



What Is Healthy People?

- Provides **science-based, 10-year national objectives** for improving the health of the Nation
- A **national agenda** that communicates a vision for improving health and achieving health equity
- Identifies **measurable objectives** with **targets** to be achieved by the year 2020
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action



Uses of Healthy People

- **Data tool** for measuring program performance
- Framework for **program planning and development**
- **Goal setting and agenda building**
- **Teaching** public health courses
- Benchmarks to **compare** State and local data
- Way to develop nontraditional **partnerships**
- **Model** for other countries



Healthy People Remains Relevant

HEALTHY PEOPLE
The Surgeon General's Report On
Health Promotion And Disease Prevention



1979



1990



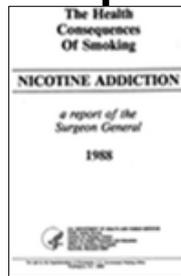
2000



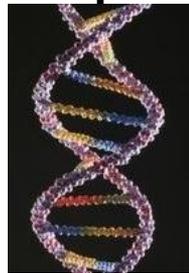
2010



1979 Small Pox Eradicated



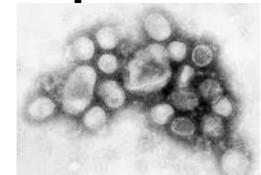
1988 SG Declares Nicotine Addictive



1990 Human Genome Project Begins



2000s Obesity and Chronic Disease



2009 H1N1 Flu



1970 Clean Air Act



1982 AIDS is infectious



1990s Drinking Water Fluoridation



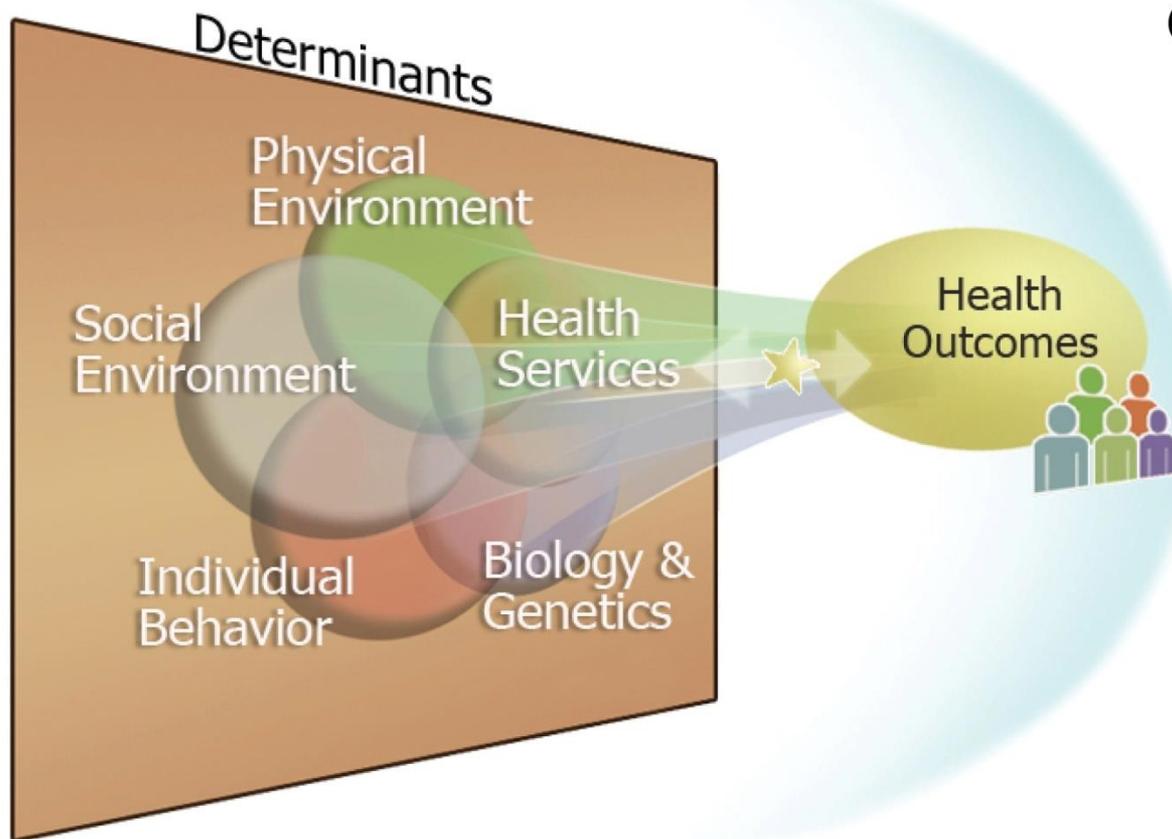
September 11, 2001



2005 Hurricane Katrina

Healthy People 2020

A society in which all people live long, healthy lives



Overarching Goals:

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

Leading Health Indicators (LHIs)

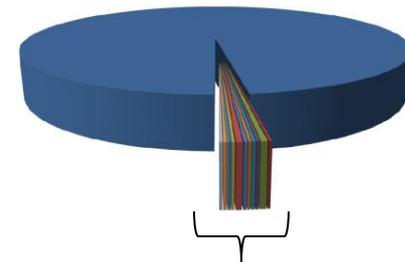
Communicate high-priority health issues and actions that can be taken to address them

- Promote population health, access to quality health care and services for all
- Focus on individual and social determinants of health
- Tracks services and outcomes in the Affordable Care Act

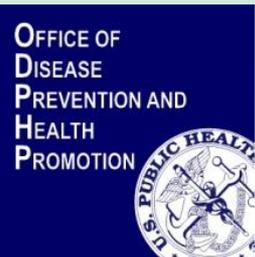
1200 Healthy People objectives



12 LHI Topics, 26 Indicators



LHIs are a subset of Healthy People objectives





HP2020 Online Resources and Tools

HealthyPeople.gov

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About Healthy People

2020 Topics & Objectives

Implementing Healthy People

Consortium & Partners

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Leading Health Indicators

Tobacco and Health

Tobacco use is the single most preventable cause of disease, disability, and death in the United States.



[Learn More](#)

Closer Look: Health Disparities

Compare the Top 10 Causes of Death across Populations

Race/Ethnicity:

Age Range:

[Get Your Results](#)



Get the Latest Healthy People News & Events



Healthy People 2020 Brochure: Updated with LHIs! [PDF - 948 KB]

HHS Prevention Strategies

Healthy People supports prevention efforts across the U.S. Department of Health and Human Services (HHS) to create a healthier Nation.



Spotlight

HealthyPeople.gov was recognized with a gold Web Health Award for being a high-quality digital health resource!



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About Healthy People

2020 Topics & Objectives

Data

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Implement

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Leading Health Indicators

[Home](#) > 2020 Topics & Objectives

2020 Topics & Objectives – Objectives A-Z



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Healthy People 2020

Topics and Objectives

Topics A-Z

Objectives Search



NOW ONLINE

Search the Healthy People 2020 Data

Percent (age at)

Age Group	Percent
18-24	35
25-34	42
35-44	32
45-54	38
55-64	45
65-74	48
75+	38

Select a Topic Area from the list below to get started.

Each Topic Area includes an overview, objectives and data, and evidence-based resources.

[Diabetes](#)

[Immunization and Infectious Diseases](#)

[Disability and Health](#)

[Injury and Violence Prevention](#)

E

L

[Early and Middle Childhood](#) *New*

[Lesbian, Gay, Bisexual, and Transgender Health](#) *New*

S

[Sexually Transmitted Diseases](#)

[Sleep Health](#) *New*

[Social Determinants of Health](#) *New*

Health Impact Assessment

Building new partnerships for disease prevention

Aaron Wernham, M.D., M.S.

Director | The Health Impact Project

901 E Street, NW, Washington, D.C. 20004

p: 202.540.6346

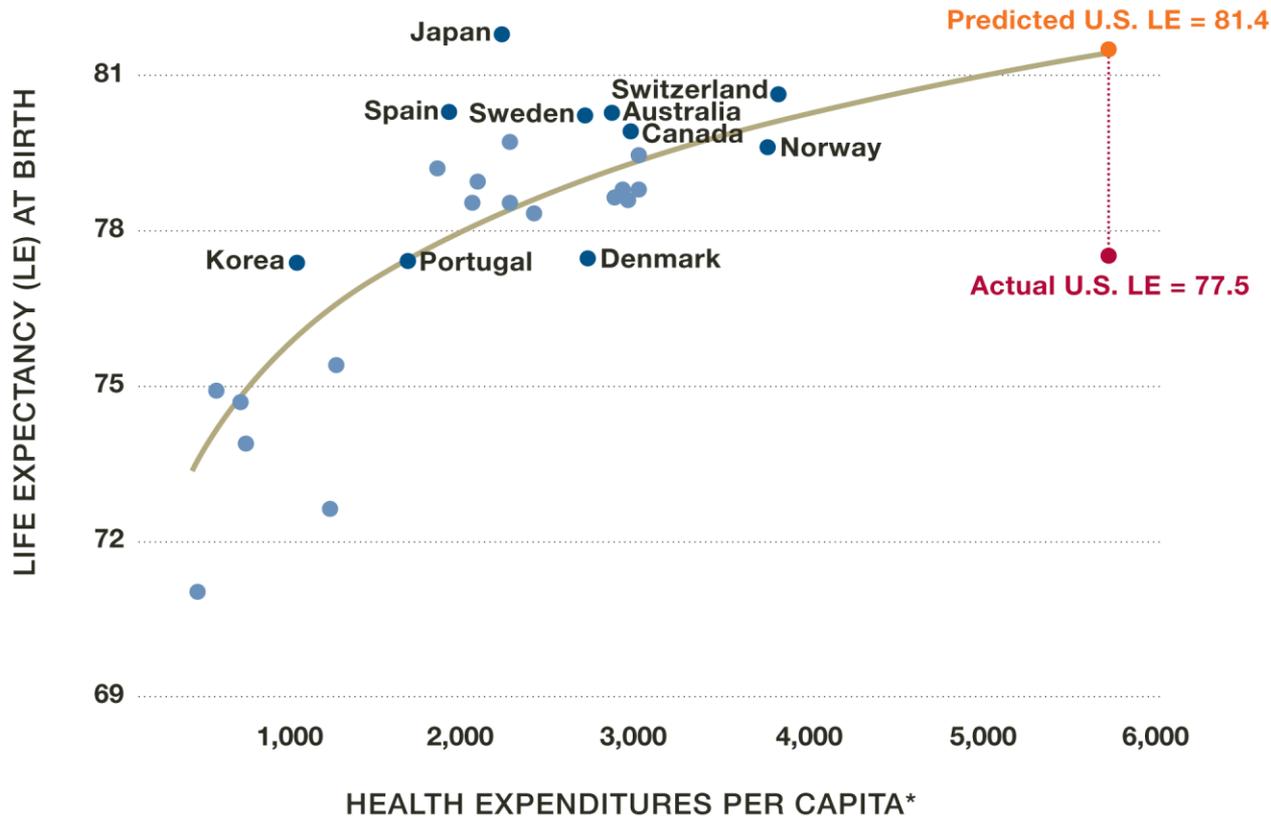
•*e:* awernham@pewtrusts.org

www.healthimpactproject.org

A collaboration between Robert Wood Johnson Foundation and The Pew Charitable Trusts.

America Is Not Getting Good Value for Its Health Dollar

The U.S. spends more money per person on health than any other country, but our lives are shorter—by nearly four years—than expected based on health expenditures.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

Sources: OECD Health Data 2007.

Does not include countries with populations smaller than 500,000. Data are for 2003.

*Per capita health expenditures in 2003 U.S. dollars, purchasing power parity

© 2008 Robert Wood Johnson Foundation

www.commissiononhealth.org

Influences on Health: Broadening the Focus

Health is shaped by many influences, including age, sex, genetic make-up, medical care, individual behaviors and other factors not shown in this diagram. Behaviors, as well as receipt of medical care, are shaped by living and working conditions, which in turn are shaped by economic and social opportunities and resources.



Prepared for the Robert Wood Johnson Foundation by the Center on Social Disparities in Health at the University of California, San Francisco.

Asthma, Obesity, Diabetes...

Exercise...



Housing



Public health – a turning point

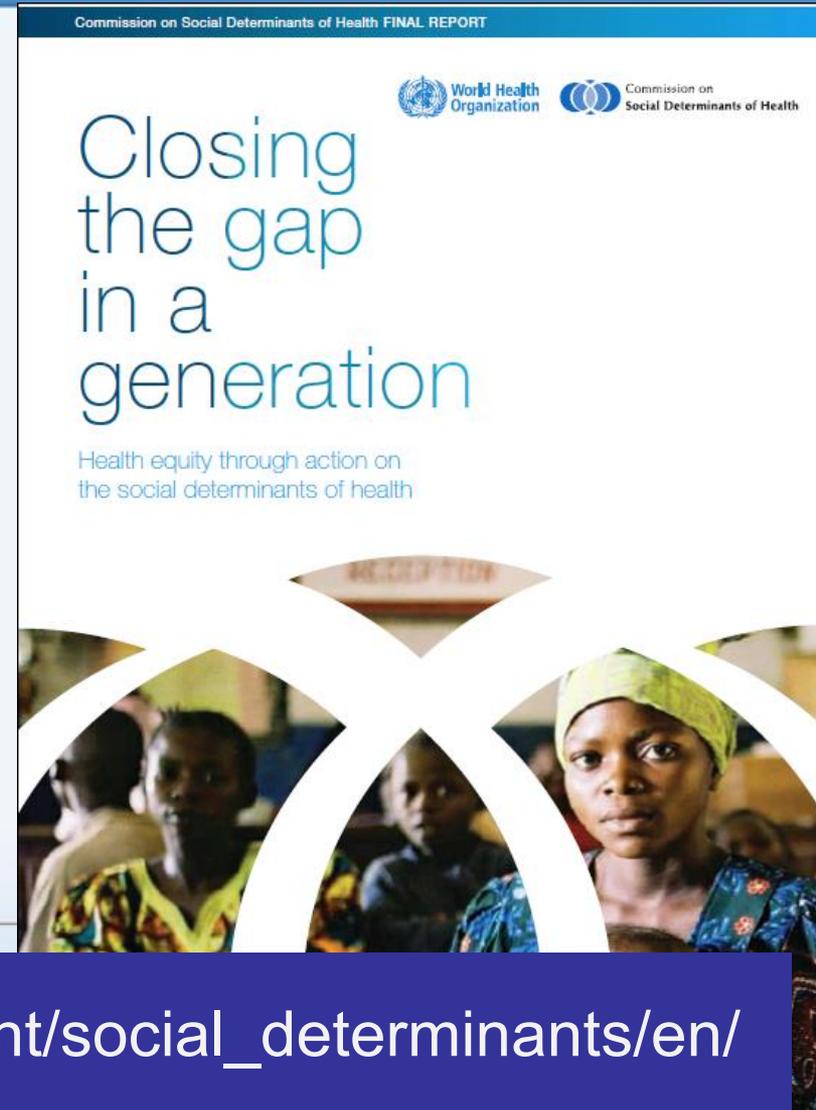
“Public health agencies alone cannot assure the nation’s health”

Institute of Medicine, 2002. The Future of the Public’s Health in the 21st Century

WHO Commission on Social Determinants of Health

Focus on:

- Early childhood
- Healthy places
- Fair and decent employment
- Social protection
- Equity, political empowerment, social inclusion



http://www.who.int/social_determinants/en/

World Conference: Rio Political Declaration on Social Determinants of Health

“Health inequities arise from the societal conditions in which people are born, grow, live, work, and age”



Pledge to promote improved health and health equity by:

- Working across different sectors
- Implement recommendations of the Commission
- Strengthen international collaboration
- Empowering the role of communities

Social Determinants of Health

Healthy People 2020 Indicators

Economic Stability

- Poverty, employment, housing stability

Education

- High school graduation; higher education
- School policies supporting health promotion, safety

Social and Community Context

- Social cohesion, discrimination
- Civic participation
- Incarceration/institutionalization

Health and Health Care

- Access to health services
- Access to primary care
- Health technology

Neighborhood and Build Environment

- Quality of housing
- Crime and violence
- Environmental conditions
- Access to healthy foods

How do we put this into practice?

- *No common language:*
 - transportation engineers may not understand health data.
 - public health professionals don't understand the constraints and limitations of the planning process

- *Few formalized requirements*

- *Priorities don't necessarily match:*

Public health is one consideration of many; transportation decisions involve many other considerations (moving people, funding, technical limitations, local politics, etc)

Health Impact Assessment: National Research Council definition

“A systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, program or project on the health of a population and the distribution of those effects within the population. Health impact assessment provides recommendations on monitoring and managing those effects.”

National Research Council, 2011

IMPROVING
HEALTH
IN THE
UNITED STATES

The Role of
Health Impact Assessment

Committee on Health Impact Assessment

Board on Environmental Studies and Toxicology

Download free at
www.nap.edu

NATIONAL RESEARCH COUNCIL
OF THE NATIONAL ACADEMIES

THE NATIONAL ACADEMIES PRESS
Washington, D.C.
www.nap.edu

HIA Example

Jack London Gateway rapid HIA

Topic of HIA: proposed housing development: 61 senior housing units near two major freeways and the Port of Oakland.

Health Risks:

1. *Indoor air quality* from outdoor pollution sources (*NOT* a part of the required permit process) could harm residents
2. *Noise:* related to sleep disturbance, high blood pressure
3. *Pedestrian Safety* – identified dangerous road crossings



Source: Human Impact Partners, <http://www.humanimpact.org/component/downloads>

Jack London Gateway rapid HIA

Outcomes:

1. **Air Quality** – developer implemented air filtration; changed windows facing freeway.
2. **Noise** – developer added a noise-buffered courtyard and entranceway away from the highway.
3. **Safety** – recommendations for “traffic calming” measures (speed bumps, wider sidewalks with narrower lanes, safe cross walks) to allow residents walking access to nearby retail. Under consideration.



Source:

http://humanimpact.org/JLG_case_study_draft.pdf

Health Impact Assessment

- Informs decision making on a specific proposed action—legislation, new regulation, permit, growth plan, etc.
- Identifies potential risks and benefits of the proposal
 - Sometimes quantitative, more commonly simple qualitative/descriptive approach.
 - Broad perspective: considers how multiple factors (economy, employment, environment, etc) affect health
- Emphasis on inter-agency collaboration
- Includes input from stakeholders: regulators, industry, community.
- Offers recommendations to maximize benefits, minimize any risks.

The HIA Process

www.healthimpactproject.org/hia/process

1. Screening – is the HIA likely to add value? Is it feasible?
2. Scoping – determine the important health effects, affected populations, available evidence, etc
3. Assessment – analyze baseline conditions and likely health effects
4. Recommendations – develop health-based recs and a feasible plan for implementing them
5. Reporting – disseminate the report to the public, stakeholders, solicit input
6. Monitoring and Evaluation -- monitor results of HIA, monitor health outcomes; evaluate results of HIA

Health Impact Assessment

Origins in International practice

Origins/approaches:

- integrated with EIA
- urban planning, HiAP

World Bank and IFC: part of evaluation standards for large development loans

Corporations: multinational oil and gas and mining companies.

Business case for HIA

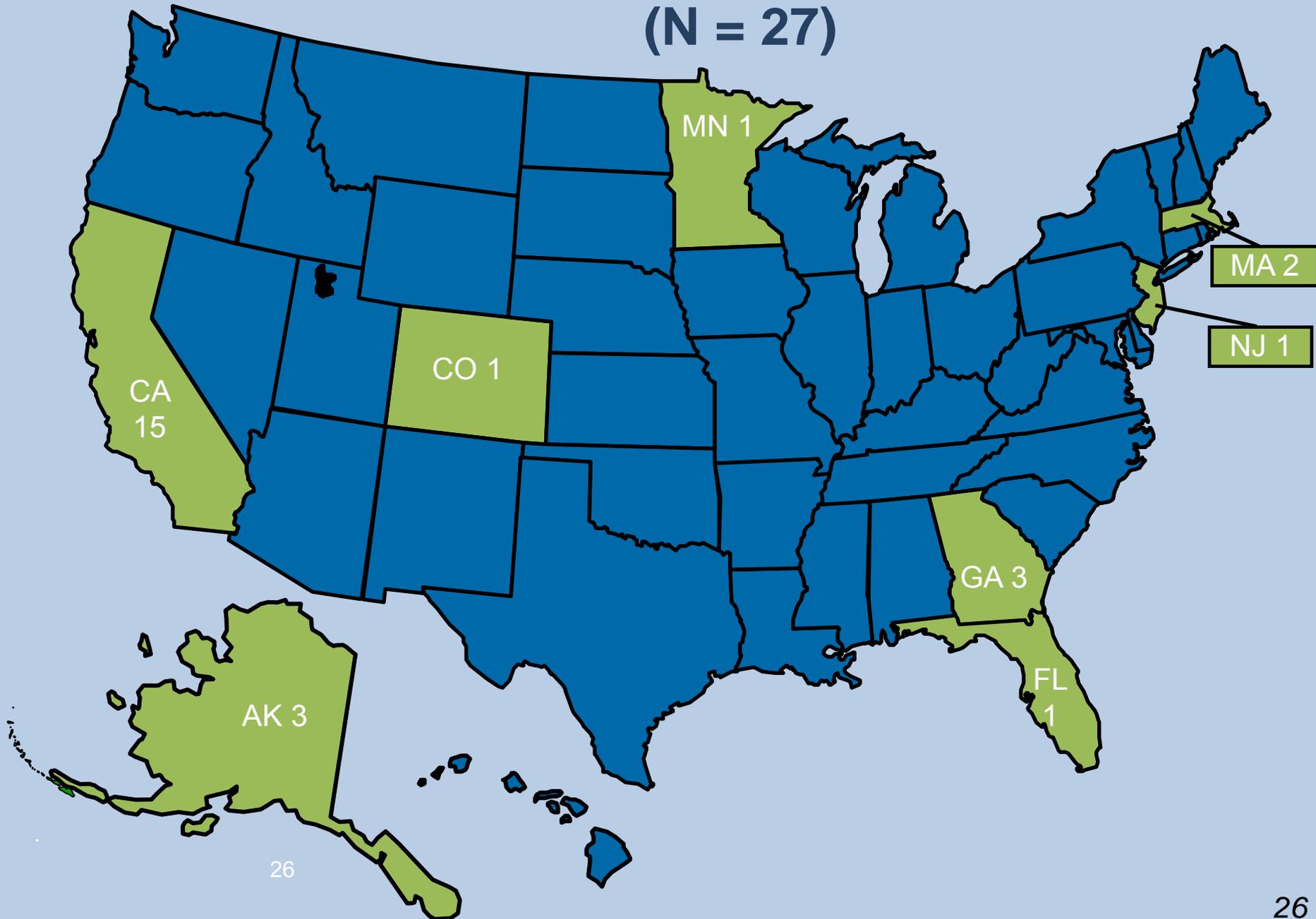
- Lower business costs
- Corporate social responsibility
- Healthy workforce
- Risk management

Good Practice Guidance on Health Impact Assessment

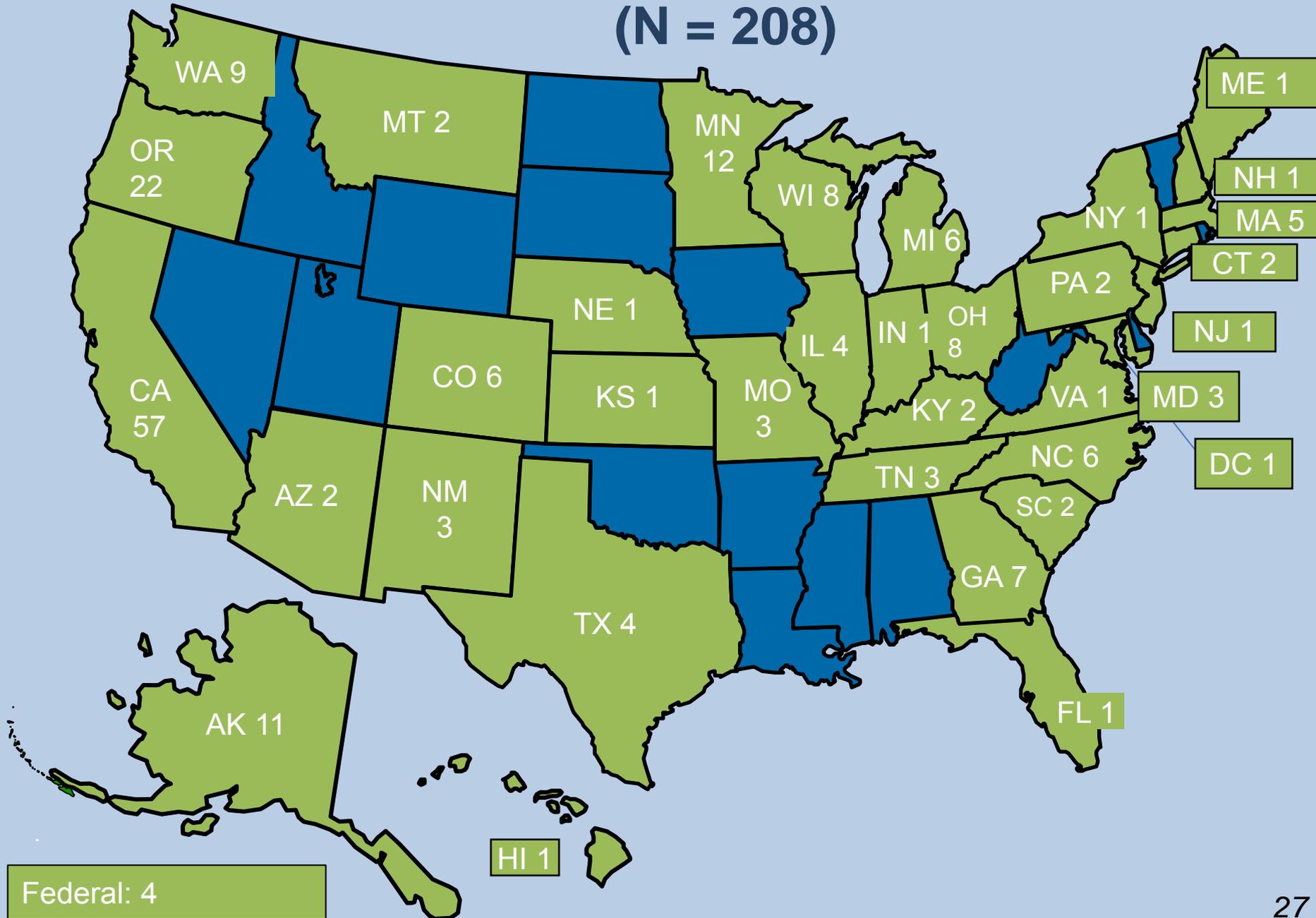


Completed HIAs 2007

(N = 27)



Completed and In Progress HIAs 2012 (N = 208)



HIAs have addressed a wide range of topics relevant to the SDoH

Social Policies—education, economy, employment

- Legislation for alternatives to incarceration—WI
- State policies regarding school integration—MN
- Paid sick days legislation—several states

Land Use, Transportation, housing

- Comprehensive plans, zoning, neighborhood revitalization
- Transit corridors, Transit-oriented development, highway upgrades
- Green space, bike routes
- Housing inspection

Energy, natural resources

- Hard rock mining, oil and gas development, power plants

Massachusetts low income energy assistance program

Policy Question: energy prices spiked after Katrina, increasing the financial burden for families. Should LIHEAP funds be increased?

Health Effects:

- Pneumonia
- Burns
- CO poisoning
- Hunger and poor nutrition



implications for Medicaid expenditures

Recommendations and Outcomes:

- Increased funding for LIHEAP—state controller noted the importance of the bill to public health in his evaluation of fiscal impacts
- New evaluation parameters to ensure adequate data on outcomes of program

HIA Examples

Oregon Farm to School bill



HB 2800: Bill to increase availability of fresh produce in school lunches

HIA findings:

- Improved nutrition in schools, better chance for lifelong healthy diet choices
- Create 260 jobs, improving overall health in rural communities and access to health insurance

HIA Outcomes

- bill amended to improve OR employment effects
- pilot program funded by legislature

See HIA at:

www.healthimpactproject.org/hia/us



Interested in using HIAs in your work?

Resources

2nd Annual

National Health Impact Assessment Meeting

SEPTEMBER 24-25, 2013 | WASHINGTON D.C.

SEPTEMBER 26 – Post-Conference Discussion Sessions

Registration now open, but going fast!

www.nationalhiameeting.org

Health Impact Project:

www.healthimpactproject.org

CDC Healthy Community Design Initiative:

<http://www.cdc.gov/healthyplaces/>



HIA IN THE UNITED STATES

Advanced Metering Infrastructure
Organizations: National Center for Medical Legal Partnership at Boston Medical Center, Chicago City Board
Sector: Housing
An HIA that will address the health effects of a proposed Comprehensive Plan to implement "smart metering" technology in western metropolitan Chicago, focusing on how these innovations could affect the risk of asthma, life-threatening exposures to heat or cold. More »

SEARCH OUR INTERACTIVE MAP

Thank you!

Aaron Wernham
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The Pew Charitable Trusts
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awernham@pewtrusts.org



Healthy People (HP) 2020 Spotlight on Health Webinar: Social Determinants of Health (SDOH)

SDOH in HP 2020 and HRSA

Sarah R. Linde, M.D.

Rear Admiral, U.S. Public Health Service

Chief Public Health Officer

Health Resources and Services Administration (HRSA)

April 24, 2013



Outline

- **SDOH as a topic area in HP 2020**
- **SDOH in action - HRSA**





SDOH as a new HP topic area

- **Why?**
- **How?**
 - ✓ **Any new topic area must have objectives with**
 - **Reliable data source**
 - **Baseline measure**
 - **Target for improvements by 2020**
 - ✓ **Special considerations for SDOH as a topic area**
 - **Place based**
 - **Life course**



HP 2020 Social Determinants of Health Organizing Framework: 5 Key Determinants



Neighborhood/Built Environment



Education



Economic Stability



Health and Health Care



Social and Community Context



Healthy People 2020 SDOH Framework





HP 2020 Social Determinants of Health Organizing Framework: Examples of Key Issues



Neighborhood/Built Environment

- Quality of Housing
- Crime and Violence
- Environmental Conditions
- Access to Healthy Foods



HP 2020 Social Determinants of Health Organizing Framework: Examples of Key Issues



Education

- High School Graduation Rates
- School Policies that Support Health Promotion
- School Environment that is Safe and Conducive to Learning
- Enrollment in Higher Education



HP 2020 Social Determinants of Health Organizing Framework: Examples of Key Issues



Economic Stability

- Poverty
- Employment Status
- Access to Employment
- Housing Stability (e.g., homelessness, foreclosure)



HP 2020 Social Determinants of Health Organizing Framework: Examples of Key Issues



Health and Health Care

- Access to Health Services – including clinical and preventive care
- Access to Primary Care – including community-based health promotion and wellness programs
- Health Technology



HP 2020 Social Determinants of Health Organizing Framework: Examples of Key Issues



Social and Community Context

- Family Structure
- Social Cohesion
- Perceptions of Discrimination and Equity
- Civic Participation
- Incarceration/Institutionalization



SDOH in action - HRSA

HRSA Mission

To improve health and achieve health equity through access to quality services, a skilled health workforce and innovative programs





HRSA Strategic Plan

1. Improve Access to Quality Health Care and Services

- Integrate primary care and public health
- Strengthen systems to support the delivery of quality health services

2. Strengthen the Health Workforce

- Align composition/distribution to best meet needs of communities
- Support development of interdisciplinary teams

3. Build Healthy Communities

- Strengthen focus on illness prevention and health promotion across populations and communities

4. Improve Health Equity

- Develop and disseminate innovative community-based health equity solutions focusing on populations with the greatest health disparities
- Further integrate services and address social determinants of health

Access and Workforce



- Health Centers
- Maternal and Child Health
- Ryan White HIV/AIDS Program
- National Health Service Corps

Access and Workforce



- Workforce training
- Rural health care
- Federal organ procurement system
- Poison Control Centers
- 340B low-cost drug program



Health Center Model

- **Located in or serve a high need community**
- **Governed by a community board**
- **Provide comprehensive primary care services**
- **Provide services available to all**
- **Meet other performance and accountability requirements**



AAPCHO's Enabling Services Accountability Project

Use of Electronic Health Record Data



- Report nav
- Measures Dev
 - P4P Measures
 - ▾ PIC ES Measures
 - Enabling Services by Category
 - ES Aggregation Report
 - ES Avg Time Per Category
 - ES Avg Time Per Provider Ty
 - ES By Provider Job Type
 - ES Categories By Provider Jo
 - ES M2(a) Diabetes
 - ES Patient Report Age
 - ES Patient Report Ethnicity
 - ES Patient Report Gender
 - ES Patient Report Insurance
 - ES Patient Report Language
 - ES Patient Report Summary
 - PIC Measures
 - Users Folders

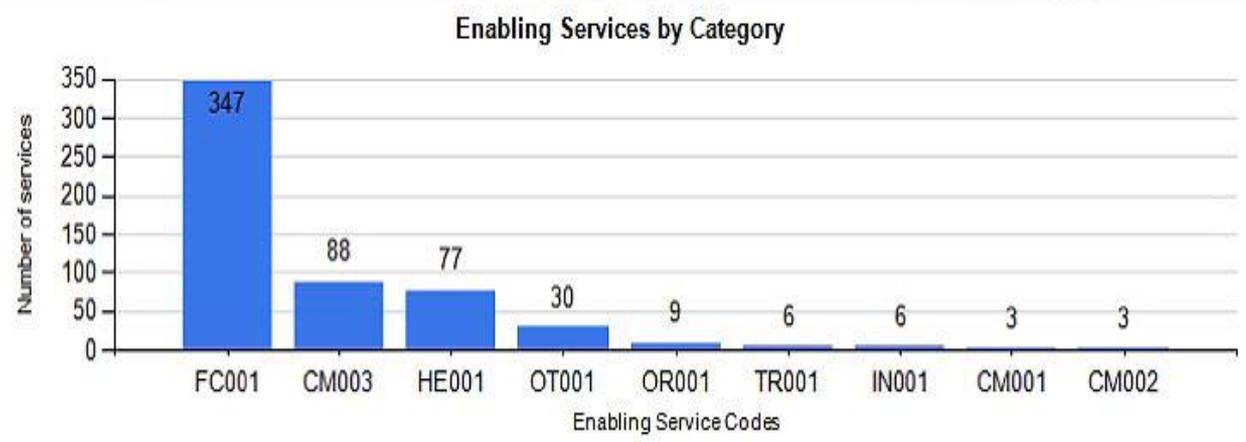
Report Period End Report Period End

Practice Enabling Services

View Detail

1 of 1 Find | Next

ES Category Report



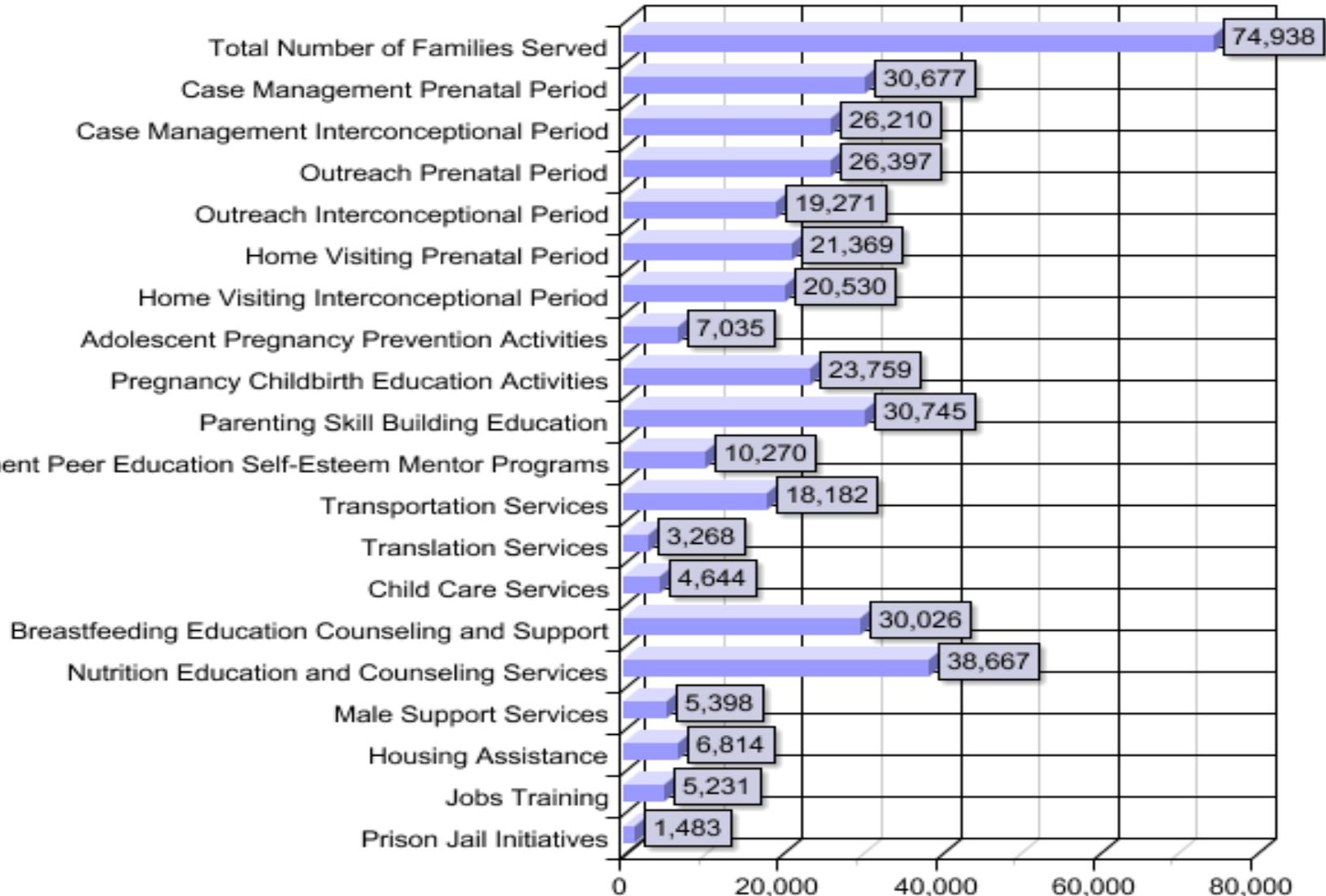
Maternal and Child Health





Healthy Start

ENABLING SERVICES





Home Visiting



- Improved maternal and newborn health
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits
- Improvement in school readiness and achievement
- Reduction in crime or domestic violence
- Improvements in family economic self-sufficiency
- Improvements in the coordination and referrals for other community resources and supports



Ryan White HIV AIDS Program

Core Services

- Outpatient ambulatory/medical
- Early intervention (Part A & B)
- Home health care
- Home/community-based services
- Medical case management
- Substance abuse: outpatient



Support Services

- Case management (nonmedical)
- Pediatric Assessment/early intervention
- Emergency financial assistance
- Food bank/home delivered meals
- Health education/risk reduction
- Housing services
- Legal services
- Medical transportation services
- Outreach services
- Permanency planning



Bullying

[Home](#) | [What You Can Do](#) | [Blog](#) | [Newsroom](#) | [Videos](#) | [Resources](#) | [Policies & Laws](#) | [En Español](#)

stopbullying.gov

WHAT IS
BULLYING

CYBER
BULLYING

WHO IS AT
RISK

PREVENT
BULLYING

RESPOND TO
BULLYING

GET HELP
NOW

FEATURES

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[Common Mistakes](#)

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Get a new perspective on bullying.

Take a walk in your kid's shoes
and learn how they can safely
stop bullying.



WHAT YOU CAN DO





Intimate Partner Violence



A COMPREHENSIVE
APPROACH FOR COMMUNITY-
BASED PROGRAMS TO ADDRESS
INTIMATE PARTNER VIOLENCE
AND PERINATAL DEPRESSION



“The health of the individual is almost inseparable from the health of the larger community. And the health of each community and territory determines the overall health status of the Nation”

Source: Koh; A 2020 vision for healthy people. N Engl J Med 2010



Thank You!

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Communities Taking Action to Address Determinants of Health

Pattie Tucker, DrPH, RN
Acting Associate Director for Health Equity
Division of Community Health

Healthy People 2020 Spotlight on Health Webinar Series:
Social Determinants of Health
April 24, 2013

Making healthy living easier for all people where they ...



LIVE



LEARN



WORK

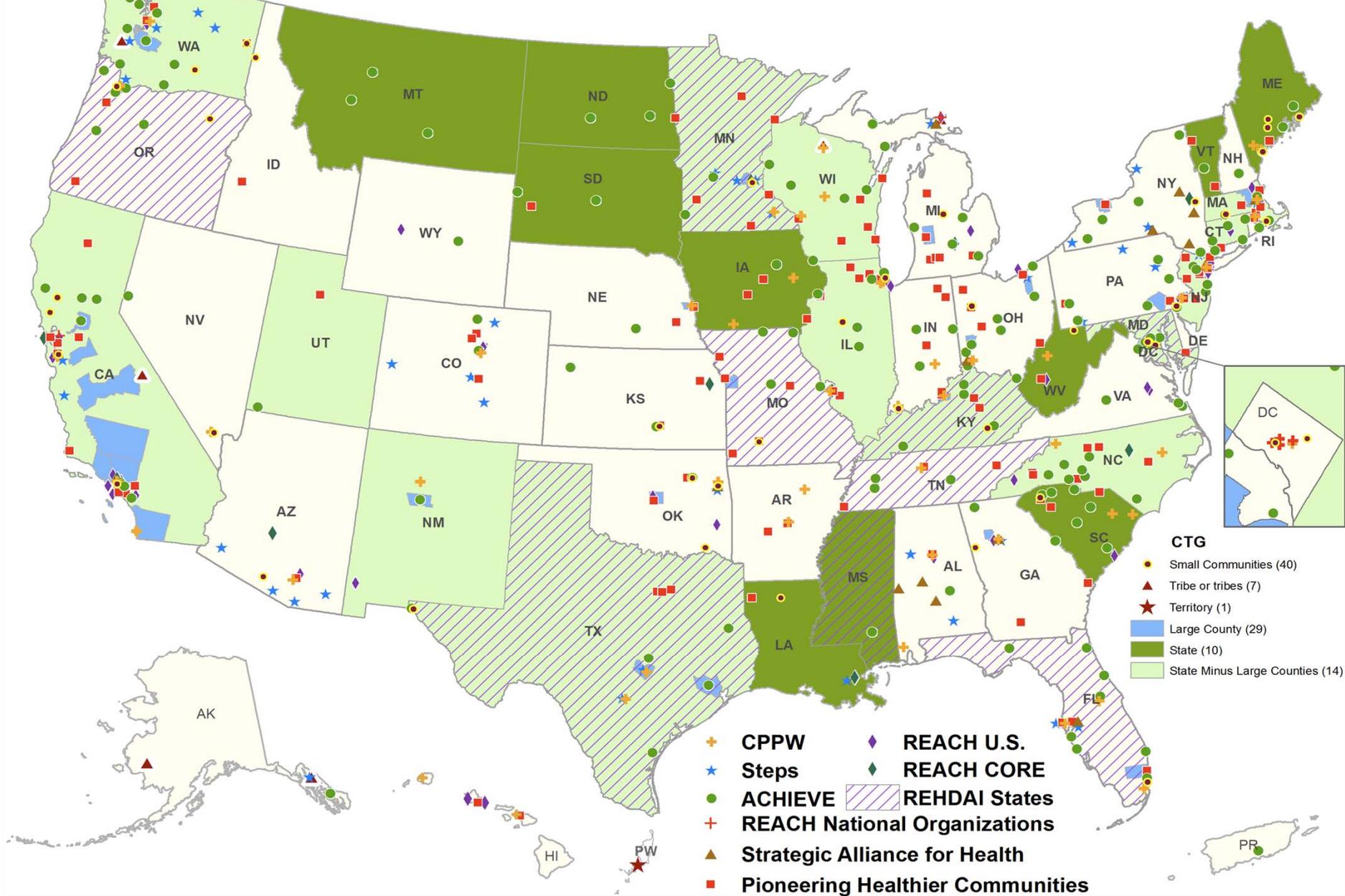


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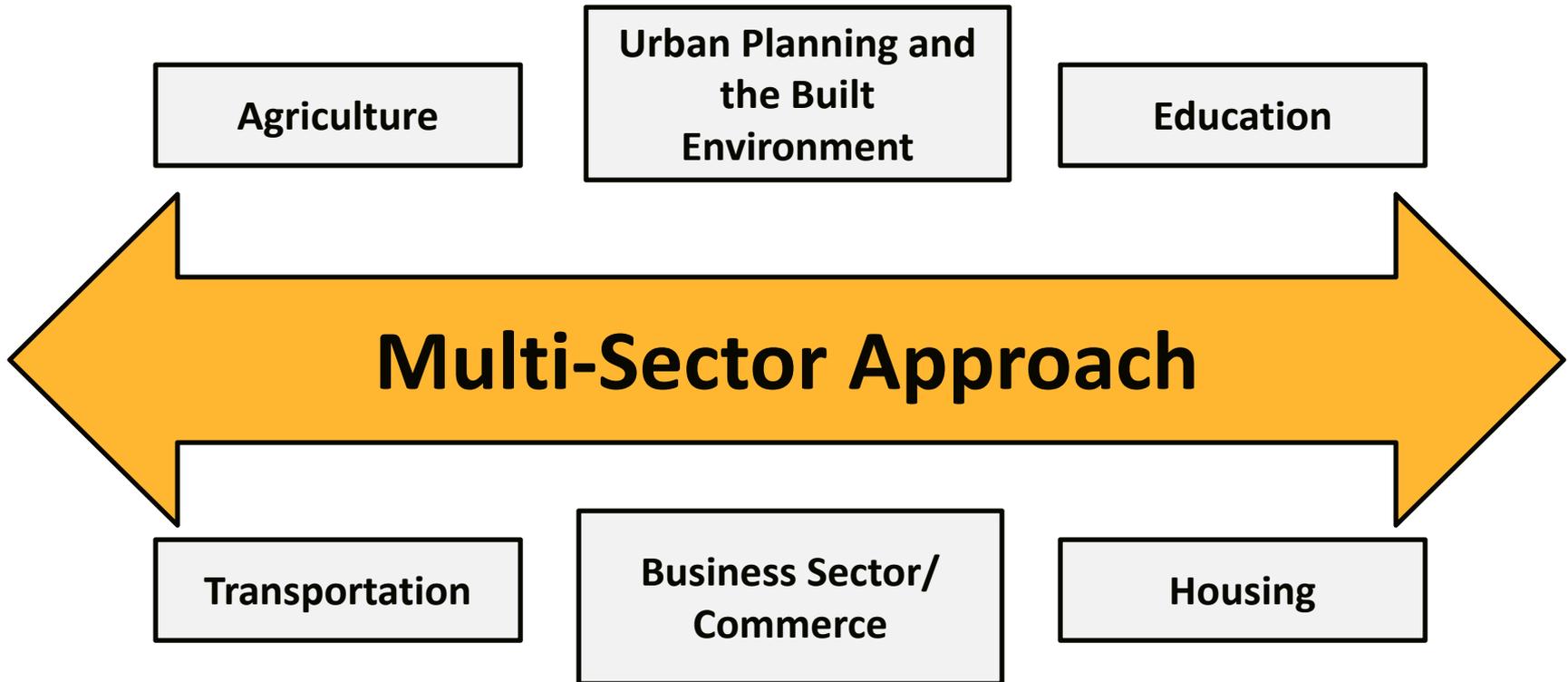




Division of Community Health Programs As of November 2012



Partnerships



“Twin” Approach

Population-wide
interventions *with
a health equity lens*



Targeted
interventions to
address greatest
burden

Racial and Ethnic Approaches to Community Health (REACH) Successes in Charleston and Georgetown Counties, SC

Medical University of South Carolina, College of Nursing



Social Determinant

- Lack of access to quality healthcare and treatment of type 2 diabetes among African Americans in Charleston and Georgetown counties, SC.

Community Action

- Implementation of health systems change

Impact

- 44% reduction in amputations for African Americans over 3-4 years resulting in cost savings of \$2 million each year.

Communities Putting Prevention to Work (CPPW) Successes in Philadelphia

Philadelphia Department of Public Health, Pennsylvania

Social Determinant

- Approximately 67.9% of adults and 41% of youth aged 6-17 years in the city are overweight or obese.

Community Action

- Cross-sector comprehensive approach taken to tackle obesity.

Impact

- 10 farmers' markets opened in low-income, high-need neighborhoods.
- *Philly Food Bucks* in >25 markets where Supplemental Nutrition Assistance Program recipients receive \$2 *Philly Food Bucks* for every \$5 spent.
- *Campaign for Healthier Schools*, 160 schools developed health improvement plans to change their food and physical activity environments.



Racial and Ethnic Approaches to Community Health (REACH) Successes in Los Angeles

Community Health Councils, Inc.

Social Determinant

Community Context	South L.A.	West L.A.
People per grocery store	5,957	3,763
Supermarkets (% of total markets)	5%	29%
People per restaurants	1,910	542
Fast food restaurants (% of total restaurants surveyed)	25.6%	11.2%

Community Action

- Coalition addressed the root causes of health disparities within the South Los Angeles African Americans.

Impact

- 750,000 residents of South Los Angeles have increased access to fresh produce and low-fat dairy products.

Communities Putting Prevention to Work (CPPW) Successes in Boston

Boston Public Health Commission

Environmental Determinant

- Residents exposure to secondhand smoke in multi-unit housing.

Community Action

- Partnerships included housing authority, local agencies, community-based organizations, housing providers and tenants.
- Smoke-free multi-unit housing policy established.

Impact

- Boston Housing Authority - 12,000 units are smoke-free.
- Community development corporations are transitioning to smoke-free units.



Non-funded Community Successes in Winter Park, FL

- *Healthy Central Florida* launched with Dr. Oz
- “3:30:3” Pledge – commit 3 days per week to be active, for 30 minutes, for 3 months.
- Web-based tool www.FindActiveFun.org
- *Complete Streets Resolution* added sidewalks
- 50 worksites adopting health promotion policies



Healthy Communities Successes in the Midwest

Chicago, Illinois

- Visitors to 556 parks have access to vending machines that contain 100% healthy food items.

Hamilton County, Ohio

- Providing healthier foods to more than 6,100 students.

Davenport, Iowa

- Approximately 99,685 community members have access to physical activity with repaving and widening a 9-mile bike trail.



Non-funded Community Successes in Hernando, Mississippi

- Named “Healthiest Hometown” by Blue Cross Blue Shield
- DeSoto County ranked healthiest county in MS by Robert Wood Johnson Foundation
- Without federal funds, Hernando established:
 - Public smoking bans
 - Farmer’s market and community garden
 - Expansion of parks and recreation opportunities
 - “Complete Streets” policy promoting bicycle and pedestrian-friendly routes

Community Transformation Grants (CTG)

Sault Ste. Marie Tribe of Chippewa Indians (Michigan)

Anticipated Outcomes by 2016

Tobacco-Free Living

- Increase the percent of smoke-free tribally owned worksites and governmental buildings.

Access to Healthy Food and Beverages

- Increase the number of new or revised food policies adopted voluntarily by public service venues to improve the availability, accessibility, affordability of healthy foods.

Access to Physical Activity Opportunities

- Increase the number of school districts within the Sault Tribe service area that voluntarily adopt and implement comprehensive school-based district-wide physical activity policies.

Keys to Community Improvements

- **Trusted Organizations:** Embracing and enlisting community organizations valued by community members, including groups with a primary mission unrelated to health.
- **Community Leaders:** Helping community leaders and key organizations to act as promoters for improvements in the community, including forging unique partnerships.
- **Ownership:** Developing a collective outlook to promote shared interest in a healthy future through widespread community engagement and leadership.
- **Community-Based Participatory Approach:** Involving all partners in decision-making authority and recognizing each of their unique strengths.
- **Sustainability:** Making changes to organizations, community environments, and policies to help ensure that health improvements are long-lasting and community activities and programs are self-sustaining

A Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Diseases



COMING SOON!

For More Information Subscribe: DCHNews@cdc.gov



Health equity



Questions & Answers

If you have any questions you would like to pose to the presenters, please type it into the Q&A window to the right. We will address as many questions as we can in the time allotted.

Stay Connected

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[@gohealthypeople](https://twitter.com/gohealthypeople)



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[Healthy People 2020](https://www.linkedin.com/company/healthy-people-2020)



YOUTUBE

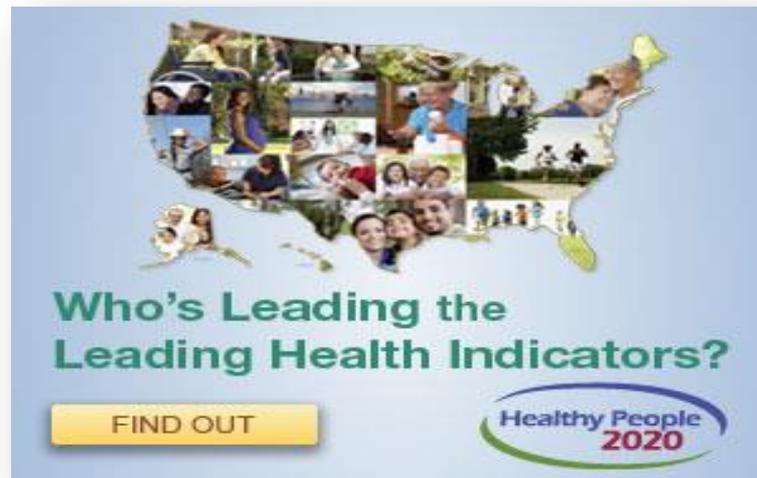
[ODPHP](https://www.youtube.com/odphp)
[search “healthy people”]





Find out Who's Leading the Leading Health Indicators!

- Join us November 23, 2013 to find out Who's Leading the Leading Health Indicators?
- Featuring the Mental Health LHI topic





Healthy People 2020 Progress Review Webinars

- ✓ Features progress on Healthy People 2020 objectives
- ✓ Highlights what is being done to achieve the Healthy People 2020 objectives
- ✓ June 2013 – Featured topic areas are Immunization and Infectious Disease and Global with a focus on Tuberculosis
- ✓ August 2013 –Featured topic areas are Healthcare-Associated Infections and Blood Disorders and Blood Safety