

>> **Video Music Introduction**

>> **Dr. Howard Koh [Video]**

Our good health is a gift. In the ideal world all people reach their full potential for health. They reach their highest attainable standard of health, and they really enjoy that gift. But unfortunately right now there are too many threats to our health, and people aren't reaching their full potential. So Healthy People reminds us about the importance of prevention. It reminds us about the importance of the gift of health and it gives us new directions to reach for the future.

>> **Jan McIntire [Video]**

Projects like Healthy People are ones that provide a compass. Healthy People gives us an opportunity to say, "Are we aligned? Are our objectives aligned with national objectives?" because we should all be trying to do that.

>> **Dr. Howard Koh [Video]**

We have some four overarching goals in Healthy People that inspire and motivate all of us. First, to improve quantity and quality of life. Second, to eliminate health disparities and achieve true health equity. Third, to protect health throughout all stages of life. And fourth is to make our environments healthier so that we have a true social determinants approach to health.

>> **Mark B. Horton [Video]**

The thing that's, I think, particularly exciting about the new framework for Healthy People 2020 is the additional emphasis on health disparities and health equities, as well as focusing on further upstream preventive measures that can be captured by focusing on social determinants of health.

>> **Shiriki Kumanyika [Video]**

We're defining health from a public health perspective as including things that you don't usually think of as health, but things that, the conditions that create health.

>> **Anne Bongiorno [Video]**

I think with Healthy People 2020, and our mid-year report, that if we take these to heart and we look at evidence-based intervention, and really connect the intervention with the benchmark from the Healthy People program and evaluate it carefully for its efficacy, that we are really going to make some strong inroads.

>> **Susan Wozenski [Video]**

So we're really trying to get our practitioners to step back a little bit and look sort of in the classic upstream way of thinking as to what we can do to make our population a little bit healthier.

>> **Kyndra A. Jackson [Video]**

We're going to need social workers. We're going to need our primary care physicians. We're going to need a whole team to collaborate together, to improve health outcomes.

>> **Louise Lex [Video]**

It needs to be an effort on the part of the community, the entire community — the business community, the community of educators. It needs to be a collective effort.

>> **Dr. Howard Koh [Video]**

With this new version of Healthy People 2020, we literally want a 2020 vision of health to be shared by everybody in this country. And we want the data and the goals and the targets to be a motivating force for every community, and every person in every community.

>> **Voice-over Announcer**

Please welcome The George Washington University President, Steven Knapp.
[Applause]

>> **Stephen Knapp**

Good morning. Ladies and gentlemen, it is a pleasure to welcome you to The George Washington University, and we are delighted and grateful to the United States Department of Health and Human Services for launching Healthy People 2020 here at The George Washington University. I would like to extend a special welcome to all the speakers and panelists, quite a distinguished assembly that you'll be hearing from this morning. And a special welcome to Assistant Secretary Howard and Surgeon General Regina Benjamin and all the Health and Human Service leaders who have joined us today. At George Washington, we seek to engage the world from this nation's capital, and one of the main ways we do is by convening the discussions of important issues of our time. Today we're delighted to participate in this discussion about creating a healthier America, through science, policy, and practice. And this is also an opportunity for our students to experience knowledge in action, which is a particular hallmark of a George Washington education. Dean Goldman, the new Dean of our School of Public Health and Health Services, was very eager to be here today to participate in this discussion, and to introduce the conversation. Unfortunately she was in Geneva for a meeting of the World Health Organization, and was trapped there by a snow storm. It appears that's something we're sort of familiar with here in Washington, D.C. and apparently, Geneva has those challenges as well. So she cannot join us. But I'm very glad to say that standing in for her this morning is her interim predecessor, and the associate Dean, Senior Associate Dean of the School of Public Health and Health Services, Josef Reum. Please join me in welcoming him.

>> **Josef Reum**

Thank you, President Knapp, and welcome to all of you and to the more than 5,000 people who have signed on around the country and around the — I hope around the world, including a terrific Dean who is in Geneva awaiting her next flight. I know that the person who welcomed you asked you to turn off your phones. Here is what I would ask you to do is to put them on silent because unlike when Healthy People 2010 was unveiled, you could now tweet. And tweeting is important because this is how we're

going to gather your comments and your ideas and your questions as we move forward today. So, I get to say this out loud for the first time in my life. Go to your hash tag.

[Laughter]

HP2020, or via e-mail at healthypeople2020@AIR.ORG. We're thrilled to have you here. We're thrilled to have you here in part because The George Washington University school, the people that come here, they are students. They tell us, I'm coming here because I want to change the world. And occasionally we have speakers that come and talk to them and most of them used to be faculty members here and have been sucked into the administration, and we're looking forward to having them come back maybe in 2020. The other exciting thing about being at The George Washington University is that we're right here. We have the World Health Organization down the block, PAHO, the IMF, and I go to some meetings where people go, you know, the thing about public health is this: When nothing happens, it works. And that's hard to measure. But, 2020 is about having perfect vision. And perfect metrics of what it looks like to change the world. And we're very excited to host this. Our first speaker is Dr. Howard Koh who serves as the 14th Assistant Secretary for Health for the United States Department of Health and Human Services. As the Assistant Secretary, Dr. Koh oversees HHS Commission Corps of the U.S. Public Health Service, and the Office of Surgeon General. He serves as the Senior Public Health Adviser to the Secretary, and leads an array of interdisciplinary programs related to disease prevention, health promotion including the reduction of health disparities, women and minority health. HIV/AIDS, he's got a long list of tasks. Doesn't he? Physical fitness and sports, bioethics, population affairs and research integrity and human research protections. He's the champion of Healthy People, and we are delighted to have him here with us today.

Please welcome the Assistant Secretary of Health, Dr. Howard Koh.

[Applause]

[Applause]

>> **Dr. Howard K. Koh**

Thank you so much, everyone. And welcome to the official launch of Healthy People 2020!

[Cheers and Applause]

All right. It is great to see this overflow crowd and thank you so much for your presence and your support and your leadership. First of all, many thanks to President Knapp and Dean Reum of GW. This is an absolutely beautiful facility and we're just thrilled to have your support and your hospitality as we launch this momentous effort for the next decade. I am truly filled with gratitude to everybody here and to hundreds, if not thousands, around the country for making this day a reality. First, tremendous thanks to our Office of Disease Prevention and Health Promotion. Penny Slade-Sawyer and Carter Blakey and our staff. Our wonderful leaders at the National Center for Health Statistics, Dr. Ed Sondik and Mr. Richard Klein, and their colleagues. To our very energetic colleague, Todd Park, the Chief Technology Officer at Health and Human Services. You'll be meeting Todd and feeling his energy and passion in just a couple of minutes. We're very, very grateful to the Secretary's Advisory Committee, led by Dr's Fielding and Kumanyika, and we have had their expertise for a number of years and we're very

grateful to their leadership. We have enjoyed the support of a tremendous Healthy People 2020 Federal Interagency Workgroup, and the expertise of hundreds of topic area experts who have worked so diligently to make this final product a reality. We have many senior leaders from Health and Human Services, Dr. Josh Sharfstein, Deputy Commissioner of FDA, Dr. Larry Tabak from NIH, Dr. Jack George from ACF and many, many other leaders. Thank you for your support. I want to recognize our Surgeon General, Dr. Regina Benjamin and thank her for her presence and her leadership. And a special thank you to former Secretary Richard Shweiker in the audience today. I think he deserves a special round of applause. Most of all I want to thank all of you, everybody in this room and our colleagues at over 5,000 sites around the country who are joining us by web streaming, and helping us to celebrate a truly historic launch. Because today is the culmination of literally years of work from thousands of Americans, who care deeply and passionately about making our country healthier. We are joined by colleagues from national, state, and local organizations, from academia, and from diverse communities and neighborhoods across this country. But despite our diversity of backgrounds and experiences, today we stand as one community, and one nation to celebrate a unity of purpose that's represented by Healthy People 2020.

Over the past 30 years, Healthy People has motivated action, encouraged new directions, and unified commitment for a healthier future. Each decade since 1980, we have mobilized the best public health talent possible to set overarching goals, identify topic areas, and targets, and promote the power of prevention. In this way, Healthy People has become the public health road map and compass for the nation. Over the years, our country has made substantial progress in meeting Healthy People targets in areas, areas as diverse as coronary heart disease, stroke, AIDS, cancer, childhood vaccinations and other conditions. However, health threats still prevent too many Americans from reaching their highest attainable standard of health. And so, now Healthy People 2020 presents us a new vision, literally 2020 vision, where every American can live a long and healthy life.

We're delighted today not only to build on the proud history of Healthy People, but also offer six new aspects for Healthy People 2020. First of all, Healthy People 2020 expands to address four main overarching goals: To eliminate preventable disease and eliminate disparities to promote healthy development across the life stages, and create social and physical environments that promote good health for all. These latter two new overarching goals reflect our solemn appreciation that our good health is a precious gift and it must be protected every day throughout the life span. And the best way to do so is through a broad social determinant approach, that is, an approach that recognizes health in all policies, so that the healthy choice is the easy choice. And we understand today more than ever, that the health of the individual is almost inseparable from the health of the larger community, and the health of every community determines the overall health of the nation. In other words, we are all interdependent, we are all interconnected, and we all have promises to keep.

Secondly, Healthy People 2020 represents our most inclusive process ever. We are very grateful for the over 8,000 comments we received about targets and objectives from people across the country, received through public meeting, internet, and mail, and we're also very grateful for the unprecedented active involvement of other departments in our federal family, such as the departments of agriculture, education, and housing, transportation, veterans affairs and the EPA. These are departments that are making

health and all policies really come alive. Third, Healthy People 2020 includes the first ever fully public Healthy People federal advisory committee. I am so grateful for the superb leadership of my friends and colleagues doctors Jonathan Fielding and Shiriki Kumanyika. And the many national experts who advised on this committee to make this project a reality. Fourth, of the 42 topic areas in Healthy People 2020, 13 are new. Reflecting the ever expanding scope of public health. Some of these new topic areas address new subjects, such as healthcare-associated infections and public health present preparedness. Some reemphasize the importance of public health throughout the life span, with special attention to childhood, adolescence, and older adults. And we're also very pleased to unveil a new topic area focus for lesbian, gay, bisexual and transgender populations or LGBT health. Fifth, we are very, very proud to unveil a dazzling new website, healthypeople.gov. This is newly redesigned, interactive, it replaces the traditional print publication, and it makes Healthy People accessible to every American. Today we unveil version 1.0. With the understanding that Healthy People is a living document, and it will change and be updated regularly, and in a couple of minutes you'll hear from my wonderful colleague Todd Park who will tell you more about how to make web-based data really come alive in the most exciting way to motivate change in neighborhoods across the United States. Sixth, last, and certainly not least, launch of Healthy People occurs in the context of the passage of the Affordable Care Act signed by the President into law March 23 of this year. As you all know, the Affordable Care Act is an unprecedented opportunity not only to dramatically expand access to care, but also, to build true systems of prevention. The Act authorizes coverage for clinical prevention services for many individuals, health promotion opportunities for businesses and states, and furthers public health nationally through a new prevention council, and a new prevention fund. Healthy People will serve as a foundation for all of these efforts moving forward.

So in summary, as I close, we celebrate that Healthy People 2020 captures both legacy, and promise for the nation. It represents inspiration and aspiration for every community in the United States. We can work as one nation, and indeed as one community, to help all people reach their highest attainable standard of health. Thank you for everything that you have done to make Healthy People 2020 come alive for all Americans, and to bring hope, and health to our nation for the next decade and beyond.

Thank you very much.

[Applause]

>> **Josef Reum**

Thank you for the now more than 6,000 people signed on watching this. This whole second row there gave you a standing ovation. This is good. This is a good thing. We have lots of enthusiasm happening here. One of the things about this planning process too was that the private sector was there at the table. And in some cases, the private sector was there at the table in an important way, and our next speaker Todd Park actually came over from the private sector. He is a person who is the chief technology officer with the U.S. Department of Health and Human Services. In his role, he's responsible for helping HHS leadership harness the power of data, technology, and innovation to improve health and welfare of the nation. Do any of you remember Healthy People 2000? Okay, most of

you weren't born then, but how about 2010? Okay, think about the cell phone that you had in 2010. It weighed more than you do.

[Laughter]

Well, getting feedback here. But Todd Park has been at the helm of looking at how technology can change people's lives, and how to harness the power of technology to change the way you think about how we measure our lives.

Please welcome Todd Park.

>> Todd Park

Hello! Good morning to you all! Very exciting to see everybody over here, and very exciting that so many people are gathered on the web to celebrate such an auspicious occasion. I'm so excited to be here today, to help celebrate the launch of Healthy People 2020. And as part of the celebration I'm super excited to launch the myHealthyPeople application development challenge. This is a new public competition debuting today, open to every software developer, health educator, public health professional, health professional and dreamer out there, to help build the best software application that can aid public health professionals, health educators, advocates and other leaders. Basically, put together a customized dashboard of the metrics most important to them that they want to focus on, pull together data that can actually complement the Healthy People set of objectives, key up promising interventions that others have executed and help to move the needle on those indicators and connect to other people who are working on those same issues. And in general, unleash a bunch of mojo to help improve health in communities across the country. This is actually the latest chapter in a broader campaign that we have been engaging in called the Community Health Data Initiative, which many people in this audience have been deeply involved in. The whole idea behind HHS's community health initiative is to basically copy what has been happening with respect to the weather and more specifically, take a page from the playbook of the National Oceanic and Atmospheric Administration which, as you know, supplies virtually all weather data. What NOAA does is collects tons of weather data and put it online and make it available for free to the innovators of the world to turn into weather research, iPhone weather applications, Weather Channel, weather.com, and so on and so forth. There's a growing panoply of applications and services that actually help people make better decisions, and improve their lives using weather data. So what the Community Data Health Initiative seeks to do is to actually make HHS into the NOAA of health data. And so what we've been doing is publishing more and more and more health data online, that is being turned into innovative applications, by innovators across the country, that help people make better decisions using health data. So, we actually are super excited to take it to next level with the Healthy People myHealthyPeople application development challenge to give you a particular use case for how this actually might be helpful for people. Let's take the example of Brenda, a local public health manager who has just been assigned to work on reduction of diabetes in her county.

She's met with a coalition of health professionals and citizens trying to increase awareness of diabetes risk factors, and early signs and symptoms. To provide leadership to this group and move forward, Brenda needs to become quickly familiar with epidemiology of diabetes in her county and state and at the national level as well. She needs to locate and track evidence-based interventions, successes with different

population groups, what preventive services are available, what community interventions really work. She knows there is multiple risk factors for different age groups but does not know where to find and track all of these factors. How can her county address the factors that drive obesity? What about physical activity? What about screening? She doesn't want to have to reinvent all of these wheels so she needs to have access to what other communities are doing that works. Who are the best people working on diabetes reduction across the country? What are the current trends in type 2 diabetes as on set among young people? It would be fantastic if Brenda, as opposed to doing all that leg work herself, had a super awesome customized tool she could access on the internet and via mobile device to pull together all of the information for her. So she can mobilize actions using such a tool, to help tackle diabetes in her community, and help other people around the country who are trying to do the same thing. So that's exactly the kind of application that we're challenging the world to put together, with this myHealthyPeople application development challenge. To learn more about the challenge you can go to challenge.gov and click on the challenge on the front page which is the my Healthy People application development challenge. Entries actually are welcome beginning today, and we'll take them through March 7 of 2011. The ideal team actually is not a team of just software developers. The ideal team is a team of health educators, software developers, health public health professionals and others who can actually collectively brainstorm what Brenda needs and how technology can actually deliver it. We have an esteemed panel of judges, who will actually be putting together judgments on which the best apps are, including Ann Archbold, Jonathan Cho, Steven Downs, Ted Eytan, Geri Tebo, and Wil Yu, a mix of esteemed experts. And we'll be awarding cash prizes, to the winning APPs. Very exciting! They'll get free travel to lovely San Diego, California, for the health 2.0 conference March 22 and 23, when we'll announce the winners. Howard and I would love to hang with and will hang with the winners. To celebrate you, we buy you coffee and sandwiches, potato chips, and actually we want to discuss how your prototype applications can be tested by the broader health stakeholder community and how they can be promulgated to help to improve health in the country. We'll also showcase winning applications at healthypeople.gov with massive credit and glory and kudos on the heads of the winning development team. And actually just in case you're wondering whether this is a really crazy and silly idea, which you might, what I should say is actually, as part of the community health industry, we run 12 of these competitions already. And they have produced amazing, amazing results. It turns out there are a lot of people in America who want to help improve health and have not been actually sure how to do so. Including a lot of very talented software developers. It is what we're hoping happens with this, that it becomes lucky number 13 competition, and mobilizes teams of developers, and health professionals and dreamers across the country to produce tools for folks like Brenda that can really help us to take Healthy People to the next level in terms of action on the ground, and sharing of information and insight that could really make progress against the critical goals outlined by Healthy People. So we're very, very excited to see what the competitors will pull together. May the force be with everyone to actually answer the call, and may the force be with Healthy People 2020. God bless you all.
[Applause]

>> Josef Reum

I forgot to tell him we have a faculty member seated somewhere in the room who developed an app to help people quit smoking. She — good for you. All right.

[Laughter]

We're very proud here at GW to have five former state health officials who are on our faculty and at least 11 former county health officials. So you know what they say, "People who can't do teach." No, we think people who can do, are better teachers. And somebody who has been teaching and guiding and creating learning for this entire group is Jonathan Fielding who is Chair of the Secretary's advisory committee on national health promotion and disease prevention objectives for 2020. Dr. Fielding is the L.A. County Health Officer and Director of the Los Angeles Department of Public Health. Dr. Fielding works with a wide range of community, state, and national organizations to promote public health. He serves as co-director of the UCLA Center for Healthier Children, Families, and Communities. He's also held appointments as the Commissioner of Public Health in the Commonwealth of Massachusetts. Please join me in welcoming Dr. Fielding.

>> Jonathan Fielding

What a wonderful day. This is the end of the beginning. And it is so exciting to be here with you. On behalf of the Secretary's advisory committee, thanks for being here, thank you for your participation. And I would like to start by thanking the members of my committee, one of whom will succeed me on this podium but I would like the others to stand up, and I want to recognize them if I can see them from here. Adewale Troutman. There is somebody there named Moya I think. Eva Moya is there. And there is Lisa Iezzoni.

[Applause]

As far as I'm concerned, they were a key part of this dream team. If I could have the first slide, please. Maybe the second slide. You know, it is really exciting to think about the changes. This started a long time ago, in 2007, with the national opinion research committee council. Center, sorry. It put up an extra panel in 2007, and they suggested a few things based on looking at 2010 objectives and that was, to organize the objectives around some cross cutting risk factor and determinants and to use an inductor process and then the recommendation that some of us got to understand, couldn't understand why they made it, because it took so much time, and that was to convene a federal advisory committee. And, the federal advisory committee, I must say, the people put in so many hours of volunteer work, and I'm just awed by the level of participation and the wisdom of the people who are on this group. And what were some of the things that we recommended at first? Well, one of the first that we said, the societal determinants have to underpin the initiatives. Those are overall the major determinants of differences in health overall in populations and health disparities. We said the objectives could not, no longer be contained in books, and there were a couple of orthopedists telling me they had seen some people trying to lift all of the 2010 books and they needed therapy. So, we thought that it was time to — it was time to change, and that it was time really to house these in a web-based relational database. And then the question came up, well, should we just limit the number of objectives. When we looked at the opportunities and said, well, they can tailor this now to the needs of individuals and organizations. But we said no,

there shouldn't be any arbitrary limit on the number of objectives. Well, this has been a very inclusive process. In 2008, we had five regional meetings. We had two in this area, three in other places, had over 300 comments at those meetings. In 2009 we had three more regional meetings with almost another couple hundred comments and then, of course, most comments were submitted online. In 2008, we had over 200 comments on the framework, on the organizational structure, and then in 2009 we had over 8,000 comments on these objectives submitted.

Next, please.

So what's new in terms of our recommendations for Healthy People 2020? I want to — I can't say this enough, and I will only say it once a slide, to recognize the importance of the underlying determinants of health. But also, to focus on the evidence base, to really utilize evidence-based interventions to help implement and utilize the initiatives. If we don't know what we're doing, because we don't have good evidence, we better have a good reason for doing something. To offer the web-based system, because this enables the activities to be very particularized to the needs of individuals, but also to be flexible. As we get more knowledge, we can change these over a period of the decade. It also provides topics that better meet the needs of Healthy People users. Dr. Koh has been a wonderful leader in this enterprise, and already talked about some of the new areas not covered at all. Imagine thinking about Healthy People in 2020 without thinking about the issue of preparedness. Unfortunately, or whatever.

Next, please.

So the overview of the work, we were the first fully public advisory committee to participate in the development of Healthy People. We were governed by those regulations, everything that we did was in public view. We first convened in January of 2008, and met 17 times. And I know people are concerned about the cost effectiveness of government, well, let me tell you, since all of our hours are volunteered, it was a good value.

[Laughter]

There were — there were multiple subcommittees and ad hoc groups, total of 13 organized around topic areas and those allowed very in-depth discussion. We had experts and I know some of them are in this room, too numerous to cite individually, who were very, very helpful. We had subcommittees that were — that had subcommittees and met about 50 times, and each one gave a productive outcome.

Next, please.

So here without going in detail, for which I'm sure you'll thank me, are the products of the committee's work. And those are all now online and I commend them to your attention because they all took a lot of work. And, we started off in March of — sorry, October of 2008 with our first recommendation, and our last recommendations to date occurred only a few months ago. That was on the most important part of this, the part that we're all concerned about, and that is, all committed to, and that's implementation. One of the problems in the past has been that there have been a lot of objectives and people said these are great, let's think about them. But there hasn't been the accountability framework, there has not been the level of partnership and there hasn't been to the degree that there needs to be of the intersectoral collaboration. I always say in public health there is very little in public health that we can do alone, and there is almost

nothing that we can't do with the right partners. And this requires as Dr. Koh said, all the right partners.

Next slide, please.

Here are some key recommendations. One, to base objectives on what the best evidence shows as achievable. Use the clinical guide, use the community guide, use the Cochran collaboration, use other meta-analysis, but make sure that we look hard at the evidence. Make the objective setting process transparent, we're always having problems trying to set objectives, how do we set them? But at least people will know how we have gone about it. They'll know how to change and what changes can be made, or as we get new knowledge. All objectives, implement them with clear evidence of effectiveness when available. Set priorities. Areas where we know where we have great preventable burdens based on existing evidence, use that. And, if, in fact, that level of evidence is not available, ask whether that is the right thing to be intervening on, or whether one should not in fact look at other interventions that have clear evidence of effectiveness when you have limited resources. And of course, everybody has very limited resources. Then every objective should be developed through the use of an analytic model or logic model. Just very simply, how many here use logic models? That's about three quarters and the rest are wondering, "Why am I not using those?" But basically, it says how do you get from point A to Z? What is the pathway? Where do the interventions work? What are the effects you would expect? That is the — we have a — everybody is very clear not only what you're doing, but why you're doing it. And next, ensure accountability infrastructure is in place at all levels of government including the federal government. We hope as the advisory committee that all parts of HHS, but other agencies as well, will incorporate this framework, and these objectives and the interventions as part of the accountability framework for themselves, and for their grantees and for their partners. It is essential to leverage the resources through partners and networks. I know everybody says partnerships are important. You know, collaboration to some is an unnatural act. And if you don't collaborate, you can't improve the health of our nation. You can't reduce the level of disparities that we have that are really — we have to improve the data system to ensure monitoring objectives. In some cases that's a problem. And we have to make participation at the Healthy People consortium significant and meaningful at the state level and local level. In my own department we're, in fact, developing a whole set of outcomes based on the Healthy People framework and we're doing it as part of a broad partnership. Create a clear and empowered role for the Healthy People state coordinators. There is a coordinator in every state, make sure that you know your coordinator, and make sure that you help your coordinator. Identify and select specific measures to track processes and impacts. So, we have to get measures of how the population changing at large, with respect to the key measures and also the sub population. Just to give you one example, in our own county, in Los Angeles county, the difference in longevity between an African-American male and an Asian Pacific islander female, average longevity is 18 years difference. That's not acceptable. Healthy People can help us on the path to narrow those, by moving everybody in the right direction. And then, identify and disseminate planning models that have been adapted to focus on societal determinants. The physical, economic, and the social determinants are absolutely critical. We don't have as much evidence as we would like in every case, but there is plenty of evidence to get started. Next, please.

So here are just a few of the challenges. Getting collaboration is not easy. It's very important to involve business, very important to involve the non-profit sectors, but critically important to involve all of those different sectors, outside of the health sectors, whose decisions make differences in health. And Dr. Benjamin will be chairing that national council prevention council, and, with all of those different agencies involved from the cabinet, and other White House appointees, it has great potential to make a huge difference and we look forward to seeing the significant output of that. In some cases, we're not going to have the evidence we would like right away. For example we don't in many cases know the most effective way of reducing health disparities in the short run. We do over the long run, we think that we do, we have very good ideas and we have examples but we don't in the very short run. And then, substantial efforts are sometimes needed to monitor progress, and to implement new information. In some cases there are objectives and you only get that information once a decade. Once every five years. And you need to get that information more quickly and at a more local level to see, in fact, how the needle is being moved. And finally, there are times when there are going to be long delays between some interventions and the objectives and we have to have patience, but for others, patience may be the best virtue.

Next.

So thank you very much on behalf of the committee. We are very excited to see this come to the end of the beginning. Now, the hard work starts. We want to and we look forward to working with you. Thank you very much.

[Applause]

>> Josef Reum

Thank you, Dr. Fielding. I love immediate feedback. I was reminded we actually have two former Commissioners of Health from the Commonwealth of Massachusetts.

Dr. Koh was also the Commissioner of Public Health there, and just in full disclosure I was one a commissioner of mental disabilities in a mid-western state which I can't name.

[Laughter]

Our next speaker though brings together the academic view as well as the practice view as well as the view of creativity. Dr. Shiriki Kumanyika vice chair of the Secretary Advisory Committee on national health promotion and disease prevention objectives for 2020. She's the associate Dean for disease prevention and health promotion at the University of Pennsylvania School of Medicine and was founding director of Penn Masters in Public Health program. She's involved in numerous national and international public health related activities. She's chair the U.S. National Nutrition Monitoring Advisory Committee, served on two U.S. Dietary Guidelines Advisory Committees and on the public health service commission on dietary supplement labels and consulted for the Centers for Disease Control and Prevention. Please welcome, Dr. Shiriki Kumanyika.

>> Shiriki Kumanyika

Good morning. This is a wonderful day in public health and I'm delighted to be a part of it. I'm going return to this topic of social determinants that Dr. Koh mentioned and that you have heard about from Dr. Fielding as well. If I could have the first slide. I'm going to show you the four objectives that Dr. Koh talked about and focus on this third objective, to create social and physical environments that promote good health for all. We

believe that this is one of the most important developments of the Healthy People 2020 program. It reflects our intention to emphasize a broad view of the determinants of health, so not only genes and behavior but also, the social, physical and economic environment. And there are going to be three elements of Healthy People to help explain this and foster implementation. The first is a video about the social determinants of health in plain language, and that's going to be available on the website that's launched today. And then, there is a specific topic area on social determinants which will be described in a narrative that will be on the website within the next few weeks. And by the spring of 2011, there will be specific objectives that are designed to help to implement the social determinants objective.

Next slide.

Why is this so important to advancing the health of the population? It goes back to the fundamental public health principle, that in order to achieve health we need to assure the condition in which people can be healthy. And many of these conditions are in the social environment. So we're talking about root causes in the conditions that where people live, work and play, and many of these conditions create scenarios which promote processes, disease processes that are well established by the time they are recognized clinically. So we need to get to these root causes and this is why we're emphasizing this. The other two bullets on this slide, the importance of achieving health equity and the practical considerations reflect really striking examples of why we need to address those determinants of health. We have had a goal about health equity and health disparities. And there is really extensive evidence that health disparities reflect in large part systematic disadvantages about the conditions in which people live, so that the social determinants objective will help us to realize the health equity, health disparities of objectives as well. For practical considerations, I ask you to think about the obesity epidemic. The obesity epidemic has been attributed to the changes in the way we live over the past few decades. It is a good example and it is affecting the whole population, that changes in social conditions, economic conditions, and environmental conditions, that affect eating and physical activity, can be seen when you get on the scale. The whole population is much, much heavier than we were a couple of decades ago.

Next.

This is one of the slides from the video. It shows the framework for reaching Healthy People 2020 goals. It shows the determinants of health, including the genetic and the individual but also shows the social, economic, and physical environmental determinants and the narrative explains in really very nice plain language how these conditions affect the way people live, work, play, and consequently their health. It explains that these conditions affect the range of choices people have, so we know the choices are important. People make choices that affect their health. But, the range of choices, how attractive they are, and, how easy they are, whether it is easier is to do something that's harmful to your health, so hard to do something that's good for your health that nobody is likely to do it.

Next.

And this is another slide from a video that explains the important action cycle proposed in this framework. It is a quality improvement cycle so it is not that we try something, and ten years later, we figure out that it didn't work. We take action on the basis of, based on the best available evidence. We assess, we monitor, we evaluate and disseminate what

works. We use the information from the evaluation as a feedback on planning interventions to develop better interventions to impact on determinants of health.

Next.

And this is my last slide to sum up again the multi-sectoral collaboration. If we believe that health is created through the conditions of our daily lives, then everyone who has an influence on our daily lives has to be at the table. We call this a health and all policies approach and that's what we need. We need the evidence-based, we need to build the evidence, and we need to create partnerships, and I would like to end by saying that we have already begun. Our National Prevention Council is an excellent example of a multi-sectoral partnership. The members of that council include secretaries of agriculture, education, transportation, the federal trade commission, the environmental protection agency, the department of homeland security and others. Those are, in a way, part of the health public health system, and, we offer that example to say, this is what we mean by everybody, all hands on deck, everyone who affects health, helping to create health.

Thank you.

[Applause]

>> **Josef Reum**

Thank you, and we'll begin with questions and answers and we may be starting with some of our 6,000-plus folks out there.

>> **Audience Question:**

Good morning, the first question we have, someone would like you to elaborate, how does Healthy People 2020 address health equity?

>> **Dr. Howard K. Koh**

Sure so that's one of the four overarching goal for Healthy People 2020 and the goal of course to have each person really have an opportunity to reach their highest attainable standard of health. And so the theme of health equity is woven into every topic area, every objective that we have presenting today. You can pick a reference racial ethnic group or certain baseline age group, and, literally create your own graphs and data and look at the disparities of special interest to you and your communities, and then throughout all of the topic areas, there is a attention to reducing those disparities by race, ethnicity and age and disability status, by sexual orientation, and so this is really a very important overarching goal and overarching thing for Healthy People 2020. One of my colleagues wanted to say more about that.

>> **Audience Question:**

Okay, now, to the audience. Good afternoon. My name is Lisa Pratt. I'm really excited about the technology innovations that you discussed and I'm really looking forward to what comes out of your my Healthy People challenge. My concern, however, is the potential for creating a new type of disparity between those who have access to technology and those who don't. Which would probably also fall along the lines of those who are low income, primarily minority, and already probably struggling the most to achieve good health. Do you have some kind of innovations that are going on to address and to reach those people that don't have access to technology?

>> Todd Park

That is a fantastic question. And if I may answer it in two parts: So specifically with my Healthy People App challenge, that's really to build Apps that are for public health professionals, local health leaders, community activists, et cetera who can then use those dashboards, use that information about benchmarks interventions to then take action in their community to help address disparities. But specifically with respect to the application technology to help to cross the divide, and help to bridge this disparities directly. One great example of it — text4baby — this fantastic public private partnership that's come together to deploy a free text message service where any mother can text baby or BEBE, in espanol, to 5141 and be enrolled in messages about how to take care of yourself and your baby during pregnancy and after delivery. All of the wireless companies in the country have agreed to provide the message for free. The concept has been crafted by a great public private team. And, it is actually just recently crossed 100,000 moms enrollment, and the mothers are actually disproportionately in areas that are underserved and low income. Because while access to the web is say X, access to text messages is Y. And so it is a fantastic potential way to help. And in fact a lot of the coolest application of text messaging have not been happening in America but in developing worlds where, in fact, the you ubiquity of text messaging has been a wonderful vehicle through which to help to get information out there and help to get care to the right people. That's one example. And there are many others actually brewing as well but that's just one example of how technology can potentially help to bridge the divide.

>> Audience Question:

We have another online question. How can faith-based communities be involved in this initiative?

>> Dr. Howard K. Koh

I can certainly start. Faith-based organizations are a tremendous example of the social determinant's approach at work. Where people worship and pray is often a place where people also have strongest social networks, and often receive information that can be of value to the health of their families and their neighborhoods. So in fact in our department, we have a faith-based office that is very involved in outreach. A tremendous example is flu vaccination outreach for the season. And having faith-based partnerships work through that channel has been a tremendous benefit for public health. So we have viewed that partnership as a very valuable one.

>> Audience Question:

Dr. Koh, I'm Scout, from the Network for LGBT Health Equity.

>> Dr. Howard K. Koh

I know you.

>> Audience Question:

Exactly. And I wanted to say, on behalf of all of LGBT out there especially the transgender population who experienced significant health disparities, that are frankly just a life or death issue for many people, thank you so much for including this topic area. That is really to be rewarded.

[Applause]

And my question would be since we see federal monies come out that do not also include prioritization or just even routine inclusion of the population, what kind of changes can we then see as our phase comes outing things like that like when CPWRFA, LGBT people were not mentioned and did not get much of that targeted cash. What can we see as far as the changes with this historic change.

>> Dr. Howard K. Koh

Thank you for raising that. You have become a good friend in recent months and we really enjoy your leadership. So, I think there are multiple ways to answer your question. One is, we need to collect better data, and that's a huge focus for the new LGBT topic area work group. We have a section of the Affordable Care Act, section 4302 where we're doing public hearings to see if we can get consensus about getting specific data on LGBT populations in federally sponsored surveys. And then we also want to make sure that the definition of disparity is a broad definition, just beyond race and ethnicity. It also includes disability status and income level and geography, and sexual orientation and other dimensions. So, there is a tremendous commitment on this issue, if I could say, led by the Secretary in our department. And we have coordinating committees formed, meeting regularly to advance issues. There is leadership from the President on hospital visitation rights. So there are many, many dimensions where I think we're making forward progress.

>> Audience Question:

Hello. My name is Stephen Thomas. I'm a professor in the School of Public Health, University of Maryland at College Park. And many of the schools of public health and medicine in academic health are clearly part of the all hands on deck. But if you were to draw one mile radius around many of our most prestigious institutions, you would find that they actually live in the hot spot of great inequality. What obligations, moral or otherwise, do this part of the team have to ensure that our academic institutions take this commitment and address the role that they may be playing in structural determinants of health, leading to inequality.

>> Dr. Howard K. Koh

Thank you, Dr. Thomas. I remember meeting you in the past as well and I thank your leadership. I think I'll call on my academic colleague, Dr. Kumanyika to respond to that.

[Laughter]
I'm not an academia any more.

>> Shiriki Kumanyika

Thank you for that question. I think that, and we may hear more about that in the panel discussion that follows, there is a lot of interest in linking Healthy People 2020 to

curricula in schools of public health which I think would be — and programs in public health — which could be in the lead in showing how Healthy People 2020 can be implemented around universities, and in the community. I don't think that the academic engagement with Healthy People has been what it could be. We hope that we have some of the products that we have created that are on the website. We have a paper on the use of evidence in public health, a paper on the social determinants, and some other specific documents that show what we have talked about. We expanded the definition of health disparities to try to focus on social disadvantage, so all of the elements are there. And if we could get every program in public health, for example, to adopt a part of Healthy People, and make a commitment that when students do projects and what they learn is linked to goals so that it is purposeful, it is not just picking your favorite topic but it is looking, where can we have an impact and where can we change things. So I think that this is a mandate for public health education.

[Applause]

I think there is a great opportunity for universities. I think we in public health may have a tendency sometimes to be too health centric but I don't think we're any more so, and probably less so, than universities when we talk to people in the health part of that university. Universities, many of schools of agriculture, they have people expert in planning and public policy, and they have people that have education schools and the like. And if we're really going to have health in all policies and get all of the best and the brightest thinking about it, universities — particularly large research universities, need to in fact bring together all the parts of their own school. And get the synergy from that. If you want to figure out what the impact on health of a change in educational attainment, for example, you need to be doing health impact assessment with people who have expertise, and you look at education literature not just public health literature. So I think that opportunities really abound even more broadly than in schools of public health or in the medical public health parts of universities.

>> Dr. Howard K. Koh

Thank you. There is another academia oriented question and we'll have the Dean respond to it.

>> Audience Question:

Hi, I'm Ellen Schmidt. I work at the Education Development Center for the Center for the Study and Prevention of Injuries, Violence and Suicide. And clearly, I'm sure that when you say healthy, you mean healthy and safe and so, we are very supportive of all of the activities happening and when I look at the topic areas, it's very exciting to see that probably over half of them could involve safety issues, as well as — and obviously I haven't read them all so I don't know if they already do that. I know some do. I'm wondering, I think the federal government is working very hard to do lots of interagency groups, which I applaud them because we want that to happen in the states as well. And that's beginning to happen. But much of the funding that comes down is funded in silos and obviously, would take a huge change to, how to change that. But I think in some ways that fund has to be guarded or guided to this interagency collaboration, so that we're all addressing health risk factors and protective factors, that affect each of the different diseases or injuries. And so I'm not sure exactly how that could happen. But,

that would be a challenge that I would ask you about is how can we get all the people on the ground to have the resources to then do that cross fertilization and working together?

>> Dr. Howard K. Koh

I can start with that one. We absolutely agree with you the more collaboration on the ground, the more merging of funding streams, the more planning at the community level, the better off we'll be as a country. I think we started with the Affordable Care Act funding as a prevention fund which is now funding that is very community-based. We have communities putting prevention to work, efforts funded by the CDC, new community transformation grants that are part of the prevention fund moving forward. So that's a very exciting, very tangible part of the Affordable Care Act and hopefully we'll see much more in terms of collaboration funded by those efforts in the future.

>> Audience Question:

I'm Dr. Vernon Daly, and I'm the President of the Heureka Center Center for Disease Prevention and Health Promotion. It is an organization 20 years old, and its name suggested we focused from the onset, and how we can prevent disease, and promote wellness. We have done a lot of community projects with this, and I had the pleasure of going not only statewide but to the national arena and served for three years at the Center for Disease Control to help to put the information out. Let me just say why I'm saying this: I admire so greatly what you've done. And not only you as this group, but I have followed the work of Healthy People for the last 25 years. And I think that it is a marvelous thing. What I'm troubled about and maybe you can help me with this. The disease entity, the impact that we're seeing is in the community. The question is, how do we reach the community? That was the focus and remains the focus of what we are trying to do. As we look around, and you probably may have done this too, we find that we have a system that is excellent, and intervention, intervening after the fact, could be extremely deficient in trying to do anything to prevent the fact from happening. I must point out, unless we change that, and prevent, prevent, prevent what we can, that is not going to make a serious change in the outcomes. There will always be too much coming down the road. And, we can definitely change that. I would like to see if there is any focus on how we can do this. We look at the intervention system, we have hospitals, clinics, all kind of healing centers. Can anybody help me to find a single disease-prevention and health-promotion center in your community? That is what we're focused on. And I would like to tell you that, at this point, after 20 years, we have created a model that we've used extensively and successfully, and I'm just in the process now of sharing it with all of us. I'll be happy to share it with you because I would like you to look at and it give us your feedback and input. All I need is just an e-mail, and I have it right now, on a PowerPoint presentation. I can't afford the rest of it yet. I'll send it to you, I think that together, we must realize, in each community what we need right now is a disease prevention center. We are serving a huge portion of our population through the emergency room. Very inadequate care. And now, where can someone go to find help to remain well? We must now create the infrastructure for prevention, if we do that, together with all the fine things we have and then, make a marriage of these together, we can prevent just about, well, our own figures say, the national figures say we can prevent 75% of the debilitating illnesses that we see. I believe that it is higher than that. But I'll go for 50%.

>> **Dr. Howard K. Koh**

Okay, thank you very much, sir. Dean Reum, do you want to try that one?

[Laughter]

>> **Josef Reum**

First of all you make a terrific point about community. How many of you have neighbors that have said, when you tell them what you did, “I could never do what you do.” How many of you have had that happen? Come on, put your hand up. Okay, here is the truth that 2020 lays out, is that as long as people believe that, as long as they believe that the role of improving the health of the public and preventing illness and disease belongs to us, they don’t need to take any responsibility. They can always believe that you’ll be there to protect them. And I think 2020 does invite us to think about the communities out there. And you were absolutely right, our schools of public health are housed in places where there is extraordinary disparity. The fact of the matter is if we enter into those communities with answers rather than with what’s laid out in 2020, that frames things in terms of questions, and respect, and acknowledging the strength of the community as our beginning position, we’re going to fail. Unless we adopt that. You know the person who taught us that is Regina Benjamin. Our Surgeon General who is seated right here in the front. And physical activity. Anybody read about the physical activity part of the report? One of the things they tell us is that standing up, stand up, everybody, stand up. There is a person in front of you that you haven’t met and a person behind that you have not met that’s a member of the public community that’s about transforming the world. There is a director of the American Public Health Association seated in the second row. We have folks from NACCHO and ASTHO. We have students who are looking for jobs from NACCHO and ASTHO.

[Laughter]

Take two seconds and introduce one another and be a community about prevention. Introduce yourselves.

I’m told that’s the sound that everybody at those committee meetings hoped to hear. You sound excited. You sound hopeful, and, I think that you sound thankful. Any of you live in communities?

[Laughter]

There is something called a county health department. And, those folks need your help, need your guidance and your time and need your expertise and that’s another way to respond. Right now, I would like for you to respond by thanking this first panel of presenters wildly abandon and if you feel like standing up again, feel free to do so.

[Applause]

The second part of the panel is...you look at these things and say, “Okay, now what do we do? How do we make this real? What are the steps that we need to take?” And so we tried to put together a panel of people that are extraordinarily gifted in thinking broadly, and in thinking about 2020. I’m always imagining, wasn’t that perfect vision? Now we have 2020 as our perfect vision and health, and as President Knapp said to me, he said our university will be celebrating its 100th birthday in 2021 so incoming class will be healthier than ever before. So which we’re very excited about. But, at this point, what we’d like to do is introduce the Deputy Assistant Secretary for health, disease, prevention

and health promotion. Rear admiral Slade-Sawyer is responsible for strengthening the disease prevention and health promotion priorities of the department within a collaborative framework of HHS agencies. Rear admiral Slade-Sawyer leads the Office of the Disease Prevention and Health Promotion in coordinating three key initiatives for HHS. She's just responsible for Healthy People 2020, the Dietary Guidelines for Americans, and the Physical Activity Guidelines for Americans. Please give a warm welcome to Rear Admiral Penelope Slade-Sawyer.

[Applause]

>> Penelope Slade-Sawyer

Good morning, everyone. I am delighted to be here and I am delighted that you are here with us today. All of you in this audience know, that Healthy People has been guiding and coordinating public health efforts for our nation for 30 years. And you have already heard about some of the changes and innovations for Healthy People 2020. In addition to the improvements and changes that you have already heard about, I want to present to you what I believe for you, our stakeholders, will make the biggest difference in your every day use of Healthy People 2020, our new Healthy People website. It is my great pleasure to introduce what we think is a splendid addition to Healthy People 2020. The screen that you see now is the first screen that you will see when you log on to Healthy People. With its versatility and wealth of information, we think that this has been designed with you in mind. When you get to the home page, there will be a rotating banner and that is what you see in the upper right corner of the screen shot. Button number one on that banner will take you to the page where you can learn more about the history and development of Healthy People, about its vision, mission, overarching goals, and foundational health measures. At button number two, you can learn more about the determinants of health. That is to say, the full range of personal, social, economic, and environmental factors that together affect our health. You can also watch a presentation there about the social determinants of health. Continuing along the button then, three and four will tell you about the many ways that you can keep up with and join with us as we move forward into Healthy People 2020. The App challenge that our dynamic Todd Park just introduced to you a few moments ago is there at this part of the website. You can now follow Healthy People on Twitter. Our handle, goHealthyPeople. Or you can join us at LinkedIn. People are tweeting as I speak. And we'll be taking questions from Twitter just a little bit later. So, moving on to probably the most important part of the website to you, our stakeholders, the Healthy People 2020 objectives. There are a number of new areas that you have already heard about from Dr. Koh, and our speakers. These new topic areas reflect advances in science, and the recognition of national challenges to our nation's health. Here are some of those areas. You can see they are outlined or they have the "new" listed there right after them. There is healthcare-associated infections, there is LGBT health, there is preparedness, et cetera. You can see those there and we think they represent great additions to the list of topic areas that you will find in Healthy People. Let's take an example and go a little deeper into one of these areas. Let's go to physical activity. It is important to the Office of Disease Prevention and Health Promotion for many reasons. One of which is that we led the development of the first ever federal Physical Activity Guidelines for Americans. You will first reach the overview section that you see now. And, that narrative there will give an explanation to those who come

there, about why physical activity is important to the health of our nation. To view the objectives for the physical activity chapter, click on objectives. For each objective then, clicking on view details on the right will allow you to examine those objectives in expanded form, with the baseline data, 2020 target, and data source shown on the screen. The third tab on the screen, interventions and resources, will carry recommendations about improving individual and population-based health using the objectives in this particular chapter. This section will continue to be developed. Remember that this is version 1.0 of this new website. And so we will continue to refine, improve and add to this section, as time moves forward. So I hope that this very quick run through has given you just a taste of what we have been working on for you. To make Healthy People more user friendly than ever, to make it possible for you to tailor-make your own Healthy People program and process. I hope that as time moves forward, you will join with us and help us to improve the new Healthy People website. When you get back to your own computer, I invite you to click on and see for yourself this new innovation.

So, now we move to the next phase of our launch, and that is the panel discussion that will include a state health officer, an academician, a business leader, and a county health leader. I will introduce our panelists, one by one, and they'll come and take a seat here. And we will go through the introductions and afterwards, I will join them and we'll begin with some questions for everyone. So, first of all, it is my pleasure to introduce Dr. Jeffrey Engel. He was named the North Carolina state health director in March, 2009. Prior to that, he served for seven years as the North Carolina state epidemiologist and chief of the epidemiology section for the state division of public health. He has been a professor of medicine at the Brody School of Medicine at East Carolina University. And chief of the division of infectious diseases at Pitt County Memorial Hospital. Dr. Engel received his undergraduate and medical degrees at Johns Hopkins University, and Dr. Engel continues to see AIDS patients on a weekly basis in addition to all of his duties for this state of North Carolina. Please help me to welcome Dr. Jeffrey Engel.

[Applause]

Secondly, I want to welcome Miss Rita Scardaci. Rita the director of the Sonoma County Department of Health. She currently runs that department, she is an expert in local and regional health organizations and issues. She also believes very strongly that health is local, and I think that we tend to agree with her. And she believes that decisions affecting people's lives are made on a local basis. I think that we call that working on the ground floor around ODPHP. I want to thank Rita for joining us as a county health leader. Please help me to welcome Rita Scardaci.

And now for our academician. Dr. Richard Riegelman is professor and founding Dean at The George Washington School of Public Health and Health Services. Dr. Riegelman has played a lead role in the development of Healthy People 2020, and a leader in the growing undergraduate public health movement. He is co-chair of the Healthy People curriculum task force. And, he believes that we need to develop educated citizens, starting in K, moving all the way through 20. I think that all of us will agree that we need educated citizens and we thank Dr. Riegelman for that. The task force has worked closely with Healthy People 2020 to develop education for health and aims to provide an educational road map as we move forward into the next decade, of Healthy People 2020. Please welcome Dr. Riegelman.

[Applause]

And we also have an industry leader with us this morning. Dr. Cathy Baase. Cathy is the Chief Health Officer of DOW Chemical Corporation. She has direct responsibility for leadership in management of all occupational, health, and epidemiology as well as health promotion programs for the staff, of DOW Chemicals around the world. Dr. Baase drives the Dow health strategy for employees, retirees and their families. She chairs the executive council of Michigan Health Information Alliance, a multi-stakeholder collaborative to improve the health of citizens of central Michigan. Please welcome Dr. Cathy Baase.

[Applause]

I want to thank all of you for joining us today. I think one of the strengths of Healthy People is that it reaches all sectors of society, and we are thankful to have you to explain in your own way, how Healthy People has impacted the work that you have done, to improve the health of our nation, in your particular area. So, Dr. Engel let me start with you and ask how has Healthy People been used in the state of North Carolina?

>> **Jeffrey Engel**

Well, it is great to be here, Penny, and thank you for inviting me. We started back in the 90's when this initiative just began in the country, and North Carolina at that time had the worst infant mortality rate in the nation. We ranked 50th. And at that time, a group of stakeholders led by the then-governor Jim Hunt decided it was time to take matters seriously at this level, and began the Healthy North Carolinian objectives and goals at that point in time, but it was really focused in the '90s on the infant mortality problem. And I'm pleased to say that, he wrote an executive order and that was just refreshed by our present governor Beverly Perdue in 2009. So, for the last 20 years, we've had a governor-level Healthy People initiative in our state. I'm also pleased to say that we're no longer last in infant mortality and I think some of these initiatives that we initiated at the local level really moved the needle on that problem. We still have a long ways to go but it is these initiatives and these sharing of health data across the entire community, that has enabled North Carolina to have such a success and to keep it going for 2020. Finally, I have to say that this does take governor-level volume. I can't do it alone as a state health director. Public health cannot do it alone. We can point out the problems and measure the problem and in fact, that's an essential service of public health is to measure health data but getting things done, is going to require all aspects of government, the federal, state, and local level. So in North Carolina, having the governor's leadership has been crucial to us.

>> **Penelope Slade-Sawyer**

Thank you. And I think that we all will agree that having the leadership at the top makes it a lot easier for all of us. Rita, how in Sonoma County, California has that kind of leadership helped you use Healthy People?

>> **Rita Scardaci**

Well, thank you for inviting me. And Sonoma County in northern California has been paying attention to health indicators and working with our communities for many, many years. We believe that to improve health at the community level, all communities need to have access to information, and they need the tools to make data-driven and evidence

based decisions. So, the counties through the leadership of the board of supervisors, made available investments in a program that's called Network of Care for Healthy Communities. And it provides that data. It is the local delivery platform for information and I think you see it behind me. It provides data, local health data, other data, and health and human services programming and information and other content. In our community, there is a great interest in reduction of tobacco and we all know that. Exposure to second hand smoke is the sixth leading cause of death in the United States. So this interest and passion within our community, our cities, and local government, has really driven our interest and utilization of Healthy People 2010 and now, Healthy People 2020 tracker to be able to monitor and as Dr. Engel said, track how Sonoma County is doing. You'll see that we actually, I believe that it is circled behind me, meet the standard and have met our targets, but that doesn't tell all of the story. You can drill down and the community and interest groups, and our health professionals and all of our partners can click on the Healthy People 2020 tracker. I'll have to get used to saying 2020 tracker. And you can see that, we get more detail and more information and trend data such as, information about age, sex, race, and that really helps the local health jurisdiction to make sure that we're meeting all of the needs within our community. Additionally, we want to use the tracker and the information to help to push policy and agenda and we do that by using some of the community health guides, best practices, and we're also able to list the information that we're using here in our community so that groups can adopt best practice and make sure that we are aware of their agenda, and how what we're involved in, and the policies that are coming forth in cities and counties are reflective of the action they want to take.

>> Penelope Slade-Sawyer

Thank you, and my hope is that many, many hundreds and thousands of counties all over the United States will be able to achieve this kind of dashboard so that citizens are able to access health information in such a great way. Dr. Riegelman, can you describe the education for health framework, and why you believe that it is so important to advancing the goals and targets of Healthy People 2020?

>> Richard Riegelman

I've had the privilege of co-chairing the Healthy People Curriculum Taskforce so which began, interestingly, out of an objective 1.7 of Healthy People 2010, and I assume you have all memorized the objectives in 2010. But just in case, objective 1.7 encouraged the development of, the great expansion of prevention education as part of a clinical education. And, to make that happen, the Association for Prevention Teaching and Research convened a task force made up of clinical health professions. Medicine, nursing, pharmacy, dentistry, and physician assistants, and the associations for schools of allied health professions. And together we actually sat down and talked about what that would mean. And, perhaps our biggest accomplishment is actually developing a common language so people could talk to each other, a pre-condition to I think making real progress. And, we developed what we call the clinical prevention and population health framework. And that framework has provided us with the starting point to really make some real coordination, collaboration and connections in the health professions. So we developed a framework that has four components. One looks at evidence-based practice,

a key ingredient. A second, clinical prevention and health promotion. Third, how systems and how policy, which we all know are becoming increasingly essential to public health. And finally population health and clinical aspects of practice. The population, the community ethics of practice. And that's clearly a framework that is interestingly, it has now been widely distributed, widely used in the professions and, for us, the ultimate achievement is to hard wire it to the accreditation. And that's now been done in both nursing, and in pharmacy, and we hope to see that happen in many of the health professions because that's what we think is the key to really make this a part, not an incidental, a nice thing to, do but to make it a core component of health professions education. And public health, clinical health, and individual and in population. So, we think that we have merely made success in there and we from there we decided to really see what else we could do because obviously, we were just scratching the surface. And the development of Healthy People 2020 has given us that opportunity. The things that we did after we made the progress in clinical prevention and population area was to look at undergraduate public health. Which until recently has not existed but in 2003, the Institute of Medicine recommended undergraduate public health for all undergraduates, and that's given us an opening to develop the Educated Citizen and Public Health initiatives and the today we're seeing as part of 2020, objectives to develop majors and minors at four-year colleges, and associate degrees and certificate programs at two-year colleges. So Healthy People 2020 has allowed us to really put on the national agenda an effort to really develop undergraduate public health. And hard wire it. So we have developed, we've moved from there and developed interprofessional education efforts, we're trying to connect it with K-12 education and so what the education for health framework is, it is a framework to look at pre- K all the way through clinical graduate education, and try to bring coherence to that education that allows us to really develop throughout the educational spectrum the opportunity for people to build on what they have learned, to develop a coherent approach and to helpfully come away with a real life-long commitment to public health and to prevention.

>> Penelope Slade-Sawyer

Wow. That makes me want to just stand up and shout!

[Laughter]

After hearing from Dr. Engel, and Ms. Scardaci and about how important and how integrated Healthy People is, and all of these levels, it leads me to Dr. Baase. These three are what I would call usual suspects, right?

[Laughter]

You have the state health officer, the county official, and the academician. But here we have an industry leader. Business, industry, not usually in the realm of what we think about when we think about public health operatives. But I want Dr. Baase to share with us what she has been doing with Healthy People, at the Dow chemical company.

>> Cathy Baase

Thank you. Well, we have been focused on public, what many people would think of as public health objectives for quite a long time, and I hope that more and more, this is part of what is considered as usual suspects. And that we fully embrace, as I think Healthy People 2020, like Healthy People 2010 and before, these have been going on for a while.

We recognize the value of that in aligning and convening people around these priorities, but, the nature of how significant and daunting the challenge is, is still out in front of us. And we unfortunately have not solved all of the challenges. And I believe that in order to make the progress we need, we're going to have to embrace so many parties to be involved and I think that certainly we recognize schools and the business community, and workplaces as key focus areas where we're going to have to meet public health objectives through those channels as well. And just as an example of Healthy People in our organization, we have a corporate health strategy, had one in place for quite a number of years and it is built on a business case, and it is focused on our entire population of Dow people. But we've used the Healthy People serial version for the ten-year cycle to help with strategic planning, the selection of measures, seeking targets — what are logical targets? — how far and what sort of time windows and really to understand benchmarks, where are we compared to where we might want to be. That really served us well and like Healthy People we set ten-year goals. They are not actually coincident with the same time window but they are ten-year goals, recognizing these aren't short-term projects, this has to be a sustained effort. And, to reinforce the validity and the wisdom, embedded in some of these goals — in some of those work force, healthy work force objectives from 2010. There were two overarching objectives, one that 75% of workplaces would have comprehensive health promotion programs, and that 75% participation rates would be achieved by those organizations. Well, I think that we have at least 75%, probably 90% of companies would say they have health promotion but it is that small tricky word of comprehensive which is the challenge we still have before us. And I think that it is less than 10% who have actually made that true comprehensive achievement. But, in our case, we believe that we have. And, it is in fact a corporate policy mandate that every site must have comprehensive health promotion programs. And that corporate policy has been in place for quite some years. We do achieve and exceed 75% participation. Last year we had 83% of our entire population participated in one or more of our programs per year, and in that year. And another specific example of a healthy work site objective, the reduction of injury and illness in the workplace. We set a goal that ended in in 2005 and for that, first ten-year window we reduced work site injury and illness by 80%. Our second ten-year window then started in 2005 and we reduced another 33%. So, right now, our employees are 19% less likely to have an injury than any other manufacturing work site. But, the other thing that I would want to bring up is that, it is not just about our own employees. Our corporate strategy has led us to recognize the importance of working in the community as well not just on our own employees. So, communities where we have a significant population, we actually have community strategies which you mentioned in my introduction, that I am chairing of 14 counties, multi-stakeholders, not-for-profit efforts in central Michigan. And, we are setting community-wide goals with all stakeholders under, really we're working as a triple initiative right now, but the Healthy People objectives are really critical in that, in that how do we select what to work on, what do we focus ourselves on, and on December 15, we'll have our final all-day community-wide goal selection, again across the 14 county region. So I think there is some power in this at the work site, but also how business can be a helpful agent at the community level and partnership.

>> Penelope Slade-Sawyer

Thank you so much. All of us say and know that it takes everyone, it takes all sectors, to achieve the goals we have for our nation and I think that, Cathy has really made a difference at Dow chemical, and, I would like to clone you, and send you out to all of the businesses across our nation, and hope for that kind of success. I have a few more questions for the panelists and then I believe that we're going to take your questions, and questions from those who are watching us via the web. So Dr. Engel how did North Carolina specifically use Healthy People related to needs assessment, and identifying evidence-based strategies at a community level.

>> Jeffrey Engel

Right, we're very excited about our Healthy People 2020 initiative because as Dr. Fielding said in the first hour, we use a true logic model to get there and it began with our North Carolina Institute of Medicine as a partner, and philanthropic donations for the Reynolds and the Duke endowment and the Blue Cross Blue Shield Foundation and others to fund an initiative that led to the prevention action plan for North Carolina. Which is a document of evidence-based strategies known to work at the community level, for really addressing the big health problems in North Carolina. So working back in the logic model, we needed first to understand what those needs were in our state, and we know what the major determinants of disease are. If you look at the top three, it is tobacco control, overeating and not enough physical activity. So those were the easy top three to go and underneath that you can develop action plans that are evidence-based to do something about it. They have to be implemented at the local level because I'm not going to be able to again do it in Raleigh. I can again, we offer technical assistance, measure data, but it is really ultimately that local community that will need to implement it. So we're very proud of the tradition in North Carolina on supporting local partnerships, and ensuring their success, and making them sustainable because unfortunately like most states, we're broke, severely broke, with the facing of big deficits this year and there are very limited resources. So, the question is how do you leverage that community to keep thing going and keep them sustainable? It turns out that most of the money is in usual, the private sector, and that's how I think that the local partnerships are really going to ultimately succeed, taking advantage of the Affordable Care Act, and the community benefit dollar that hospitals now must report to the IRS and ACA. Fortunately in North Carolina almost all of the hospitals are non-profit and therefore have to fulfill this provision of doing a community needs assessment every three years according to ACA. We're going to try to develop partnerships with local health departments, and other community stakeholders, to leverage those community benefit dollars that hospitals get as an IRS refund. That's real money, It can go into real communities, community development, and sustainability for implementing the evidence-based strategies at the local level.

>> Penelope Slade-Sawyer

Thank you. North Carolina has been a leader in using Healthy People to advantage its citizens and you brought up a very interesting topic and that's budget. And so I wanted to ask, Rita. During times of economic challenge like we have now, how have you used the local platform that you describe based on Healthy People, for budget planning?

>> Rita Scardaci

That's a great question, and we're all facing these issues of diminishing resources, at a time of such high need and priority. In Sonoma County we've used the Network of Care for Healthy Communities along with some community action, and the community action was the development of a council called Health Action that used the Healthy People 2010 and we'll be updating that with the Healthy People 2020 data, to set an agenda. That was approved by board of supervisors and really embraced by the broad council of health professionals, businesses, education, labor organizations, consumers, to really prioritize where would we invest these limited resources, and as Dr. Engel said, using the data for California, and certainly specific for Sonoma County, we worked on three or four areas that we believed would make the biggest impact in the shortest amount of time, and again, they focused around healthy eating, active living, and access to prevention, focus, integrated primary care. And we had wonderful partnerships from our hospitals, who as Dr. Engel mentioned, you know, are interested in their community benefit assessment and have partnered with the local health jurisdiction in a positive manner, as well as education and business. And we were able to cobble together between all of these partners, and some local funds, a budget that has made successful interventions possible within our community. Some of the things that need to happen in the community level really don't take a huge amount of money. You can do, when the community is ready to move, and they want to come together and mobilize, it is really an exciting opportunity for your local health jurisdiction and local partners, to align ourselves with what they see as the activities. And so, we talked earlier about what was the role in faith-based organizations, and through health action, some of our churches, came together with their congregations, and their leadership, to plant community gardens, and to work with their members, to really make healthy food available and healthy vegetables available, throughout the week in their churches. And, it was not an expensive way to really start some movement in communities toward achieving Healthy People 2020 outcomes.

>> Penelope Slade-Sawyer

That's just wonderful to hear. That empowering communities to care for themselves, is a part of what do you and a way that Healthy People reaches out to individual citizens, making it alive for them, and that's wonderful news. I thank you so much for that. And, Dr. Riegelman what do you hope to accomplish in this next decade, with the Healthy People curriculum task force?

>> Richard Riegelman

Well, first of all, we are delighted to see the development of the new website, it really opens up all kinds of opportunities to really not only get the word out but to get the word in. And I think that that's going to be increasingly important to really make some connections. The idea that there actually is one-stop shopping, that opens the door to data, that opens the door to interventions, and organizes the 530 objectives into a coordinated way. We see the education for health framework as it develops and we now have support from the Office of Disease Prevention Health Promotion, and APTR and the task force intends to develop our education for health framework, so that it will be part of that website. And that you'll be able of click on one of the areas of undergraduate public

health or clinical prevention of population health. And guess what, behind there will be more. And there will be opportunities for finding the resources, finding the connections, developing the networks, and really having a way to get into it. I'm also pleased to hear that, there will be now we turn to looking at some leading indicators. And the Institute of Medicine will be reporting on that in terms of being able to provide some ways to really focus the attention and show how important some of those areas are. So we hope that, there really will be a way to access the system and coordinate this system and to get us all talking.

>> Penelope Slade-Sawyer

We need to go to questions now. I did want to say to Dr. Baase that I think there are many people here in the audience that are very interested in the corporate world and how we can stimulate more companies to understand the return on investment that Dow chemical has developed in your plan. And so, maybe there will be questions about that. But, in any case we do have a question.

>> Audience Question:

What steps can those outside the academia and research/corporate arenas take to assist in creating a healthy consciousness in our environments?

>> Penelope Slade-Sawyer

I think that's maybe for Dr. Baase.

>> Cathy Baase

Well, just to give you a quick answer, I would say to look for those kind of community efforts that are in place. These multi-stakeholder efforts are happening in a lot of communities and there's involvement of all stakeholders including consumers, patients, citizens have roles, and I would just encourage people to seek out those kinds of opportunities and, if they don't exist yet, to stimulate those happening.

>> Richard Riegelman

That's an outstanding question because really, I do believe all health is local, and our communities really have been working in many ways for a long time, and so we as health professionals and residents in our communities, we need to look for those opportunities. There are so many opportunities for people to join in, if you make information available. And certainly, Healthy People 2020 is that data. The schools have been working on this, so families that are connected to their schools can find groups that are working on safe routes to school and healthy eating and active living, churches we talked already about, neighborhood coalitions, community action partnership, these individuals have, I believe they have been immunized and inoculated to look for how can they improve their own health and how can communities come together. Some communities it is more difficult and there is more challenges. But as individuals, as local health professionals, we all can join a group, start a group, coalesce a group and listen very carefully to where they want to move and make sure that we're part of that action for better health.

>> Penelope Slade-Sawyer

Thank you. Are there other questions?

>> Audience Question:

Yes, we have another one from Twitter.

>> Penelope Slade-Sawyer

A Twitter question.

>> Audience Question:

Yes. The first one was also. Will Healthy People 2020 focus on health literacy?

>> Penelope Slade-Sawyer

I'll take that.

[Laughter]

Because that's something that's near and dear to my heart and we do have a health communications chapter in Healthy People as most of you in this audience know. And health literacy is tremendously important. When we think about cultural competency, it is the tool to achieve cultural competency in dealing with American citizens across the board. The Office of Disease Prevention and Health Promotion led an effort that resulted in a National Action Plan for health literacy that was released earlier this year. I want to call your attention to that and hope that you'll find that useful in your work, to make health literacy an important part of improving the health of our nation.

We have one last question.

>> Audience Question:

Hi, I'm Freddi Donner. I'm the co-chairperson of the health and wellness committee of the Regional Chamber of Commerce and we're one of the neighborhood entities that are passionate about getting health and prevention into the area of businesses generally 200 people or less. And, we're just not really sure where to begin to tie in. How do we tie into this? So we could use some input and I'm sure that other chambers could too.

>> Cathy Baase

I think one of the things that has been helpful to us in the past in terms of getting business involved are two things. One is, in the past, we have the big book that were really thick and they were a bit overwhelming so extracting that into a summary of those most relevant to the work site was very helpful and Partnership for Prevention did that, and I think that those were excellent summaries. So now it is on the website but I think getting a summary of the most relevant objectives, going through that is a very helpful way because you're not going to get most businesses to read through all of the objectives. They don't have time. So, making it simpler, the other thing is, bringing in some of the economic case, the business case and again you can pull that up from to the work that Partnership for Prevention has done, illustrating the most cost effective actions and some of the things that are in the guide to community health. Because, one of the challenges people can see is, oh, I can see these things to do what actually do you do? I mean, Healthy People sets targets and areas to work, but people need a plan of implementation.

And I would sort of knit together the action plan development with some of the things that are available from the guide to community preventive services. That is really a tremendously helpful resource in figuring out what things really do work. So, make it simple, get a business case analysis that's helpful so people understand why they should invest in this space and then three, make sure that you have some idea of what to do, not just what the description of the problem or the need is.

>> Jeffrey Engel

North Carolina we just have begun an initiative called Work Well North Carolina, and it does address small business with 100 or a few employers. But again, I'll have to emphasize the nature of cross-governmental importance of getting word out. So our Secretary of commerce who was a formerly a small business owner and very successful in the healthy work site, is leading that initiative. So, I'm not leading it, again, our Secretary of Commerce, but he gets it, and he's a champion, and he knows the economic — why this makes sense and the business case, and so we're helping him as technical experts to provide that tool kit for small employers in North Carolina. And reach out to your local health jurisdiction. If it is not a member of the Chamber of Commerce, you should invite them to become one. And really, it really is the more spontaneous development of your own action plan and Cathy is right. It is an overwhelming task to look at all of these indicators, and all sorts of very special experience to look at the data about your community and know what's the best place to start. So together with those individuals, and some other local healthcare providers, and the communities and the families from these businesses, you can develop an action plan, that is based in and relevant to what you all believe is the most important step. Our health action, I mentioned the council, use the 2010, 2020 tracker, you know, as the framework or the road map, but we really developed a local kind of current document that is our web-based version so that everyone feels very linked to that information, and it brings a group together and gives them purpose to move forward.

>> Richard Riegelman

Another resource is community colleges. They are looking to small and large businesses to find a role and they clearly are a resource for public health. There is a new objective in Healthy People 2020 to encourage associate degrees and certificate programs, and this would be a perfect connection for business. And if you have not recognized this already, there are some provisions in the new health reform that support small businesses, and from an economic perspective, and getting some money from those programs so that might be another assistance.

>> Penelope Slade-Sawyer

Well, I think I need to make these people Healthy People Ambassadors. They are ready and willing and very able to help. As have you been Healthy People Ambassadors, and willing, ready and able to help. Many of you in this audience have participated in helping us to develop the health goals for our nation for 2020, and I sincerely thank you. Today marks the launch of that initiative, and as Dr. Koh said earlier, now the real work begins. And we ask for your participation, we ask for you to join us as we move forward into the

next decade, to make this country a healthier nation. Thank you for coming today, and thank you for all that you do.

[Applause]

>>**Voice-Over Announcer**

Ladies and gentlemen, this concludes our program.