plan of Action* was moved to immediately follow the *Overarching Goals*.

Dr. Richmond reviewed each section of the framework to provide rationale for changes made (revisions to the framework are noted in **bold**) and provided an opportunity for Committee discussion before Dr. Kleinman called a vote on each section.

Background (Past, Present, and Future) – “History of the Healthy People initiative” and “What Healthy People contributes”

Dr. Richmond noted that the final paragraph of the “*What Healthy People contributes*” subsection was modified to read: “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.”

The *Stakeholders* (“*Who will move Healthy People 2030 forward*”) section was moved into the end of the *Background* section, which was then retitled *Background (Past, Present, and Future)*. The Approaches Subcommittee worked with the Stakeholder Engagement and Communications Subcommittee to refine this section, which included adding the sentence, “**Reaching Healthy People 2030 goals and objectives requires full involvement of stakeholders.**” The subcommittee also changed language reading “its people” to “**all people**” in this section and throughout the framework, as some commenters felt that “its people” was exclusionary and did not include noncitizens or refugees.

Committee Discussion

Dr. Jonathan Fielding suggested that municipalities should be included in the definition of communities in the *Background* to address varying sizes of communities that can become involved in the Healthy People initiative. The Committee agreed to include a sentence in the first paragraph of the “*What Healthy People contributes*” subsection clarifying that “**Communities may be as small as neighborhoods or as large as municipalities.**” Dr. Fielding also suggested that the Committee’s definition of “community” be added to a list of definitions attached to the framework; Dr. Kleinman agreed, and added that the briefs in production will also serve to inform future readers of the framework. Additional terms to be included in this definition list include “health equity” and “health literacy.” Dr. Fielding also suggested that a brief definition of each term be included in the framework text the first time each is used.

Dr. Fielding noted that communities often adapt Healthy People goals and objectives for use at a local level; the Committee agreed to revise the text to read, “Communities across the U.S. **may** adopt Healthy People goals and objectives.”

Dr. Fielding commented on this section’s text reading “stakeholders and the public,” noting that the public is a stakeholder. Dr. Richmond agreed, but replied that public comment indicated that this text is necessary for clarity.

Dr. Fielding suggested that the public may not know what Organisation for Economic Co-operation and Development (OECD) countries are, and the Committee agreed to revise this text to read “**developed countries (such as Organisation for Economic Co-operation and Development (OECD) countries).**”

Dr. Fielding suggested that the *Stakeholders* subsection should be moved to immediately follow *The Future*, as the Committee is recommending the engagement of these stakeholders as an opportunity for future improvement. Dr. Kleinman agreed that ending the framework with the *Stakeholders* section is a powerful call to action towards the future described. The Committee agreed to move *Stakeholders* to the end of the framework and will draft a sentence on stakeholders for inclusion in the *Background*.

Committee Vote

The Committee unanimously voted to approve the *Background*, pending the minor changes described above.

Vision – “Where we are headed”

The *Vision* was not modified following public comment, and was previously approved by the Committee during the April 27, 2017 meeting.

Committee Discussion

The Committee did not have any concerns regarding the *Vision*.

Committee Vote

The Committee did not vote on the *Vision*, as it was previously approved at the April 27, 2017 Committee meeting.

Mission – “Why we are here”

The Approaches Subcommittee added the word “strengthen” so that the *Mission* reads: “To promote, **strengthen** and evaluate the nation’s efforts to improve the health and well-being of **all** people.”

Committee Discussion

The Committee did not have any concerns regarding the *Mission*.

Committee Vote

The Committee unanimously voted to approve the *Mission*.

Foundational Principles – “What guides our actions”

The first *Foundational Principle* was modified from the original “fully functioning, equitable society” to read “**thriving**, equitable society.” Dr. Richmond noted that some commenters preferred “thriving” to “fully functioning,” and added that the Approaches Subcommittee felt that “fully functioning” may exclude individuals with disabilities.

Dr. Richmond introduced the brand-new second *Foundational Principle*: “**Promoting health, well-being, and preventing disease are linked efforts that encompass physical, mental and social health dimensions.**” This *Foundational Principle* was created in response to the many public comments that encouraged the Committee to include mental and behavioral health as well as those encouraging the Committee to emphasize disease prevention.

The third *Foundational Principle* was revised from the original “Achieving the full potential for health and well-being” to read “**Investing to** achieve the full potential for health and well-being,” as public comments noted the importance of investing and developing resources to achieve the Healthy People 2030 *Vision*.

The Approaches Subcommittee eliminated the final *Foundational Principle*: “Investing to maximize health and well-being for the nation is a critical and efficient use of resources.” Dr. Richmond suggested that this had become redundant with the third *Foundational Principle*, which now discusses investment.

All other foundational principles remained unchanged.

Committee Discussion

Dr. Fielding suggested revising the second *Foundational Principle* to read, “Promoting health **and** well-being and preventing disease;” the Committee agreed.

Committee Vote

The Committee unanimously voted to approve the *Foundational Principles*, pending the minor change described above.

Overarching Goals – “What we plan to achieve”

Dr. Richmond noted that some commenters questioned the use of the term “purposeful” in the first *Overarching Goal*. The Approaches Subcommittee replaced “purposeful” with “thriving” for consistency with the *Foundational Principles*, and also added text based on the recommendations of the Federal Interagency Workgroup (FIW). The first *Overarching Goal* now reads: “Attain healthy, **thriving** lives and well-being, **free of preventable disease, disability, injury and premature death.**”

The second *Overarching Goal* was reorganized for consistency with the Foundational Principles, and now reads: “**Eliminate health disparities, achieve health equity, and attain health literacy** and improve the health and well-being of all.”

The Approaches Subcommittee added “**economic**” to “social, physical, **and economic** environments” in the third *Overarching Goal* in response to comments emphasizing the importance of the economic environment as a social determinant of health. Dr. Richmond added that the *Foundational Principles* refer to the economic environment as well.

The fourth *Overarching Goal* was not changed.

The fifth *Overarching Goal* was expanded to “Engage **leadership**, key constituents, **and the public** across multiple sectors” in response to comments and with the intent of providing additional clarity.

Committee Discussion

The Committee did not have any concerns regarding the *Overarching Goals*.

Committee Vote

The Committee unanimously voted to approve the *Overarching Goals*.

Plan of Action – “What we propose to do”

As previously noted, this section now immediately follows the *Overarching Goals*.

The first *Plan of Action* bullet was revised to clarify that Healthy People sets “**national** goals and **measurable** objectives to guide **evidence-based** policies.”

The second bullet originally proposed to “Identify regions and groups with poor health or at high risk for poor health in the future.” Following public comment suggesting that identification of these groups is not enough, this bullet now proposes to “**Provide data that can drive targeted actions**” to address these regions and populations.

The third bullet was broadened to “improve health and well-being for **people** of all ages **and the communities in which they live**” in response to public comments inquiring about the role of communities in Healthy People 2030.

The fourth bullet was expanded to “health **and well-being**” to mirror the rest of the framework.

The fifth bullet originally proposed to “Share evidence-based programs,” but was revised to read “Share **and support the implementation of** evidence-based programs **and policies**” following public comment that evidence-based policies have a role in Healthy People 2030, and that merely sharing the programs and policies is not enough.

The sixth bullet was clarified to indicate that progress will be reported “**biennially**” throughout the decade; Dr. Richmond noted that the Data Subcommittee has also discussed the frequency of progress reporting.

The seventh bullet was expanded to indicate that Healthy People 2030 will “**highlight critical research, data, and evaluation needs**” following feedback from the FIW. Dr. Richmond added that this new clause also reflects conversations held in the Prioritization and Objective Selection Criteria Subcommittee regarding core, research, and developmental objectives.

The eighth and final bullet received minor grammatical edits to read “**Facilitate development and availability of...**”

Committee Discussion

Dr. Fielding asked whether HHS was prepared to report on progress biennially as stated in the sixth bullet. Dr. Edward Sondik replied that the Data Subcommittee wanted to emphasize the importance of frequent progress reporting, and noted that several major data sources do present information frequently enough to allow biennial progress reporting. Dr. Sondik added that the Committee has discussed how other non-HHS organizations can be involved in progress reporting and assessment. Dr. Richmond suggested that this text remain in the framework, as reporting data on progress is essential to drive action.

Committee Vote

The Committee unanimously voted to approve the *Plan of Action*.

Objectives – “How specific objectives are set”

No changes were made to this section following public comment.

Committee Discussion

Dr. Fielding commented that this section is consistent with the Prioritization and Objective Selection Criteria Subcommittee’s recommendations.

Committee Vote

The Committee unanimously voted to approve the *Objectives*.

The Future – “How progress will be assessed”

No changes were made to this section following public comment.

Committee Discussion

Dr. Richmond suggested adding that “Progress updates will be **conducted biennially**,” to align with the changes to the *Plan of Action*; the Committee agreed.

Dr. Mary Pittman questioned whether the link between data and action is conveyed in other sections of the framework. Dr. Richmond and Dr. Kleinman suggested that the beginning of *The Future* adequately explains how providing data can drive targeted actions.

Committee Vote

The Committee unanimously voted to approve *The Future*, pending the minor change described above.

Stakeholders – “Who will move Healthy People 2030 forward”

As previously discussed, the *Stakeholders* section will be moved to immediately follow *The Future*. The Committee unanimously voted to approve *Stakeholders*, pending its relocation to the end of the document.

Overview of the Subcommittees Developing Issue-Specific Briefs

4:00 p.m. to 4:05 p.m.

Dr. Nico Pronk provided an update on the ongoing efforts to develop issue-specific briefs. Six subcommittees are currently drafting briefs; topics include health and well-being, law, health literacy, health equity, systems science and modeling, and health promotion. The briefs are also being developed to reflect public comments received thus far. Dr. Pronk requested that Committee members provide written comments on the briefs by Monday, December 18, 2017.

Health and Well-Being Subcommittee Brief Update

4:05 p.m. to 4:20 p.m.

Dr. Pronk provided an update on the status of the Health and Well-Being Brief to the Committee. Dr. Pronk provided an overview of the importance of health and well-being, how it is defined, and issues for the Committee’s consideration. Dr. Susan Goekler recommended the subcommittee emphasize mental health in the health and well-being definition and explore adding suggested measures to the brief’s diagram.

Stakeholder Engagement and Communications Subcommittee Recommendations

4:20 p.m. to 4:40 p.m.

Dr. Paul Halverson provided the Committee with an overview of the sector list developed by the subcommittee. Dr. Halverson added the subcommittee created the list with a Social Determinants of Health (SDOH) approach rather than the Health in All Policies approach. The SDOH approach was recommended by the Committee during the September 2017 meeting. The updated list also includes recommendations previously made by the Committee including the addition of foundations, nonprofits, and faith-based organizations. The Committee approved the sector list pending the edits in **bold**.

- 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
- Housing
- Education
- Energy and utilities
- Urban planning and development
- Labor/labor organizations
- Worker safety
- Food and agriculture
- Commerce and business, **including investment and financial institutions**
- Defense and military
- Technology and IT
- State and local government, **tribes and territories**
- Foundations and nonprofits
- Faith-based **and identity-based** organizations

The Committee recommended the list be expanded to include tribes and territories, expand the faith-based category to include identity-based organizations, and add investment and financial institutions. The Committee also recommended the Stakeholder Engagement and Communications Subcommittee provide short examples for each identified sector. The final recommendation by the Committee was to include juvenile justice as part of the criminal justice sector. The subcommittee will modify the current sector list to reflect the Committee’s recommendations and use the updated list to guide their future work.

Dr. Richmond asked if the subcommittee has discussed the inclusion of disadvantaged or disenfranchised populations. Dr. Halverson responded the subcommittee has included national associations and other professional representatives of these populations to ensure these populations are appropriately represented. Dr. Pronk suggested that a few paragraphs highlighting the engagement of disadvantaged and disenfranchised populations could be included in the subcommittee report.

The Stakeholder Engagement and Communications Subcommittee is also creating communication materials (one-pagers) to promote engagement with each sector. The materials may include:

- Relationship of sector and health outcomes
- Shared value between the sector and Healthy People 2030
- Collaboration benefits to the sector
- Opportunities for engagement (action-oriented)
- Relevant Healthy People objectives and data
- Relevant national organizations and points of contact

Health Literacy Subcommittee Brief Update

4:40 p.m. to 4:50 p.m.

Dr. Kleinman provided an update on the status of the Health Literacy Brief to the Committee. The Committee suggested the brief include more content on individuals who are not native English speakers and on individuals with cognitive impairment whose health literacy may decrease over time due to a health condition. The Committee also recommended the inclusion of a high-level definition of literacy to resonate with a wider audience of stakeholders. The final recommendation was to include more information on health professionals and their understanding of health literacy innovations and communication methods with patients.

Meeting Summary: Recommendations, Action Items, and Next Steps

4:55 p.m. to 5:00 p.m.

Given time constraints, Dr. Pronk postponed presentations on the remaining briefs, including the briefs on law and policy, health equity, disease prevention and health promotion, and systems science and modeling. The next meeting of the Committee will be held via webinar on Wednesday, February 28, 2018 from 2:00 p.m. to 5:00 p.m. ET. During the next meeting, the Committee will discuss recommendations from the Leading Health Indicators (LHI) Subcommittee and Data Subcommittee.

Meeting Adjourned

5:00 p.m.