

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

October 16, 2017  
1:00 pm to 3:00 pm ET



# Welcome and Introduction

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# Goals for the Meeting

Moderated by  
Nico Pronk, PhD, MA, FACSM, FAWHP  
Committee Co-Chair



# Prioritization and Objective Selection Criteria Subcommittee Recommendations

Jonathan Fielding, MD, MPH, MBA, MA

Chair Emeritus and Prioritization and Objective Selection Criteria  
Subcommittee Chair



The charge of the Prioritization and Objective Selection Criteria Subcommittee is to:

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

- During the in-person meeting in September 2017, the Committee voted to approve the **prioritization criteria** (recommendation #2 in the 9/17 draft, listed as Step 3B in the current proposed approach)
- The subcommittee revised their proposed recommendations based on Committee feedback during October 3 subcommittee meeting and extensive email discussions
- In addition to revising the language of the recommendations and criteria, the subcommittee has developed a step-wise approach that applies the criteria for prioritizing and selecting objectives

- A step wise approach should be used to prioritize and select Healthy People 2030 objectives.
- Healthy People 2030 should offer users the flexibility to array objectives according to different interests or dimensions. [Step 1]
- HHS should use a blended, public-private approach to prioritizing and objective-setting. [Step 1]
- The following nine criteria should be taken into consideration when commenting on the proposed objectives or suggesting additional ones. [Step 2]
- Healthy People 2030 objectives should include quantifiable measures of progress that employ best current knowledge to estimate what can be achieved, and how quickly, for systematically identified opportunities. [Step 2]
- Healthy People 2030 should not be a static document, but should be subject to revisions based on new knowledge and experience in efforts to achieve defined objectives. [Step 2]

- Identify both core objectives and research objectives to include in Healthy People 2030. [Step 3]
- Healthy People 2030 should identify priorities and opportunities by applying a prioritization framework, generalizable to and usable by all target audiences. [Step 3]
- The Department, through its many agencies, needs to play an enhanced role in helping stakeholders meet the Healthy People objectives. [Step 3]

# Proposed step-wise approach for prioritizing and selecting objectives for Healthy People 2030



- Issues to keep in mind:
  - The Federal Advisory Committee is charged with providing guidance to the Secretary of the U.S. Department of Health and Human Services
  - Our recommendations can be adapted for use by stakeholders at other levels, such as states and localities

# Identify, Refine, Prioritize, Select:

*Choosing Topics and Objectives for Healthy People 2030*

## Topics

- Make decisions on topics that can be used to organize the objectives
- Convene topic working groups with federal and non-federal stakeholders

## Preliminary Objectives

- Develop a list of preliminary objectives by considering overarching issues for HP2030, and asking whether the objectives are quantifiable
- Refine the list of objectives by applying quality control criteria

## Final Objectives

- Categorize the refined list into 3 groups of objectives: core; research, & developmental
- Prioritize the list of core objectives by consistently applying a limited number of criteria

- **Step 1. Make decisions on topics and convene workgroups for Healthy People 2030.**
- There is no one correct way to organize objectives for Healthy People 2030.
- Options for a framework to array objectives by topic might include: life course, risk factors, diseases and conditions, social determinants of health, or others.
- The initial list of topics should be refined to reflect the “most important” aspects of health based on:
  - **Reducing deaths**
  - **Reducing morbidity**
  - **Reducing disability**
  - **Reducing health disparity/ increasing health equity**
  - **Increasing well-being**
- Convene workgroups for each topic, including federal and non-federal stakeholders (e.g., national organizations, non-profits, associations).

- **Step 2.A. Develop a preliminary set of objectives by considering overarching issues for Healthy People 2030.**
- Determine which objectives should be considered for inclusion in Healthy People 2030.
  - Does the objective address an issue of national importance?
  - Is the objective quantifiable?
- **Step 2.B Refine the list of objectives by applying quality control criteria.**
- Is the objective understandable?
- Does the objective need to be revised to reflect major updates or new knowledge?
- Does the set of objectives address a range of issues across topics such as:
  - Behavior and health outcomes; behavioral and health service interventions (availability, access, content), social determinants of health; or community capacity.
- Does the objective meet the following quality control criteria for HP2030?
  - Be prevention and protection oriented, with quantitative (measurable) measures achievable by 2030 through readily identifiable actions.
  - Be supported by scientific evidence that the quantifiable measure is achievable OR evidence that we can move towards it.
  - Address health inequities and health disparities in defined populations, including those categorized by race/ethnicity, socioeconomic status, gender, disability status, sexual orientation, and geographic location.
  - Use valid, reliable, representative data and data systems at the national, state, and community levels.
  - Address social determinants of health wherever they impact attainment of objectives.

- **Step 3.A. Categorize the refined list of objectives into three groups: core, research, and developmental.**
- Each core objective must have: 1) an identified data source or potential data source, 2) baseline data, and 3) assurance of at least two additional data points over the decade.
- When objectives lack evidence based effective interventions, they should be categorized as research objectives.
- When objectives are developmental, they should establish a baseline and interim quantifiable measures of progress.
- **Step 3.B. Prioritize the refined list of core objectives based on their expected impact.**
- Prioritize the refined list of quantifiable measures by applying criteria of:
  - Overall health burden
  - Preventable burden
  - Potential to reduce health inequities/disparities
  - Cost-effectiveness and prevention effectiveness
- Rank each core objective in terms of extent of benefit derived from achieving the quantifiable measure (e.g., high, medium, or low benefit).

# Step 1: Decide how the objectives should be organized

- A. The first task in developing a set of objectives for HP 2030 is to *compile a list of topics* that can be used to organize the objectives.
- There is **no one, correct way** to organize the objectives by topic.
    - It is possible that multiple frameworks could be selected, related topics could be arrayed, and then objectives could be linked to those topics (e.g., through development of topic-specific logic models).
  - Options for an organizing framework for Healthy People 2030 might include:
    - Revising and updating the list of topic areas from Healthy People 2020
    - Offering analysis by developmental stage over the life course (e.g., infancy, childhood, adolescence, adulthood, and old age)
    - General domain (e.g., social environment, physical environment, behavioral, clinical)
    - Intervention type (e.g., policy, education, clinical, system, etc.)
    - Disease or injury risk factors (e.g. physical inactivity, living in high crime neighborhoods)
    - Target audience (e.g., business, schools, states, local government, federal government, clinical care system, non-profit health-interested organizations etc.)

# Step 1: Decide how the objectives should be organized (...continued)

- B. Refine the list of topics, and identify and engage non-federal stakeholders to participate in topic work groups
  - Refine the list of topics for Healthy People 2030 objectives to reflect the “most important” aspects of health, based on:
    - **Reducing deaths**
    - **Reducing morbidity**
    - **Reducing disability**
    - **Reducing health disparity/ increasing health equity**
    - **Increasing well-being**
  - Recruit stakeholder organizations, such as national non-profits or associations, to participate in the workgroups and in objective development

## Step 2: Develop and refine the set of objectives

- A. Topic workgroups should develop a *preliminary set of objectives*.
- The list of Topic objectives for HP 2030 should not mirror HP 2020 objectives.
    - Add, subtract and modify objectives from the HP2020 list as appropriate.
    - Some quantifiable measures from Healthy People 2020 may deserve more attention this decade, (e.g., because the burden has increased).
    - Some quantifiable measures may deserve less attention this decade (e.g., because no evidence based intervention is available to drive progress)
  - The central questions to be considered at this stage are:
    - ***Does the objective address an issue of national importance, and***
    - ***Is it quantifiable?***

## Step 2: Develop and refine the set of objectives (...continued)

- B. A central decision-making body, such as the Federal Interagency Workgroup (FIW), should refine the preliminary list of objectives across topics by answering:
- Is the objective understandable?
  - If an objective from HP 2020 is selected, does it reflect major updates or new knowledge?
  - Does the set of objectives address a range of issues across topics, such as:
    - Behavior and health outcomes; behavioral and health service interventions (availability, access, content), social determinants of health; and community capacity.
  - Does the objective meet the following quality control criteria for HP2030?
    - Be **prevention and protection oriented**.
    - Be **supported by scientific evidence** that the quantifiable measure is achievable OR evidence that significant progress can be made towards it.
    - **Address health inequities and health disparities** in defined populations, including those categorized by race/ethnicity, socioeconomic status, gender, disability status, sexual orientation, and geographic location.
    - Use **valid, reliable, representative data** and data systems at the **national, state, and community levels**.
    - **Address social determinants of health** wherever they impact attainment of objectives.

# Step 3: Categorize objectives to develop three lists.

- A. Categorize the refined, prioritized list of objectives into 3 groups:
- **Core Objectives.** Each core objective must have: 1) an identified data source or potential data source, 2) baseline data, and 3) assurance of at least two additional data points over the course of the decade.
  - **Research Objectives.** High priority issues for which no effective intervention is readily available should become research priorities.
  - **Developmental Objectives.** High priority issues that do not meet the data standards for inclusion as a core objective but are associated with effective evidence based interventions. When objectives are developmental, a baseline and interim, quantifiable measures of progress should be established.

# Step 3: Prioritize and select the final list of objectives (...continued)

- B. Prioritize the refined set of **core objectives** based on each objective's expected impact (e.g., high, medium, or low benefit) on:
- Overall health burden
  - Preventable burden
  - Potential to reduce health inequities/disparities
  - Cost-effectiveness and prevention effectiveness

- **High priority core objectives will constitute the final set** of objectives for implementation of Healthy People 2030.
  - These will be centrally managed by the Topic Workgroups and FIW.
- Medium priority core objectives may be overseen by HHS but managed by public, independent and private sector national stakeholder organizations through formal partnerships.
  - The purpose of such partnerships will be to catalyze progress on issues that may not score as highly based on impact or priority, but that warrant national attention.

# Committee Discussion

Moderated by

Jonathan Fielding, MD, MPH, MBA, MA

Chair Emeritus and Prioritization and Objective Selection Criteria  
Subcommittee Chair



# Committee Votes

Dushanka Kleinman, DDS, MScD  
Committee Co-Chair



# Subcommittee Recommendations



- **Recommendation 1:** Healthy People 2030 should offer users the flexibility to array objectives according to different interests or dimensions. As one example, the organization of Healthy People 2030 could offer analysis by age group across the life course. It could also be organized by several other approaches, such as by: general domain (social environment, physical environment, behavior, clinical), intervention type (policy, education, clinical, system, etc.), risk factors, disease or injury, or target audience (business, schools, states, local government, federal government, clinical care system, non-profit health-interested organizations etc.). [Step 1]

- **Recommendation 2:** HHS should use a blended, public-private approach to prioritizing and objective-setting. For some topics, the preferred approach should involve leadership and coordination from a Federal Interagency Work Group (FIW), but with meaningful involvement from relevant private organizations. For others, it would be preferable to have private sector organizations provide leadership and coordination, but with involvement of appropriate federal organizations. We also recommend that HHS, working with the FIW, develop guidelines for how to distribute responsibilities in a manner that builds on the strength of both the public and private sector, and promotes efficiency and transparency. **[Step 1]**

- **Recommendation 3:** The following nine criteria should be taken into consideration when commenting on the proposed objectives or suggesting additional ones. Weighting of criteria may differ depending upon the topic area. For most objectives all criteria are relevant, but for others not all criteria are relevant. [Step 2]

- **Recommendation 4.1:** Healthy People 2030 objectives should include quantifiable measures of progress that employ best current knowledge to estimate what can be achieved, and how quickly, for systematically identified opportunities. [Step 2]
- **Recommendation 4.2:** Healthy People 2030 should not be a static document, but should be subject to revisions based on new knowledge and experience in efforts to achieve defined objectives. [Step 2]

# Recommendation 5: *Categorizing the Refined, Prioritized Objectives into Three Groups*

- **Recommendation 5.1** Identify both core objectives and research objectives to include in Healthy People 2030. [Step 3]
- **Recommendation 5.2** The Department, through its many agencies, needs to play an enhanced role in helping stakeholders meet the Healthy People objectives. It should prioritize financial and policy support for activities that, based on the best evidence, have a high likelihood of improving measurable outcomes. It should assure alignment of Healthy People 2030 objectives with the responsibilities and accountability of all its agencies and support the identified priority developmental and research needs. The Department should also explore whether the priorities and activities of other advisory bodies are consistent with this recommendation, if such an activity would be permissible under FACA regulations. [Step 3]

# Recommendation 6: *Criteria to be used in Prioritizing Quantifiable Objectives for Healthy People 2030*

- ***Approved by the Committee – September, 2017***
- **Recommendation 6:** Healthy People 2030 should identify priorities and opportunities by applying a prioritization framework, generalizable to and usable by all target audiences. The initiative should offer context and background information on the overarching purpose of the initiative, inclusive of increasing health equity. [Step 3]

# Meeting Summary: Recommendations, Action Items, and Next Steps

Dushanka Kleinman, DDS, MScD  
Committee Co-Chair



# Meeting Adjourned

