Carter Blakey, Deputy Director
Office of Disease Prevention and Health Promotion
U.S. Department of Health and Human Services
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

1979
- Small Pox Eradicated
- Clean Air Act

1982
- AIDS is infectious

1988
- SG Declares Nicotine Addictive

1990
- Human Genome Project Begins
- Water Fluoridation

2000
- Obesities and Chronic Disease
- September 11, 2001

2010
- H1N1 Flu
- Hurricane Katrina

1979 1990 2000 2010
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

12 LHI Topics, 26 Indicators

LHIs are a subset of Healthy People objectives

1200 Healthy People objectives
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**

**Disability and Health**

**Early and Middle Childhood** New

**Immunization and Infectious Diseases**

**Injury and Violence Prevention**

**Lesbian, Gay, Bisexual, and Transgender Health** New

**Social Determinants of Health** New

**Sexually Transmitted Diseases**

**Sleep Health** New
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
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
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• e: awernham@pewtrusts.org
www.healthimpactproject.org
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
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.
Asthma, Obesity, Diabetes...

Exercise...

Housing
“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
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

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](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.
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
Completed HIAs 2007
(N = 27)
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

**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

implications for Medicaid expenditures
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**

- *Health Impact Project:*
  - [www.healthimpactproject.org](http://www.healthimpactproject.org)

- *CDC Healthy Community Design Initiative:*
  - [http://www.cdc.gov/healthyplaces/](http://www.cdc.gov/healthyplaces/)

*Registration now open, but going fast!*

[www.nationalhiameeting.org](http://www.nationalhiameeting.org)
Thank you!

Aaron Wernham
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Tel. 202-540-6346
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Questions?
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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

- Neighborhood and Built Environment
- Economic Stability
- Health and Health Care
- Education
- Social and Community Context

SDOH
Neighborhood/Built Environment

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

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

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

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

DIRECT HEALTH CARE SERVICES
Basic health services and health services for Children with Special Health Care Needs (CSHCN)

ENABLING SERVICES
Transportation, translations, outreach, respite care, health education, family support services, purchase of health insurance, case management coordination with Medicaid, WIC, and Education.

POPULATION-BASED SERVICES
Newborn screening, lead screening, immunization, sudden infant death syndrome counseling, oral health, injury prevention, nutrition, and outreach/public education.

INFRASTRUCTURE-BUILDING SERVICES
Needs assessment, evaluation, planning, policy development, coordination, quality assurance, standards development, monitoring, training, applied research, systems of care, and information systems.
Healthy Start

ENABLING SERVICES

- Total Number of Families Served: 74,938
- Case Management Prenatal Period: 30,677
- Case Management Interconceptional Period: 26,210
- Outreach Prenatal Period: 26,397
- Outreach Interconceptional Period: 19,271
- Home Visiting Prenatal Period: 21,369
- Home Visiting Interconceptional Period: 20,530
- Adolescent Pregnancy Prevention Activities: 7,035
- Pregnancy Childbirth Education Activities: 23,759
- Parenting Skill Building Education: 30,745
- Youth Empowerment Peer Education Self-Esteem Mentor Programs: 10,270
- Transportation Services: 18,182
- Translation Services: 3,268
- Child Care Services: 4,644
- Breastfeeding Education Counseling and Support: 30,026
- Nutrition Education and Counseling Services: 38,667
- Male Support Services: 5,398
- Housing Assistance: 6,814
- Jobs Training: 5,231
- Prison Jail Initiatives: 1,483
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
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”

Thank You!

Sarah R. Linde, M.D.
RADM US Public Health Service
Chief Public Health Officer
HRSA

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301-443-2214
Questions?
Submit your questions using the Q & A feature on the right of your screen. Presenters will respond following all the presentations.
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

PLAY
Partnerships

Multi-Sector Approach

Agriculture
Urban Planning and the Built Environment
Education
Transportation
Business Sector/Commerce
Housing
“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

<table>
<thead>
<tr>
<th>Community Context</th>
<th>South L.A.</th>
<th>West L.A.</th>
</tr>
</thead>
<tbody>
<tr>
<td>People per grocery store</td>
<td>5,957</td>
<td>3,763</td>
</tr>
<tr>
<td>Supermarkets (% of total markets)</td>
<td>5%</td>
<td>29%</td>
</tr>
<tr>
<td>People per restaurants</td>
<td>1,910</td>
<td>542</td>
</tr>
<tr>
<td>Fast food restaurants (% of total restaurants surveyed)</td>
<td>25.6%</td>
<td>11.2%</td>
</tr>
</tbody>
</table>

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](http://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

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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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