

**Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2030
13th Meeting: Wednesday, March 27, 2019, 2:00 – 5:00 p.m. ET, via webinar
Meeting Minutes**

Co-Chairs

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

Chair Emeritus

- Jonathan Fielding, MD, MPH, MA, MBA

Members

- Susan F. Goekler, PhD, MCHES
- Paul K. Halverson, DrPH, MHSA, FACHE
- Therese S. Richmond, PhD, CRNP, FAAN
- Nirav R. Shah, MD, MPH
- Edward J. Sondik, PhD
- Joel B. Teitelbaum, JD, LLM
- Namvar Zohoori, MD, MPH, PhD

Welcome

2:00 – 2:05 p.m.

Ms. Carter Blakey (ODPHP) thanked the Committee members and meeting attendees for joining the 13th meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. During this meeting, the Committee will finalize its recommendations regarding the data and implementation of Healthy People 2030 (HP2030) and discuss the development of a HP2030 graphic.

Ms. Blakey shared that HHS is currently reviewing the Committee's recommendations on the proposed slate of HP2030 objectives as well as the nearly 5,000 public comments submitted on the proposed objectives. Once the Healthy People Federal Interagency Workgroup vets the changes resulting from the recommendations and public comments, the final slate of HP2030 objectives will be placed into HHS departmental clearance.

The Committee's sixth report, which includes the issue briefs to inform the development and implementation of HP 2030, was delivered to the HHS Secretary. The briefs include recommendations regarding the role of health and well-being, health equity, health literacy, promoting health and well-being, systems science and modeling, law and policy, and summary measures of health and well-being in Healthy People 2030. The report and briefs have been published online at HealthyPeople.gov.

Goals for the Meeting

2:05 – 2:10 p.m.

Dr. Dushanka V. Kleinman provided an overview of the meeting agenda. The meeting included presentations from Dr. Edward J. Sondik, chair of the Data subcommittee, to share the work of the Data subcommittee and its recommendations regarding data-related implementation activities; Dr. Mary

Pittman, chair of the Implementation subcommittee, to discuss the subcommittee's deliberations and present its comprehensive implementation recommendations; and Dr. Shiriki Kumanyika, chair of the Graphics subcommittee, to present on its progress and recommendations for the top-level and sub-level concepts for the static graphic.

Dr. Kleinman described the following goals for the meeting:

- Review each of the Data subcommittee's recommendations regarding implementation activities that pertain to use of HP2030 data.
- Review each of the Implementation subcommittee's recommendations regarding activities to implement HP2030 during the pre-launch, launch, and post-launch phases.
- Come to consensus regarding the Committee's recommendations for implementing HP2030.
- Review the HP2030 graphic developed by the Graphics subcommittee.
- Come to consensus regarding the top-level and sub-level concepts in the HP2030 graphic.

Data Subcommittee: Report and Recommendations

2:10 – 3:00 p.m.

Dr. Sondik noted that the Data subcommittee was asked to consider how Healthy People could assist states, tribes, and communities in their use of data to achieve the Healthy People objectives. Examples may include developing objectives and measures that tailor the Healthy People objectives to local conditions, encouraging data collection that would support states, tribes, and communities in their Healthy People programs and relate to Healthy People's national data sources, and hosting Healthy People webinars to share data quality guidelines and data analysis and collection tools with states, tribes, and communities.

The Data subcommittee developed 5 recommendations focused on guidance and partnerships to ensure data quality at the national, state, tribal, and community levels. Additionally, the subcommittee reviewed data recommendations suggested by the Implementation subcommittee.

Recommendation 1: Develop a data partnership infrastructure for Healthy People 2030 beginning with launch (or earlier). At both the national and local levels, accurate data from credible sources are essential to realizing the potential of Healthy People. To expand the scope and content of existing data, the Data subcommittee proposes leveraging existing activities through a new infrastructure of data partnerships. Such an infrastructure could guide and support HP2030 in the rapid growth of data, demand for new types of data, the need for subnational data, and data analytics and innovation.

There is an abundance of data sources and new tools, including:

- County Rankings and Roadmaps
- Public Health Alliance of Southern California
- State-level open data portals
- Community data dashboards
- Administrative data resources
- U.S. Small-area Life Expectancy Estimates Project (USALEEP): Neighborhood Life Expectancy Project
- Foodborne Diseases Active Surveillance Network (FoodNet): Extensive information on foodborne illnesses

Recommendation 2: Offer guidance on data collection and analysis to the Healthy People 2030 community at launch. HP2030 stakeholders and the public—the “Healthy People community”—may need guidance in using national, state, tribal, and community data to meet the Healthy People objectives. The Data subcommittee also recommends that guidance be provided (possibly through an expert committee) on:

- Sources of state, tribal, and community data (e.g., the California Data Portal)
- Assessing data quality and representativeness
- Relating subnational to national data sources that support Healthy People 2030
- Assessing progress in meeting objectives by combining national and state, tribal and community data

Recommendation 3: Release information through targeted, strategic outreach to partners that have a large network, such as America’s Health Insurance Plans (AHIP) or other networks of business, professional, and educational coalitions at the national, state, tribal, or community level. The subcommittee suggests selecting a few key partners (e.g., 3 to 5 organizations per sector, such as health plans) that can distribute Healthy People information to their networks.

Recommendation 4: Develop case examples of data analysis that focus on specific themes such as equity, summary measures, or different topics. Dr. Sondik noted that Recommendation 4 is also included in the Implementation subcommittee’s recommendations, but that the Data subcommittee felt it was important enough to duplicate.

Recommendation 5: Create a framework for summarizing the objectives and data availability. Dr. Namvar Zohoori had presented Arkansas’ Chronic Disease Framework for Action to the Data subcommittee, and the subcommittee recommends that HP2030 adopt a similar format to the tabular outline included in the framework. Additionally, the Data subcommittee suggested adding indicators of potential data availability at the state, tribal, and community levels.

Dr. Sondik noted that the Data subcommittee reviewed all data-related recommendations of the Implementation subcommittee, and recommended several refinements and additions. The Implementation subcommittee’s data-related recommendations are consistent with the discussions held by the Data subcommittee.

Additionally, Dr. Sondik shared that he and Dr. Kleinman have been discussing data partnerships and will share recommendations on this topic for the Committee’s consideration in the future.

Committee Discussion

Dr. Therese S. Richmond recommended adding a call to action to the narrative supporting Recommendation 3, since the network of partners should disseminate information to their members as well as use that information to stimulate action. The Committee supported this addition.

Dr. Susan Goekler asked whether there was any consideration of guidelines and parameters for the inclusion and use of sub-national data in HP2030. She provided the example of lifespan data and the difficulty of getting comparable data when looking across studies. Dr. Sondik noted that the subcommittee did discuss data comparability and that they are relying on the National Center for Health Statistics (NCHS) to focus on comparability of national-level data. Recommendation 2 notes that

guidance should be provided on data collection and analysis, including issues of comparability of sub-national data.

Dr. Zohoori added that, as someone who works at the state level, he has seen many discrepancies in the definition of measures, so guidelines would be helpful. He added that even when state and national measures are not exactly the same, progress toward similar measures at the state level would impact the national measure and show progress the national level. For example, if a childhood health outcome is measured for ages 1 to 5 at the national level, but a state measures that health outcome from ages 1 to 4, state-level interventions to address that measure will still help to improve national outcomes, regardless of what age range they are measuring. He emphasized that it is hard to get exactly the same measures at every level, but that if enough guidelines are provided, states and localities can still set goals to improve national targets by improving local outcomes.

Dr. Mary Pittman asked if the Data subcommittee considered how Healthy People can evolve and develop in response to new and improved data sources over the course of the decade. Dr. Sondik noted that the Data subcommittee felt it was important to allow for new objectives to be proposed over the decade as new sources of data become available and data systems improve. Dr. Kleinman added that as data systems improve, there are more opportunities to link between data sets and across surveys. Dr. Sondik shared that there was brief discussion about data that can be derived from social media, and that HP2030 should consider including social media data in the future.

Dr. Pittman noted that the Implementation subcommittee had discussions around potential new sources of data, such as predictive analytics, that will allow ODPHP to enhance future Healthy People efforts and allow NCHS and ODPHP to monitor health outcomes in real time. Additionally, there are many opportunities for HP2030 to incorporate more community data and research. Dr. Sondik added that there is a major difference between the past decades and HP2030 from a data standpoint, as there is a new emphasis on community data, including at the state, tribal, and local area. However, the challenge is relating this new community-level information to national data. Dr. Pronk added that new data is not far in the future and that the data partnership infrastructure included in Recommendation 1 can help form a multi-sectoral conversation about how to improve health and well-being.

Dr. Fielding suggested that HP2030 should define understanding surveillance data as a health literacy issue as well. When people learn about health issues in their community, they need to have the health literacy in order to interpret the surveillance data. Dr. Sondik agreed and noted that there has been a focus in the statistics community around the interpretation of statistical significance and how individuals interpret data to make decisions more effectively.

Dr. Zohoori asked the Committee whether they felt that there needs to be a recommendation that addresses making data more easily digestible by the general public in a way that they can use to make healthier decisions. Dr. Sondik felt that the guidance included in Recommendation 2 can be extended not only to professional HP3030 stakeholders but to the public as well. The Committee agreed that providing data and context in a way that is accessible and understandable to the public is important.

Committee Vote

The Committee agreed that Dr. Sondik will modify Recommendation 3 to include information leading to action, either in the explanatory text or incorporated into the recommendation itself. The Committee unanimously approved Recommendations 1 through 5, pending the above revision.

Implementation Subcommittee: Report and Recommendations
3:00 – 4:25 p.m.

Dr. Mary Pittman, chair of the Implementation subcommittee, reviewed their charge to “provide advice and guidance on approaches to implement Healthy People 2030,” specifically noting that “advice should be provided for actions and approaches to be taken before the launch, at the launch, and after the launch of Healthy People 2030.” She said the subcommittee aimed to ensure that their advice was anchored in the HP2030 framework, incorporated past implementation approaches, built on the base of approved activities, identified ways to connect efforts across various sectors and settings, and framed a process for monitoring and reporting on HP2030 objectives throughout the decade.

The subcommittee received a variety of presentations from external stakeholders across public, private, and non-profit sectors that informed their discussions and recommendation development. These presentations inspired the subcommittee to explore a broad range of recommendations and provided insight into the users of Healthy People data, the effective integration of social determinants of health, data visualization, and engaging subpopulations that have been historically less active in Healthy People.

Dr. Pittman shared that the focus of the Implementation subcommittee’s discussions and recommendations centered on discussion of Healthy People 2020 implementation recommendations (pre-launch, launch, post-launch); insight into the functions that Healthy People currently serves, as well as unmet needs and potential opportunities for HP2030; how to engage stakeholders from a variety of sectors in the implementation of HP2030; and communications activities throughout the decade.

The Implementation subcommittee divided their recommendations into 3 phases, listed below. Within each phase, the subcommittee further categorized their recommendations by topic areas: communications, stakeholder engagement, data, and objective review.

1. **Pre-Launch:** Implementation activities to precede the launch of Healthy People 2030 (May 2019 – January 2020)
2. **Launch:** Implementation activities to occur at the launch of Healthy People 2030 (January 2020 – March 2020)
3. **Post-Launch:** Implementation activities to follow the launch of Healthy People 2030 (March 2020 – Midcourse Review)

Dr. Pittman reviewed the Implementation subcommittee’s 38 recommendations, which are listed in abbreviated form in the following table.

| Communications | Stakeholder Engagement | Data | Objective Review |
|--|--|---|---|
| Pre-Launch Recommendations | | | |
| 1. Communications plan 2. Interactive website 3. Social media technology and tools | 4.A. Current stakeholders 4.A.1. Engage organizations and government entities 4.A.2. Explore avenues to engage partner organizations 4.A.3. Ensure transition support for leaders within government agencies 4.A.4. Encourage stakeholders to endorse the framework and FIW approach 4.B. New stakeholders 4.B.1. Communicate and build awareness of Healthy People 4.B.2. Engage organizations on simulations and gamification 5. Framework messaging | 6. Single data repository 7. Outreach to organizations with local data tools 8. Communicate data issues 9. List of entities with data available on various levels 10. Data partnership infrastructure 11. Quantitative analysis of overarching goals | 12. New objective categories 13. Developmental objectives under one group 14. Adapt objectives; allow all sectors to lead 15. Novel ways to get people excited |
| Launch Recommendations | | | |
| | 16. Multi-sector engagement approach 17. Resources for toolkits and curricula 18. State coordinators 19. Endorse framework | 20. Guidance on data collection and analysis 21. Strategic outreach to partners 22. Develop local objectives 23. Different groups use HP2030 | 24. Local objective utilization 25. Transition guide 26. Highlight research objectives |
| Post-launch Recommendations | | | |
| | 27. Multi-sector approach to ongoing engagement 28. Stakeholder engagement and communications 29. Gamification 30. Narrative success stories | 31. Framework for objectives and data availability 32. Update objectives as data are available; emerging issues 33. New Advisory Committee to review progress 34. LHIs to energize action 35. Plan for HP2040 early | 36. Objectives that exceed goals 37. Monitoring and updates for timeliness and relevance 38. Mid-decade review, equity progress |

Committee Discussion

Dr. Jonathan Fielding suggested that people might express concern about how to carry out all implementation-related recommendations and said that the Committee should focus on online tools, specifically HealthyPeople.gov, because that is where users will go for information on HP2030. He also suggested that it would be helpful to develop a matrix that explains which agencies or individuals would be primary implementers or supportive actors for each recommendation. Dr. Pittman responded that the subcommittee has developed matrices that connect recommendations with different implementation roles for different organizations, so they could continue to refine that.

Dr. Richmond stated that Recommendation 7 does not clearly express how tools will be collected to share. Dr. Pittman proposed that the recommendation include another sub-bullet to encourage placing tools in an accessible repository that will be curated and maintained.

Regarding Recommendation 9, Dr. Sondik said that the Committee should be consistent when using the terms “local” and “community.” He expressed preference for “community,” since it is a more general term; for example, a community can be self-identified, whereas “local” tends to have a geopolitical connotation. Dr. Pittman agreed that communities are more fluid and are not always specified by governmental jurisdictions. She expressed that “local” was more appropriate in this case because the pre-launch recommendations largely relate to specific responsibilities of local health departments and local planning agencies. Dr. Zohoori noted that this language was consistent with terminology from the Centers for Disease Control and Prevention.

Nonetheless, Dr. Pittman did want to emphasize the role of communities more broadly in the report. As such, she suggested that the definitions section of the Implementation subcommittee report could include definitions for “community” and “local” to clarify their significance for the purpose of the report.

The Committee agreed to add a sub-bullet to explain that communities can self-identify and may want to pursue HP2030 objectives for their self-identified groups, in order to encourage various communities to engage with Healthy People.

Committee Vote

The Committee unanimously voted to approve the following recommendations pending agreed-upon revisions, which are shown in red or described in blue below.

Pre-launch Communications Recommendations

Recommendation 1: Develop and initiate a Healthy People 2030 communications plan. Communications and messaging will address what Healthy People is, how it can be used by various stakeholders, sectors, and levels, and what data sources are available for purposes such as developing goals and objectives at other levels of the public health system.

- A communications plan will be important to implementation of Healthy People 2030. The Subcommittee recognizes that HHS is working separately to develop such a plan by early 2019, and therefore recommends that HHS coordinate implementation activities proposed in this report with those in the HP2030 communications plan. Seamless messaging and rollout of implementation activities at each phase should occur throughout the decade as stakeholders work toward meeting the Healthy People objectives.
- During the pre-launch phase, HP2030 should undertake communications activities that include launching the HP2030 website; developing the HP2030 overarching graphic; preparing

presentations and talking points; and notifying funders about the new categories of objectives (i.e., core, research, and developmental objectives).

- Those championing Healthy People, including interested Committee members, can use such materials for presentations and to foster discussion about HP2030.
- The HP2030 communications plan should use themes from the HP2030 framework to develop HP2030 messaging that can be communicated pre-launch. Messaging should address the concept and history of Healthy People, how the initiative can be used by current stakeholders, and what data sources are available to current and new stakeholders.

Recommendation 2: HHS should make the updated, interactive website a priority for Healthy People resources. The website should be updated and renewed on an ongoing basis. The website is a critical resource for providing implementation guidance. It should complement and reinforce information that is disseminated through social media.

Recommendation 3: Healthy People 2030 should take advantage of all social media and technology tools when considering implementation efforts. HHS should incorporate detailed strategies and tactical approaches for the website, social media, and technology tools in the Healthy People 2030 communication plan.

Pre-launch Stakeholder Engagement Recommendations

Recommendation 4: Healthy People 2030 should engage 2 different groups of stakeholders: current stakeholders and new stakeholders

Recommendation 4.A. Current stakeholders

Recommendation 4.A.1. Engage organizations and government entities in this phase. Emphasize public health stakeholders.

Recommendation 4.A.2. Explore avenues to engage partner organizations (both directly and indirectly, via the Federal Register) while being clear that there is no federal funding available.

- Encourage key organizations to incorporate relevant Healthy People objectives into their strategic plans. (HHS currently has cooperative agreements for large national associations and aggregator groups, e.g., ASTHO, NACCHO, APHA.)
 - Ensure they are actively involved in the pre-launch phase and share their activities.
- Identify foundations that might wish to support the launch and implementation of HP2030.

Recommendation 4.A.3. Make certain that leaders within government agencies have the support they need to transition from Healthy People 2020 to Healthy People 2030, ensuring continuity.

- Identify the technical assistance needs of key stakeholders that are interested in facilitating the transition process.
- Communicate about the reduced number and different types of objectives in Healthy People 2030.

- Healthy People 2020 includes more than 1,200 objectives and sub-objectives, organized within 42 topic areas. Given limited resources of staff and funding within HHS, tracking and monitoring this large number of objectives presents both management challenges and opportunity costs. HHS has therefore asked the Committee to provide advice on approaches to streamline and significantly reduce, by half or more, the number of Healthy People objectives. (See [Committee Report #2](#)).
- One example of how HP2030 might communicate about the reduced number of objectives can be seen in Healthy Alaskans 2020. The graphics in Healthy Alaskans 2020 that illustrate how Healthy Alaskans 2020 was developed are clear and engaging. Healthy Alaskans 2020 is a joint effort between the State of Alaska Department of Health and Social Services and the Alaska Native Tribal Health Consortium. Healthy Alaskans collected and compiled community input through a series of surveys to develop an initial list of hundreds of possible leading health indicators (LHIs). That list was refined by an advisory body, resulting in a list of 25 LHIs.
- Fewer objectives allow for a more focused effort that aims at making the highest-priority changes in health and well-being. In effect, a greater overall impact could be achieved with fewer objectives.
- Use findings from past Healthy People user studies and other analyses to highlight states that have exemplary Healthy People efforts. Partnering must be approached in a way that ensures equal opportunity.
- Identify and share information about states with exemplary practices or best practices.

Recommendation 4.A.4. Encourage stakeholders to endorse the Healthy People 2030 Framework and the approach of the Federal Interagency Workgroup.

Recommendation 4.B. New stakeholders

Recommendation 4.B.1. HHS staff should communicate with new stakeholders to establish contact and build awareness of Healthy People. Communicate with sector representatives to demonstrate how health and well-being relate to their work.

- Engage businesses and create synergies to achieve progress on the objectives.
- Reach out to a collaborative of tribes and territories (e.g., [Seven Directions](#), [National Congress of American Indians](#), others) to establish a formal agreement to assist tribes and territories in using Healthy People 2030.
- Follow existing models (e.g., National Academy of Sciences) for existing processes to seek feedback from businesses and other stakeholders.¹
- Communications could explain to new stakeholders how the initiative informs the work

¹ Website of the National Academies on Sciences, Engineering, Medicine; Division on Engineering and Physical Medicine. Accessed 3/1/2019 at: http://sites.nationalacademies.org/deps/deps_037300

they do and how critical their role may be, particularly in addressing upstream determinants of health and achieving health equity. Any materials to be shared with sectors will need to go through the full HHS departmental clearance process.

Recommendation 4.B.2. Engage companies and organizations that create simulations and deploy gamification to ascertain their interest in showing how health can be influenced by different sectors and relate to Healthy People.

- Through a competitive process (e.g., a hackathon), engage with organizations that can help gamify the Leading Health Indicators to reach populations that might not otherwise be reached, or to use for educational training.
- Such products are resource-intensive. To be successful, a federal agency would need to determine that this is sufficiently worthwhile to invest resources in it.
 - Support from the HHS Secretary or Assistant Secretary could help to make this happen.
 - Private sector or foundational support may be available to enable this resource-intensive work to move forward.

Recommendation 5: Develop messaging on the HP2030 framework and approach to help stakeholders disseminate information to their constituencies.

- Stakeholders should be informed about HP2030 and know what the opportunities are to be informed about HP2030 and avail themselves of resources for taking action.
- The plan should clearly articulate the goals and purpose of the website and social media platforms and should keep these up-to-date.

Pre-launch Data Recommendations

Recommendation 6: Provide a single repository for Healthy People 2030 data and ensure access to that data.

- It is critical for states and (when possible) localities to have state, tribal, local, and territorial health information that links to their data. Examples could be provided on the Healthy People website.
- The Healthy People 2030 objectives should enable the initiative's users to support the achievement of national objectives by developing and adapting local objectives based on local data and circumstances. Examples could be provided on the Healthy People website.
 - In some cases, states or localities may be able to use the same language as the Healthy People objectives while developing baselines and targets that are specific to their state or locality.

Recommendation 7: Identify and conduct outreach to organizations that have or are developing tools for local data that could be relevant to Healthy People 2030; ensure they know where to submit these tools for sharing with other entities.

- Outreach could involve a variety of organizations including state, tribal, local and territorial health departments, nonprofits, and other groups.
- Host a webinar to discuss tools (e.g., specific local and other data tools) that are relevant to Healthy People2030 to stimulate participation in the launch and post-launch.
- **Encourage placing tools in an accessible repository that will be maintained.**

Recommendation 8: Determine an effective way to communicate about, and offer guidance on, data issues at the state, tribal, local, and territorial levels.

- Guidance could relate to data quality, data analysis, use of administrative data, and other topics such as development of local Healthy People objectives that support national ones.
- Guidance could be offered through an expert group, a white paper, or some other document.
- Develop toolkits to help state, tribal, local, and territorial governments prepare targets and metrics, as well as data that help track progress toward Healthy People 2030.
- To assist the Healthy People 2030 community, including organizations and individuals, in using data from state, local, and other levels in addition to the national data sources that are cited in the objectives, we recommend convening an expert panel to prepare guidance on the following topics:
 - Sources of state, tribal, local, and territorial data (e.g., the California Data Portal)
 - Assessing data quality and representativeness
 - Issues in relating subnational data sets to the national data sources that support Healthy People 2030
 - Assessing progress in meeting objectives by combining national level data with data from other levels

Recommendation 9: Develop a resource list of entities that make state, tribal, local, and territorial data available through data-sharing platforms. This list could be included on the website to advance the use of Healthy People.

- Invite current stakeholders from across the United States to submit examples of their past use of Healthy People data to effectively target specific populations, evaluate impact, and assess interventions. Examples that highlight what is working could be shown on HealthyPeople.gov during the pre-launch phase.

The Committee agreed that language will be added in a second sub-bullet to Recommendation 7 to explain that communities can be self-identified and are not limited to geopolitical definitions of “local.”

Recommendation 10: Develop a Healthy People 2030 data partnership infrastructure starting at launch (or earlier).

- At the national level as well as the state, tribal, local and territorial levels, accurate data from credible sources are essential to realizing the potential of Healthy People.
 - To expand the scope and content of existing data, one proposed option is to leverage existing activities through a new infrastructure of Data Partnerships.
 - Such an infrastructure could support the rapid growth of data, demand for new types of data, and need for subnational data by harnessing existing and emerging data efforts, supporting data analytics and innovation, and promoting the presentation of data.
- An abundance of data activities relevant to health and well-being are rapidly emerging. These include national examples (e.g., the County Rankings and Roadmaps), local examples (e.g. Public Health Alliance of Southern California), and various other sources including state-level open data portals, community data dashboards, and emerging administrative data resources.
 - Such efforts could form components of an infrastructure that links national, state, tribal, local and territorial data through partnerships and collaborations.
 - These linkages and partnerships would enhance the Nation’s capacity to meet Healthy People objectives and overarching goals and would facilitate local action.

Recommendation 11: Facilitate planning and design of a quantitative analysis of the overarching goals.

Pre-launch Objective Review Recommendations

Recommendation 12: Communicate about the new categories of objectives: core, developmental, and research.

- Explain to research agencies that the research objectives will be coming forward.
- Clarify the cross-cutting focus of Healthy People 2030 on determinants of health, health equity, well-being, and health across the lifespan.

Recommendation 13: House and monitor developmental objectives with a single agency, partner agency, or external organization.

Recommendation 14: Encourage those who use the Healthy People 2030 objectives to make them relevant to their areas of influence by:

- Adapting the objectives with local data that are relevant to the local issues
- Using the objectives to support action
- Allowing all sectors to take the lead on some initiatives—some issues may not be directly health-related but may influence health

Recommendation 15: Identify novel ways to get people excited about meeting the Healthy People objectives.

- Consider contests or awards as a way to motivate existing and new Healthy People stakeholders.

Launch Stakeholder Engagement Recommendations

Recommendation 16: Adopt a multi-sectoral approach to engage public health, ~~medical~~ health care, and

other sectors in launching Healthy People 2030 in a variety of settings.

- Explore ways of aligning objectives across sectors to help create a healthier Nation, and to ensure that those who are least well-off ~~have access to~~ **enjoy health and well-being and** healthier lives.
- Use content from existing sector-specific information sheets in targeted conversations to encourage greater participation of other sectors in developing, disseminating, and using Healthy People. Such activities should help people understand how the objectives were developed (i.e., where they came from).

[The Committee agreed to add information about how the items in the second sub-bullet of Recommendation 16 benefit other sectors.](#)

Recommendation 17: Allocate resources for the dissemination of Healthy People 2030 toolkits and curricula.

Recommendation 18: Support and promote Healthy People State Coordinators

- Convene Healthy People State Coordinators.
- Identify ways that Healthy People can support state coordinators.
- Create a network of state coordinators so that they can offer support to one another.

Recommendation 19: Continue to endorse the Healthy People 2030 Framework and the FIW's approach of:

- Producing webinars that engage members of stakeholder groups on an ongoing basis with updated interventions and the most current data.
- Using social media to promote online presence and webinars.
- Syndicating content (e.g., making code available on the Healthy People website so the public can include Healthy People information on their own websites free of charge).
- Developing and using infographics and identifying evidence-based resources that the public can access through the website.

Launch Data Recommendations

Recommendation 20: Offer guidance on data collection and analysis to the Healthy People 2030 community at the time of the launch. Healthy People 2030 stakeholders and the public may need guidance for using national, state and local data to meet the Healthy People objectives. To this end, convene an expert panel to prepare guidance on the following topics:

- Sources of state and local data (e.g., the California Data Portal)
- Assessing data quality and representativeness
- Relating subnational to national data sources that support Healthy People 2030
- Assessing progress in meeting objectives by combining national and state or local data

Recommendation 21: Release information through targeted, strategic outreach to partners that have a large network, such as America’s Health Insurance Plans (AHIP) or other networks of business, professional, and educational coalitions at the national, state, or local level.

- Select a few key partners (e.g., 3 to 5 organizations per sector such as health plans) that can then distribute Healthy People information to their networks.

Recommendation 22: Encourage the development and adoption of local objectives, based on local data and circumstances, that support the achievement of national objectives. To help achieve this:

- Create an online presence that is user-centered and includes interactive tools.
- Produce webinars that engage members of stakeholder groups on an ongoing basis, address local situations, and showcase the most current interventions and data.

Recommendation 23: Develop case examples of complex data analysis demonstrating how different populations and stakeholders have been using Healthy People data.

- Stimulate uptake of Healthy People data with case examples that highlight different features of the data and more complex types of analysis that can be conducted.
- Identify existing examples from HHS, CDC, and other government websites that have made effective use of Healthy People data. Examples could focus on specific themes such as, equity, summary measures, or different topics.
- Because CDC grants often include requirements that relate to Healthy People, the CDC website may be one source for success stories.

Launch Objective Review Recommendations

Recommendation 24: Encourage the use of Healthy People 2030 objectives in ways that are locally relevant and that contribute to achieving progress on the national objectives.

- Local agencies and entities are free to adapt objectives from HP2020 that continue to be relevant to their needs.

The Committee agreed to add a second sub-bullet regarding the development of talking points to describe LHIs.

Recommendation 25: Create a guide to support the transition between HP2020 and HP2030 and build upon the existing foundation of knowledge and experience. The guide could:

- Be a web-based program or toolkit
- Provide linkages among objectives (from one decade to another and between core, developmental, and research objectives)
- Link resources and evidence-based interventions to objectives
- Outline where HP2030 differs from HP2020

- Highlight areas of increased relevance for stakeholder action as well as where and how local action can be aligned with progress towards achieving objectives at the national level

Recommendation 26: Highlight research objectives during the launch, since they are new.

- Package and organize objectives in ways that are useful to specific funders and researchers.
- Create communication materials for funders, explaining that there are gaps in knowledge and that these objectives are important to creating a healthier Nation.
 - Show data from other nations to demonstrate that the United States is currently far from being the healthiest nation. Offer global comparison as a touchpoint.
 - Create talking points to explain categories of objectives and the process for LHIs.
 - Ask research agencies to review and internally track their progress on research objectives that align with their strategic plans and to report this information back to HP2030 so that it can be included in the mid-decade review.

Post-launch Stakeholder Engagement Recommendations

Recommendation 27: Adopt a multi-sector approach to ensure Healthy People and HHS have processes in place for ongoing engagement in the use of Healthy People data, objectives, and tools to create well-being and a healthier nation.

- The sector grid should be updated to capture how the indicators are being used in the various sectors (e.g., a scorecard).

Recommendation 28: Implement processes for ongoing engagement and communications with public health, ~~medical~~ health care, and other stakeholders.

- Engage multiple sectors in implementation and monitoring of objectives.
- Reach out to federal research agencies.
- Identify existing examples from HHS, CDC, and other government websites that make effective use of Healthy People data and refer to Healthy People on their websites. Examples could focus on themes such as equity, summary measures or other topics.

Recommendation 29: Explore gamification, simulations, and other promising engagement tools and interactive innovations.

- Modeling the positive impacts of Healthy People on various sectors would be a compelling way to engage partners. Consider ways to build enough enthusiasm to get financial support for this.

Recommendation 30: Provide narrative case examples of success stories.

- Obtain video clips that illustrate the objectives and that could be incorporated on the website.
- Highlight success stories that have been submitted.
- Create a speakers' bureau of people from other sectors, ensuring that people are included from the top 40 metro areas and smaller rural areas, who are knowledgeable and supportive of

Healthy People.

Post-launch Data Recommendations

Recommendation 31: Create a framework for summarizing the objectives and data availability.

- Suggest that state health departments track potential local data sources for the Healthy People objectives (for an example, see Arkansas’s Chronic Disease Framework for Action.)

Recommendation 32: Update Healthy People objectives as data become available and should incorporate rapidly emerging issues.

- Consider the impacts of climate change and other environmental and social events (e.g., fires, severe weather events, bioterrorism, violence, epidemics) on public health agencies and the general population.
- Highlight developmental and research objectives that have created sufficient evidence or data to become core objectives.
- Explore new ways to conduct data analysis and visualize data, and pursue the creation of new objectives as health issues emerge.
- Use data to support linkages between objectives and across topic areas.

Recommendation 33: Convene an Advisory Committee to work with HHS staff to review changes in health, as well as new data trends, and evaluate progress.

Recommendation 34: Build a compelling story that uses the release of LHIs to energize action and data use.

- Graph an indicator with links to more indicators and objectives so that users can access a larger collection of data by clicking on the graph.
- Link objectives across topic areas, not just within one topic area.
- Build on current efforts to tag related objectives.

Recommendation 35: Begin planning for Healthy People 2040 early.

- Engage stakeholders proactively to provide meaningful input on the development of objectives.
- Consider examining progress against benchmarks that are measured in other OECD countries.

Post-launch Objective Review Recommendations

Recommendation 36: Highlight and celebrate objectives that have exceeded their goals and encourage continued progress on them.

Recommendation 37: Monitor, robustly address, and frequently update key areas of objectives and LHIs that have disproportionate impacts on the health of the Nation, including chronic disease, behavioral health, and equity through a special review of related objectives to ensure the initiative’s continued timeliness and relevance.

Recommendation 38: Conduct a mid-decade review and generate a report looking at progress on

objectives from an equity perspective.

- Be vigilant for unintended consequences that can aggravate equity issues.
- Highlight emerging objectives related to equity and monitor their progress.

Graphics Subcommittee

4:25 – 4:55 p.m.

On behalf of ODPHP, CommunicateHealth has continued to work with the Graphics subcommittee to develop the HP2030 framework graphic, which will appear on the HP2030 website when it launches in 2020. CommunicateHealth reviewed the purpose of their presentation, which included a review of key concepts that will be reflected in the framework graphic and a preview of a sample static graphic design.

The key objectives of the framework graphic are to capture main components of the HP2030 framework, to allow users to drill down for more information, and to help build a shared understanding of fundamental public health concepts for a range of users. The subcommittee has worked to determine the main components, referred to as “top-level concepts,” and has developed a static graphic design. The subcommittee has also discussed preliminary ideas for graphic interactivity and specific information, referred to as “sub-level concepts,” that will be accessible as part of the “drill down” functionality.

The Graphics subcommittee has identified content for the framework graphic by looking at the framework through 2 categories. The first category, top-level concepts, conveys the broad approaches of the HP2030 framework. The second category, sub-level concepts, includes specific topics that will be featured within each top-level concept. This approach allows for the inclusion of more topics while maintaining a cleaner, simpler visual that can be understood by a wide range of audiences.

The Graphics subcommittee has developed 4 top-level concepts: Closing Gaps, Creating Healthier Environments (previously Building Healthier Communities), Increasing Knowledge and Action (previously Increasing Engagement), and Health and Well-Being Across the Lifespan.

CommunicateHealth reviewed the sub-level concepts featured under each top-level concept:

Closing Gaps

- Health disparities
- Health equity
- Health literacy

Creating Healthier Environments

- Physical environments
- Economic environments
- Social environments
- Climate resilience
- Disaster preparedness
- Violence prevention

Increasing Knowledge and Action

- Shared responsibility across sectors (including public health and health care)
- Outcomes data and public health successes (including site features like Stories from the Field, Leading Health Indicators, and Law and Health Policy)

- Support for evidence-based laws, policies, programs, and clinical interventions
- National objectives and data to drive targeted action and evaluate progress

Health and Well-Being Across the Lifespan

- Emotional and spiritual well-being
- Access to quality clinical care
- Strategic resource allocation

Dr. Shiriki Kumanyika, chair of the Graphics subcommittee, summarized the subcommittee's deliberation on whether and how to include a concept related to controlling excess medical care costs in the framework graphic. Dr. Pronk suggested that this concept could be included as a sub-level concept within Health and Well-Being Across the Lifespan, and could be rephrased using similar language to that in the Health and Well-Being Issue Brief ("balanced investment portfolio"). Dr. Kleinman agreed, and suggested that the "emotional and spiritual well-being" and "access to quality clinical care" sub-level concepts could be rephrased using language from the same Issue Brief ("meaningful lives" or "participation in society," and "equitable vital conditions," respectively).

Dr. Sondik expressed concern that the "balanced investment portfolio" language could imply that certain areas are higher or lower priority, and suggested that the sub-level concept refer to prioritizing cost-effective interventions for each objective (as opposed to prioritizing objectives over one another based on their cost). Dr. Goekler suggested that a sub-level concept on controlling medical care costs could be considered separately from cost-effective interventions, and could be included under Creating Healthier Environments as a part of the economic environment, where it could be considered from a prevention perspective. Dr. Richmond agreed with the concept's placement, but suggested revising the terminology to refer to "health care costs," and Dr. Pittman suggested removing the reference to "excess" costs.

The subcommittee tentatively agreed to rephrase the sub-level concept to "controlling health care costs," but did not yet agree which top-level concept it should be housed underneath (Dr. Kumanyika preferred including it under Health and Well-Being Across the Lifespan). Mr. Teitelbaum cautioned the subcommittee against linking excess medical costs to increased health-related social spending, as increased spending on health/social services could (and potentially should) come from other sources as well. Dr. Nirav Shah suggested that the Institute for Healthcare Improvement's Triple Aim (improving the patient experience of care, improving the health of populations, and reducing the per capita cost of health care) could provide material for the graphic.

Dr. Kumanyika introduced the sample framework graphic, which is part of an iterative process and will continue to change over time. Mr. Adam Moorman (CommunicateHealth) described how the graphic represents the intertwined top-level concepts, the key tools and processes of HP2030, and the initiative's ultimate goal. He also explained how the graphic will allow users to drill down to view sub-level concepts and related content.

A number of subcommittee members complimented the graphic. Dr. Zohoori appreciated the depiction of Evidence-Based Interventions and Actionable Data on the graphic's Möbius strip. He suggested that a third item could potentially be included on the strip, and Dr. Pronk wondered whether "balanced investments" could fit into the graphic on the strip. Dr. Sondik suggested that the graphic should be built on a foundation of a variety of different resources beyond solely financial resources.

Dr. Goekler complimented the graphic's interconnectivity. She suggested rephrasing Creating Healthier Environments to avoid implying that these environments are being created from scratch. Dr. Richmond suggested revising to Cultivating Healthier Environments; the subcommittee agreed.

Dr. Sondik liked the reference to "emotional well-being" but liked "spiritual well-being" less. Dr. Pittman suggested rephrasing Health and Well-Being Across the Lifespan to Sustaining Health and Well-Being Across the Lifespan.

Meeting Summary: Recommendations, Action Items, and Next Steps

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

Dr. Pronk thanked the members of the Data, Implementation, and Graphics subcommittees for their thoughtful and carefully crafted recommendations. In addition, he thanked Dr. Sondik, Dr. Pittman, and Dr. Kumanyika for chairing their respective subcommittees. In collaboration with ODPHP, Dr. Pronk and Dr. Kleinman will submit to the HHS Secretary the Committee's recommendations regarding implementation, data-related implementation efforts, and the development of an HP2030 graphic. The Committee's final report to the HHS Secretary with recommendations from today's meeting will be published online at HealthyPeople.gov upon delivery to the HHS Secretary.

Meeting Adjourned

5:00 p.m.