

**Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2030
Fourth Meeting: June 27, 2017
1:00 p.m. to 5:00 p.m. ET, via webcast**

Co-Chairs

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

Chair Emeritus

- Jonathan Fielding, MD, MPH, MA, MBA

Members

- Susan F. Goekler, PhD, MCHES
- Cynthia A. Gómez, PhD
- Glenda L. Wrenn Gordon, MD, MSHP, FAPA
- Paul K. Halverson, DrPH, MHSA, FACHE
- Mary A. Pittman, DrPH
- Therese S. Richmond, PhD, CRNP, FAAN
- Nirav R. Shah, MD, MPH
- Edward J. Sondik, PhD
- Joel B. Teitelbaum, JD, LLM

Committee Recommendations

There were no formal votes for any Committee recommendations. The Committee agreed to establish a Leading Health Indicator Subcommittee at a later time.

Action Items

1. Subcommittees will prepare recommendations to share with the Committee at the September meeting.
2. Subcommittees will provide input on the relevant sections of the framework (part 2) document developed by the Approaches subcommittee prior to the September meeting.

Welcome

1:00 p.m. to 1:05 p.m.

Ms. Carter Blakey thanked the Committee members and other attendees for joining the fourth meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Ms. Blakey reviewed the agenda for the meeting, which included a presentation from Mr. Richard Klein highlighting the role of summary measures of population health in the Healthy People initiative; presentations from Ms. Laura Edwards and Dr. Edward Ehlinger on states' use of Healthy People; and updates from the subcommittee chairs on their work to date.

Goals for the Meeting

1:05 p.m. to 1:10 p.m.

Dr. Nico Pronk provided an overview of the goals for the meeting. The Committee will first learn about the role that summary measures for population health have played in Healthy People and learn about state and local experiences using Healthy People. Additionally, the Committee will hear presentations from the Prioritization and Objective Selection Criteria Subcommittee, the SDOH and Health Equity Subcommittee, the Data Subcommittee, and the Stakeholder Engagement and Communications Subcommittee about their work, including a discussion of issues under their consideration and their draft recommendations. After these updates, the Committee will discuss next steps and deliverables for the September 6–7, 2017 Committee meeting.

The Role of Summary Measures of Population Health in Healthy People

Mr. Richard Klein, MPH

1:10 p.m. to 1:45 p.m.

Dr. Pronk introduced Mr. Klein, who prepared a presentation describing the history of the use of summary measures of population health (SMPH) in Healthy People and relevant considerations for Healthy People 2030. SMPH, which combine mortality and health outcomes into a single measure, have been intentionally included as adjuncts since Healthy People 2000. The primary purpose of SMPH is to monitor the Healthy People goal to increase length and quality of life. In general, decade targets were not set for SMPH.

SMPH are distinguished from composite measures, which summarize components of a health topic. Mr. Klein noted that some remaining challenges include defining the relationship between SMPH and the specific objectives, as well as coming to a consensus on a single methodology for creating SMPH. More information can be found in *A Framework for Monitoring Progress Using Summary Measures of Health*, published by the National Center for Health Statistics (NCHS) in 2016.

SMPH were introduced in Healthy People 2000 to monitor Healthy People 2000 Goal #1, “Increase years of healthy life,” and to provide a summary of overall progress across all objectives. As there was no universally agreed-upon summary metric, Healthy People 2000 called for the creation of 1 or more summary metrics that combine mortality and morbidity.

In 1993, NCHS convened an expert panel to develop a single SMPH metric using existing, nationally representative data that could be updated annually. The panel considered existing approaches—e.g., disability-adjusted life year (DALY), quality-adjusted life year (QALY), health-adjusted life expectancy (HALE)—in their process. The panel recommended a new metric, years of healthy life (YHL), which combined mortality data from the National Vital Statistics System (NVSS) and health data from the National Health Interview Survey (NHIS). This new metric effectively combined death rates (life expectancy), limitation of activity, and self-rated health status into a single metric. Mr. Klein noted that some adjustments were made to account for the institutionalized population, which NHIS does not survey. More information on the methodology and implementation of this metric is available in *Healthy People 2000 Statistical Note 7*, published in April 1995.

The YHL metric was unique in that it combined activity limitation and perceived health status into a single construct. Values for this metric were found by calculating a matrix, taking into account 1 of 6

levels of activity limitation and 1 of 5 levels of perceived health. The Healthy People 2000 Final Review published data that showed expected years of healthy and unhealthy life by race and ethnicity.

NCHS convened another expert panel in 1999. This time, the panel was not limited to creating a single SMPH metric. The panel recommended that NCHS undertake a research program on SPMH in order to develop a suite of healthy life expectancy (HLE) measures covering a variety of statuses and risk factors, rather than a single metric. The panel also recommended that the Healthy People 2000 YHL measure be discontinued for Healthy People 2010 due to methodological issues with calculating values based on the YHL matrix.

Dr. Michael Molla, who was hired to conduct the SMPH research, published *Summary Measures of Population Health: Report of Findings on Methodologic and Data Issues* (available on the NCHS website).

Dr. Molla recommended the following summary measures:

- Life expectancy
- Expected years of life...
 - In good or better health
 - Without chronic heart disease
 - Without needing help in activities of daily living (ADL)
 - Without any activity limitation
 - Without chronic hypertension
 - Able to perform major activity
 - In excellent health
 - Without chronic arthritis
 - Without needing help in ADL or instrumental activities of daily living (IADL)
 - Without chronic diabetes

NCHS consolidated Dr. Molla's HLE metrics for Healthy People 2010 into:

- Expected years of life in good or better health
- Expected years of life without activity limitations
- Expected years of life free of selected chronic diseases

Data on these metrics were published in the Healthy People 2010 Midcourse and Final Reviews.

Healthy People 2020 introduced the new Foundation Health Measures section, which included Life Expectancy and SMPH. The Healthy People 2010 HLEs were modified as follows:

- Retained measures:
 - Expected years of life in good or better health
 - Expected years of life without activity limitations
- Added measures:
 - Expected years of life without disability (using the Healthy People definition of disability developed during Healthy People 2010)
- Discontinued measures:
 - Expected years of life free of selected chronic diseases

Data on these measures were recently published in the Healthy People 2020 Midcourse Review.

Mr. Klein presented the following considerations to the Committee for the development of Healthy People 2030:

- What should be the role of SMPH in Healthy People 2030?
- Should SMPH replace multiple metrics or just provide an overview?
- Should Healthy People 2030 have a Foundation section that would include SMPH?
- Should Healthy People 2030 include international comparisons (including SMPH)?
- Should new SMPH be considered?
- Should the SMPH measures have targets?
- Should composite measures be emphasized along with SMPH?

Mr. Klein also listed these remaining challenges related to SMPH:

- How to integrate SMPH with the set of objectives so that the interpretation has a logical flow within Healthy People instead of an interesting but standalone aspect
- Developing SMPH methodology that aggregates directly from and disaggregates to specific key indicators
- Improving ability to build SMPH from disparate data sources
- Increasing visibility to stakeholders

Committee Discussion

Dr. Pronk asked whether the Healthy People 2030 SMPH could be specifically designed to align with the Healthy People 2030 vision and mission reflected in the Approaches report, and Mr. Klein agreed that using the SMPH to measure the vision and mission could be useful. Mr. Klein also wondered how the term “optimal,” used in the Approaches report, could be operationalized and measured. Dr. Therese Richmond noted that the phrase “optimal health and well-being” was left out of the Approaches report in favor of using the phrase “potential to achieve health and well-being” and wondered whether that phrasing difference could be helpful in operationalization.

Dr. Edward Sondik considered how Healthy People objectives impact summary measures, and anticipated difficulty in directly translating the SMPH into terms related to the Healthy People objectives. Mr. Klein noted particular difficulty in measuring perceived health status, as it has a major cultural component.

Dr. Richmond noted that the background section of the Approaches report discusses how the United States’ health indicators lag behind those of other developed countries, and asked whether any other developed countries use summary measures that could be used in Healthy People 2030. A European health survey conducted in 28 different languages asked, “Compared to other people your age, how would you rate your health?” while the U.S. health survey simply asked, “How would you rate your health?” Mr. Klein noted that a comparison would be worthwhile if possible, but added that these measures may not be comparable.

Dr. Glenda Wrenn Gordon noted that the Healthy People 2020 Midcourse Review reported summary measures broken down by gender; she asked whether this information could be broken down by race/ethnicity or income. Mr. Klein replied that racial/ethnic differences in SMPH were included in the

Midcourse Review, but noted that comparison by socioeconomic status (SES) is difficult as data collection is limited by death certificate data, which typically do not report income.

Dr. Paul Halverson was interested in making international comparisons between countries' spending on medical care compared to their spending on social services; Mr. Klein replied that the economics of healthcare has not been within the purview of Healthy People in past iterations. Mr. Klein noted that the Organization for Economic Co-operation and Development (OECD) publishes charts that may look at social spending. Healthy People 2010 and 2020 contained a section on understanding and improving health that made international comparisons to better understand health environment.

State Perspectives on the Healthy People Initiative (North Carolina)

Ms. Laura Edwards

1:45 p.m. to 2:05 p.m.

Dr. Dushanka Kleinman introduced Ms. Edwards. She serves as the President and CEO at Collaborative Health Solutions and is North Carolina's Healthy People State Coordinator. Healthy North Carolina began in 1990 with the creation of health objectives designed to make North Carolina a healthier state. The Healthy North Carolina initiative is modeled after and influenced by Healthy People. Healthy North Carolina 2010 consisted of 108 objectives in order to appeal to a wide audience of stakeholders. However, there were challenges with Healthy North Carolina 2010 as the objectives were not "SMART" and many could not be measured to determine progress; it was hard to support the scope of the objectives due to limited resources; and it was hard to gain a significant amount of interest from stakeholders because of the large number of objectives.

Setting the Healthy North Carolina 2020 objectives included 3 primary steps:

1. Identify appropriate **focus (priority) areas**, building off Prevention Action Plan
2. Identify limited number of **objectives**
3. Identify appropriate **targets**
 - Three objectives for each focus area
 - Targets should be aspirational, but realistic and measurable in 10 years
 - Targets should be scientifically derived

The process was inclusive and included input from over 150 participants in stakeholder groups and the public. Healthy North Carolina 2020 serves as the state's health improvement plan, which is designed to address and improve North Carolina's most pressing health priorities. The Healthy North Carolina 2020 objectives are fewer in number, more focused, and measurable. Ms. Edwards shared that 13 focus areas with 40 objectives is still too large, but reporting annually on all of the objectives helped to gather buy-in from stakeholders. The Annual Data Reports are released in January of every year. To address the size issues of 40 objectives with 13 focus areas, Healthy North Carolina 2020 selected 5 priority focus areas and 10 priority objectives.

Ms. Edwards said that HealthyPeople.gov has served as a robust resource to find evidence-based interventions, data, tools, and resources. The Leading Health Indicators (LHIs) have also served as a helpful tool to allow Healthy People 2020 as well as Healthy North Carolina 2020 to "stay on the radar" in North Carolina. Additionally, the LHI series provides a mechanism for local individuals to participate at the national level.

Ms. Edwards presented the Committee with the following recommendations for improving Healthy People:

- Provide funding to support the work of Healthy People Coordinators
- Provide funding to support annual Coordinator meetings

Each state and territory has a Healthy People Coordinator who serves as a liaison with the Office of Disease Prevention and Health Promotion (ODPHP) to ensure their state or territory's plan is in line with the Healthy People goals and objectives. Currently there is no funding provided for this work.

State Perspectives on the Healthy People Initiative (Minnesota)

Dr. Edward Ehlinger

2:05 p.m. to 2:25 p.m.

Dr. Ehlinger serves as the Commissioner of Health for the Minnesota Department of Health. Dr. Ehlinger began his presentation with an overview of his experience working with the Healthy People objectives. His experience spans from Healthy People 1990 to the current development of Healthy People 2030. He is especially familiar with Healthy People 1990, 2000, and 2010 and with Healthy Campus at the university level. Dr. Ehlinger added that Healthy People has played a large role in addressing the Nation's public health.

Dr. Ehlinger next discussed ways that he has seen the Healthy People objectives used at the local, state, and university levels. Overall, the objectives have been used in a variety of ways. Healthy People can be compared to a GPS system, telling the nation where we are, where we want to go, the path to get there, and ways to recalibrate if we go off course. Additionally, data needs to be available and assessed at a more rapid pace.

Dr. Ehlinger said that Healthy People is the initiative that gets closest to a national health plan. It also helps to promote prevention efforts and serves as an educational tool about the scope and depth of public health. Healthy People has helped to stimulate conversations about health and raise issues on disparities and equity. It is used as a resource and framework for the development of state health plans and provides metrics for data collection.

Overall, Healthy People is working to expand the Nation's understanding of health. Dr. Ehlinger stated that this is being done through the clinician, epidemiologist, and community viewpoints. Healthy People has also shown that health is not just about health care, but is also impacted by social choices and policies. Dr. Ehlinger briefly discussed the World Health Organization (WHO)'s categories for the social determinants of health in the context of expanding the understanding of what creates health.

Dr. Ehlinger referenced the Triple Aim of Health Equity. The Triple Aim consists of a pyramid with social cohesion as the focal point. The 3 aims include implementing health in all policies, strengthening community capacity, and expanding understanding of health. The Triple Aim is framed around organizing narrative, resources, and people. Dr. Ehlinger also gave a brief overview of the WHO's Framework on Social Determinants of Health and emphasized it is important to go beyond the community and epidemiologist's viewpoints to think strategically from the policy maker's perspective. Strategic thinking from a policy viewpoint can help identify policies and programs to improve health for all and reinforce social cohesion efforts.

Next, Dr. Ehlinger suggested ways to improve Healthy People:

- Highlight its importance to our health
- Communicate better about the document and data to the general public
- Provide tools for communities to use the document/information
- Release data more rapidly
- Continue and expand data on SDOH
- Provide data/objectives on community indicators
- Include policy indicators (vaccines, environment, economic, housing, transportation, etc.)
- Include indicators of social cohesion

Committee Discussion

Mr. Joel Teitelbaum thanked both presenters for the insightful presentations. He asked Ms. Edwards to expand on the SDOH indicators included in Healthy North Carolina 2020. Ms. Edwards said the SDOH measures include decreasing the percent of individuals living in poverty, increasing the graduation rate, and increasing the rate of individuals spending more than 30% of their income on affordable housing. Data related to poverty rates, income, and housing are gathered by the North Carolina State Center for Health Statistics. Ms. Edwards added these measures were grouped under the SDOH topic intentionally so they aren't overshadowed by popular measures in other topics. Dr. Ehlinger shared that people are eager for SDOH data and that he has seen specific interest in measures related to incarceration. Mr. Teitelbaum also inquired about the capacity to collect data for these measures at the state level. Dr. Ehlinger and Ms. Edwards agreed there is not a lot of capacity for collecting this data at the state level. As a result, there are efforts to link to data sources from other sectors, e.g., transportation and housing, or else rely on national data.

Dr. Wrenn Gordon asked Dr. Ehlinger where the Triple Aim of Health Equity originated. Dr. Ehlinger replied he created it with colleagues in Minnesota and resources are available on the ASTHO Health Equity website.

Dr. Halverson asked Dr. Ehlinger for his thoughts on making the Healthy People product more usable and how to successfully engage new stakeholders who are not typically involved with Healthy People. Dr. Ehlinger responded the Minnesota Department of Health has an active rollout strategy that can be found on their website. So far, they have found stakeholders are eager to receive and use the data.

Dr. Sondik asked the presenters their thoughts about how frequently data needs to be released. Dr. Ehlinger shared that data that is 2 to 3 years old is often dismissed by the media and others. Both Ms. Edwards and Dr. Ehlinger agreed it would be ideal to have data available on an annual or biannual basis.

Priorities and Objective Selection Criteria Subcommittee Update

Dr. Jonathan Fielding
2:25 p.m. to 2:50 p.m.

Dr. Jonathan Fielding provided updates for the Prioritization and Objective Selection Criteria subcommittee, which has held 4 meetings since January, 2017. The subcommittee members include Dr. Fielding (chair), Dr. Kleinman, Dr. Pronk, Dr. Mary Pittman, Dr. Nirav Shah, Dr. Sondik, and external members Dr. Steve Teutsch and Dr. Shiriki Kumanyika.

Dr. Fielding described the subcommittee's charge, which is to identify criteria to be used in prioritizing and setting quantifiable objectives, and consider how to reduce the number of objectives. The subcommittee has discussed several recommendations, including:

- Identify Healthy People 2030 priorities and opportunities by applying a prioritization framework that is generalizable and usable by all groups
- To set targets, Healthy People 2030 should systematically identify opportunities, estimate using best evidence what can be achieved and how quickly, and find ways to recalibrate goals over the next decade based on new knowledge
- Healthy People 2030 could be organized in various ways
- The development of objectives should not be overly centralized
- FIW members should receive support and training to apply consistent target-setting approaches for regular and developmental objectives
- Integrate results of economic analyses for Healthy People 2030 objectives into the budget priorities for the government
- The U.S. Department of Health and Human Services (HHS), through its many agencies, plays a significant role in helping stakeholders meet the Healthy People objectives
- Consider how to best provide suggested investment opportunities based on Healthy People 2030 for other federal departments and agencies

Next, Dr. Fielding reviewed proposed options for several key recommendations regarding organizing objectives and the process of developing objectives. In terms of organizing objectives, Healthy People 2030 could be organized by age group across the life course, and crosswalk age groups with specific risk factors or social determinants. He noted that while age groups are one option, there are other approaches that could be used to organize Healthy People 2030. As a second option, ODPHP could develop a "virtual" Healthy People 2030, which would allow for customization by the user. For the process of developing objectives, 2 options include: the traditional approach (a centralized process for developing all objectives, led by FIW working groups) or a decentralized model (with a core set of objectives monitored by ODPHP and NCHS, but using a decentralized approach to develop objectives for a broad range of other topic areas). For this option, methods training would be needed to ensure consistency and compatible measurements and products. The benefit of this method is relieving ODPHP and NCHS of the significant data collection and analysis burden currently associated with Healthy People 2020.

Dr. Fielding discussed important considerations moving forward for the subcommittee. If possible, there should be a limited set of Healthy People 2030 objectives. One strategy for selecting these objectives would be determining the objectives that have the greatest opportunity for improvement. Because Healthy People has multiple audiences, different users (federal, state, regional, local, other) will have different priorities. Guidance should be offered to users for setting priorities based on Healthy People 2030 objectives to meet their community's needs. Finally, Healthy People 2030 should maintain a set of LHIs for monitoring the health of the nation.

Finally, Dr. Fielding discussed the limitations the subcommittee faces in developing their recommendations. The subcommittee must recommend a strategy for reorganizing and limiting the number of objectives in Healthy People 2030; however, there are challenges in determining the best approach. For example, some conditions have significant burden of disease, but there is not a clear

prevention or treatment strategy that can be set as an objective. Additionally, some topic areas/objectives have more resources dedicated to them than others; however, the subcommittee's report does not state that priorities should be identified based on the level of resources. In their recommendations, the subcommittee should provide context and background information that considers issues critical to implementing Healthy People 2030, such as the historical basis for health inequities and how to address them, and how to make effective use of data. The subcommittee should also provide guidance on defining a foundational set of measures.

The next steps for the Prioritization and Objective Selection Criteria Subcommittee include:

- Continue to discuss summary measures
- In terms of recommendations, the Committee should provide guidance on defining a foundational set of measures;
- Continue to discuss an appropriate measure and target for comparisons to other OECD countries;
- Review the IOM Report on Quality Measures, which outlines an approach for selecting LHIs
- Continue work on recommendations report for September in-person meeting

Committee Discussion

In the discussion following Dr. Fielding's presentation, Dr. Richmond asked whether the subcommittee has considered prioritizing objectives that focus on social determinants and achieving health equity, as opposed to specific disease areas. The subcommittee has discussed this option, but not made any decisions yet. Dr. Wrenn Gordon noted that there are synergies between the work of the Prioritization and Objective Selection Criteria Subcommittee and the Social Determinants of Health and Health Equity Subcommittee.

SDOH and Health Equity Subcommittee Update

Dr. Glenda Wrenn Gordon

2:50 p.m. - 3:15 p.m.

Dr. Wrenn Gordon presented the SDOH and Health Equity Subcommittee's charge, which is to identify how the themes of social determinants of health (SDOH) and health equity can contribute to the organizing framework of the Committee's charge, and their relation to health disparities and law and policy. The subcommittee is also charged with conducting a high-level discussion of the approach to integrate SDOH and health equity in Healthy People 2030.

The subcommittee's members include Dr. Wrenn Gordon (chair), Dr. Susan Goekler, Dr. Cynthia Gómez, Dr. Kleinman, Dr. Pronk, and Mr. Teitelbaum. The subcommittee's scope of work is to develop a report of recommendations regarding the role of SDOH and health equity in the priorities and scope of Healthy People 2030, and the inclusion of cross-cutting themes of SDOH and health equity throughout Healthy People 2030. Future work of the subcommittee includes developing recommendations for how to represent these themes in Healthy People 2030, including how best to integrate SDOH into measurement and reporting into the objectives, and the relationship between SDOH and health equity.

The subcommittee has met 5 times since March 2017. The subcommittee first examined the history of SDOH in Healthy People and the progress achieved in Healthy People 2020 for SDOH-related objectives, then discussed what approach should be used for SDOH in Healthy People 2030 and how adding the

concept of health equity might inform that approach. The subcommittee identified a set of issues and key questions to explore further.

The subcommittee identified the following questions regarding the broad conceptualization of SDOH and health equity:

- Is the Healthy People 2020 SDOH framework adequate?
- Should it be revisited based on advances and new conceptualizations of health equity?
- Are the definitions and nomenclature that Healthy People 2020 uses for SDOH and for health equity adequately standardized and up to date?
- Is the relationship between SDOH and health equity clearly described and sufficiently represented?

The subcommittee identified the following questions regarding measurements and interventions:

- Should SDOH function as a distinct topic area, or should SDOH-related objectives be integrated throughout other topic areas? What considerations should be taken into account when answering this question?
- Could other topic areas add SDOH-related measures/objectives?
- What strategies could overcome barriers to cross-agency collaboration at various levels of public health to address SDOH?
- Since some SDOH fall outside of public health, how can Healthy People 2030 best identify existing measures that other sectors use to examine health-related outcomes?

The subcommittee proposed the following options for consideration:

Option 1: Integrate SDOH into the measurement and reporting of objectives.

Dr. Wrenn Gordon explained that SDOH was included as a separate topic area in Healthy People 2020, and noted that reporting could be integrated into other topic areas, similar to how data on race and ethnicity are reported. The benefit of integrating SDOH reporting into other topic areas is that it would make SDOH a priority within and across topic areas, including in areas that might not otherwise consider SDOH. The topic area workgroups and the group developing the LHIs could be charged with incorporating SDOH where relevant.

Option 2: Continue to maintain a separate SDOH topic area.

Dr. Wrenn Gordon suggested that the continuation of SDOH as a distinct topic area may be justified, given its critical role in achieving health equity. Maintaining a separate SDOH topic area would reflect the developmental nature of public health approaches to SDOH. Dr. Wrenn Gordon noted that the Healthy People 2020 SDOH topic area is relatively new, and several objectives still lack measurable targets. This approach would follow the example of NIH's National Institute on Minority Health and Health Disparities (NIMHD), which maintains a separate focus on an emerging topic.

Option 3: Determine how to facilitate useful searching and sorting of SDOH-related data throughout the Healthy People 2030 initiative.

Dr. Wrenn Gordon noted that SDOH are cross-cutting in nature and are represented across many Healthy People 2020 topic areas. She suggested that Healthy People 2030 could represent SDOH and health equity as an overarching category that includes objectives also housed within other topic areas, includes objectives that are unique to the SDOH topic area, and may include changes to data collection and visualization. Dr. Wrenn Gordon requested input from experts and stakeholders to ensure that

linkages are scientifically grounded, practically useful, and accessible to diverse audiences. This option would be a hybrid of Options 1 and 2, and would require new ways of representing SDOH as a foundational principle within topic areas and objectives.

Dr. Wrenn Gordon presented important considerations for the subcommittee:

1. Consider SDOH as a criterion for selecting objectives.

Dr. Wrenn Gordon suggested that given the Committee's charge to decrease the overall number of objectives, it may be useful to consider prioritizing the retention of objectives that incorporate measures of SDOH within a given topic area. She suggested that the subcommittee's next steps could be to discuss this with the Prioritization and Objective Criteria Selection Subcommittee and to explore health issues most impacted by SDOH to advance health equity and achieve the greatest public health impact.

2. Integrate SDOH throughout Healthy People 2030 and also report on progress in addressing SDOH.

Dr. Wrenn Gordon suggested that the integration of SDOH should be encouraged throughout Healthy People 2030 topic areas, while retaining the ability to examine and report on progress towards SDOH targets. The subcommittee will seek stakeholder input to gain understanding of whether and how existing SDOH objectives are being used, and to learn what data visualization and reporting methods would be of greatest benefit to stakeholders.

The subcommittee's next steps are to revisit the existing Healthy People 2020 SDOH framework to ensure that it incorporates current science, incorporates current concepts of SDOH, and clarifies SDOH and incorporation of health equity. Related to this, the subcommittee plans to work with the Approaches Subcommittee to bring in the subcommittee's research and knowledge of the subject matter, examine existing methods for looking at SDOH that might be suitable for the Healthy People 2030 framework, and explore how SDOH are regarded as health and well-being outcomes.

The subcommittee also plans to revisit existing nomenclature and definitions related to SDOH and health equity, and propose revisions to the Committee. This will include identifying whether existing definitions in Healthy People 2020 are standardized, current, and easily understood by Healthy People's diverse audiences. The nomenclature around SDOH has been continuously evolving, and Dr. Wrenn Gordon noted that the language used in Healthy People 2030 must be meaningful for people who work in the field and also free of language aligned with a particular political perspective or agenda.

Committee Discussion

Dr. Fielding recommended reaching out to stakeholders at the state and local level to obtain feedback, noting that funding at the state and local level is often organized by either a risk factor or disease. Dr. Wrenn Gordon planned to do so to ensure that integrating SDOH into other topic areas will work well for state and local stakeholders. Dr. Fielding also suggested that the subcommittee could use modeling to show how much of health is impacted by SDOH and explain why a variety of stakeholders need to become involved in SDOH work.

Dr. Shah recommended reaching out to non-traditional stakeholders such as the National Committee for Quality Assurance (NCQA) and the National Quality Forum (NQF), and will connect Dr. Wrenn Gordon

with representatives from both. Dr. Wrenn Gordon noted that many hospital systems have used strategies to include SDOH in their work.

Dr. Sondik asked whether the subcommittee has discussed specific Healthy People 2020 SDOH measures thus far; Dr. Wrenn Gordon replied that the subcommittee has not yet done so but plans to do so in the near future. Dr. Sondik also noted that SDOH interventions take longer to produce outcomes, and suggested that intermediate measures may be helpful in understanding progress in SDOH measures. Dr. Wrenn Gordon noted data limitations in measuring SDOH, and requested further Committee input on intermediate or process SDOH measures.

Dr. Pronk asked Drs. Fielding and Wrenn Gordon to present a set of specific recommendations during the September 6-7, 2017 Committee meeting, and the subcommittee chairs agreed.

Stakeholder Engagement and Communication Subcommittee Update

Dr. Paul Halverson

3:25 p.m. - 4:00 p.m.

Dr. Halverson provided an update on the Stakeholder Engagement and Communication subcommittee, which has met twice over the past few months. The members include Dr. Halverson (chair), Dr. Pronk, Dr. Shah, and the following external members: Dr. C. Marjorie Aelion, Mr. Chris Aldridge, Dr. Catherine Baase, Georges Benjamin, Dr. Jay Bernhardt, Dr. Sanne Magnan, Dr. José Montero, and Ms. Sharon Moffat.

Dr. Halverson reported that the subcommittee has been given the charge of recommending an approach to increase the awareness and utilization of Healthy People 2030 and delineating the primary and secondary audiences for the initiative. The subcommittee members represent public health at the local, state, and private levels. Conversations have been well representative of SDOH, but the subcommittee is looking to add a larger representation of non-traditional stakeholders.

Dr. Halverson shared that the subcommittee has 2 primary goals, which are:

- Creating 2-way dialogue with stakeholders on Healthy People 2030 development
- Identifying stakeholder groups to facilitate communication and feedback on Healthy People 2030

Additionally, the subcommittee would like to proactively engage stakeholders to get meaningful input and feedback on the development of the substance, objectives, and priorities of the objectives. Dr. Halverson added the subcommittee is focused on conveying to stakeholders that a reduction in objectives is about prioritization and does not imply certain topics and issues are not important.

Dr. Halverson introduced issues that have been identified and discussed by the Stakeholder Engagement and Communication Subcommittee in relation to engaging non-traditional sectors. Dr. Halverson added that they are specifically trying to target partners that are linked to SDOH but may not normally be engaged in the Healthy People process, including partners from the housing and transportation fields. Another issue is that the framework of development should include health and well-being measures.

The subcommittee has discussed the fact that this style of measure may not be as precise as clinical measures that are typically reported; some SDOH may not provide clean methods of measurement. The last issue identified under the topic of engaging non-traditional sectors includes hosting a series of

webinars with non-health stakeholders as the primary audience and public health stakeholders as the secondary audience. Dr. Halverson shared the purpose of webinar series would be to focus on asking how Healthy People 2030 can help to further their agenda in adding measures that reflect key SDOH. The subcommittee has also explored the idea of holding focus groups to gain input and presenting the Healthy People initiative at meetings of organizations that are not traditionally addressed. One example is the National Association of Local Boards of Health and other government organizations.

Next, Dr. Halverson gave a summary of the presentation by Dr. Bruce Lee. Dr. Lee presented to the subcommittee on how simulation modeling could be used to engage decision-makers on the value and benefit of Healthy People 2030. Modeling helps bring a systems perspective to the discussion and emphasizes the potential impact on health measures. Some examples Dr. Lee provided are system models created for the H1N1 influenza and the virtual population obesity prevention model. Some key takeaways from Dr. Lee's presentation include that models can be built with various levels of complexity, but time and costs are associated with model building.

Dr. Halverson shifted the presentation to focus on important considerations the subcommittee plans to discuss at upcoming meetings. Overall, the subcommittee needs to be proactive in reaching out to key stakeholders in the development of measures rather than completing work and then asking for feedback through public reaction sessions. Engaging non-traditional sectors will require specific strategies and budgets for successful outreach and for gathering input. Dr. Halverson also noted that reverting to traditional modes of engagement will most likely lead to advocacy positions in favor of maintaining the current state of Healthy People. Additionally, Dr. Halverson acknowledged that the subcommittee recognizes their internal perspective may not be as diverse as the perspectives they are seeking.

The Stakeholder Engagement and Communication Subcommittee identified this list of next steps:

- Develop a new list of potential audiences for Healthy People 2030 and develop an approach to engage them
- Actively seek the opinions of key constituents in the development process and consider focus groups among leadership of potential partners
- Be especially mindful to engage state and local health officials who use Healthy People objectives in their goal setting

Committee Discussion

The Committee discussed the best way to engage with other sectors (e.g., housing, education, transportation) as well as individuals who experience health disparities and are impacted by policies in these areas. Dr. Halverson agreed that the subcommittee would like to engage these individuals in particular, but it is difficult to achieve. The subcommittee is open to suggestions to determine the best way to promote community engagement.

Dr. Sondik shared his idea of a science track to incorporate in Healthy People. The track would be designed to focus on real-time impacts and would utilize new data points and sets as they are available. Dr. Halverson agreed that a track along these lines emphasizes the value of modeling and showing the relationship of values.

Dr. Kleinman concluded the discussion by noting the subcommittee should follow up with APHA to ensure their input is included in the public comment period. Dr. Kleinman noted the Committee is looking forward to receiving recommendations from the subcommittee for the September meeting.

Data Subcommittee Update

Dr. Edward Sondik

4:00 p.m. to 4:30 p.m.

Dr. Sondik provided an update on the Data Subcommittee, which has met 3 times since February 2017. The subcommittee members include Dr. Sondik (chair), Dr. Kleinman, Dr. Pronk and Dr. Richmond. The Data subcommittee has a 3-part charge, focused on data needs, data source standards, and reporting. Specifically, the subcommittee charge is:

- **Data needs:** Identify data needs and approaches considering both current and future data capabilities to enable early planning for data sources and strategies tied to the new objectives.
- **Data source standards:** Identify standards for Healthy People 2030 data sources to assure that data quality, representativeness, level of detail, and update frequency will be adequate for monitoring the new objectives.
- **Reporting:** Identify progress reporting requirements and how to assure that the reporting infrastructure will be in place to meet monitoring needs in general and for specific audiences.

The Data Subcommittee has also been focused on innovation for Healthy People 2030. The subcommittee plans to develop recommendations for changes to the fundamental data in Healthy People 2030—for example, in terms of data sources, data quality, and reporting. Additionally, the subcommittee plans to consider how data requirements for the national data in Healthy People 2030 relate to the requirements of local communities and how Healthy People 2030 can help provide more relevant and accurate data to the community. Other items that the Data Subcommittee will consider are the need for summary measures of health and well-being to enable assessment of overall progress as well as what types of sources of health data will be available in the future.

Dr. Sondik then presented draft recommendations under consideration by the subcommittee.

Recommendation #1

Data Flow: The subcommittee recommends the use of a diagram to outline the flow and uses of data as a complement to a Healthy People 2030 logic model.

This recommendation was developed based on the diagram created by the Data Subcommittee to show the relationship between data and aspects of Healthy People and how data influences all components of Healthy People. The Data Subcommittee recommends that the Committee use this diagram, paired with other diagrams, to develop data-driven statements to guide action. The diagram also emphasizes the complexity of Healthy People.

Recommendation #2

Data Timeliness: The Data Subcommittee recommends focus be on timeliness of the data provided via the online database found at HealthyPeople.gov.

There are 2 major reports of progress of Healthy People, the Midcourse Review and the Final Review, but much more information could be developed from the database. Therefore, updating the online database more frequently is important.

Recommendation #3

Reliability: The subcommittee recommends that the online data should report data source accuracy to assure its reliability.

The subcommittee also recommends that Healthy People be more forthcoming on the reliability of data sources used.

Dr. Sondik then reviewed some of the options the subcommittee has been considering when it comes to data recommendations. For example, the subcommittee has discussed whether to recommend that all objectives must have a minimum number of data points to be included in Healthy People. Healthy People 2020 requires 2 data points; the subcommittee has been considering a requirement of 3 data points. However, the subcommittee also has to consider that increasing the minimum number of data points to 3 or more, in order to show a reliable trend, might eliminate several objectives.

The subcommittee has also considered the potential for other non-governmental organizations to be involved in the assessment of progress (e.g., the Midcourse Review) and assess objectives relevant to their organization and stakeholders. For example, NCHS could provide a limited version of the Midcourse Review, but other organizations could provide additional information in areas of interest to them. However, if reports and analyses conducted by other organizations did not meet Healthy People standards, this could negatively impact the credibility of Healthy People 2030.

A number of other issues have been discussed by the subcommittee:

- Potential role for summary measures of population health in Healthy People 2030 and different summary measures (although summary measures can be influenced by more factors than just Healthy People objectives, so changes in summary measures may not be attributed to Healthy People)
- Potential role of content syndication as a means for disseminating data in a timelier manner
- Frequency of website database updates and continuous updates vs. periodic reports (i.e., the Midcourse Review)
- Whether data should be analyzed for and disseminated to different groups (e.g., broken down by race, age, sex, geography, urban, rural, etc.)
- Support of researchers and program evaluators to carry out analyses (possible small grants)
- Identification of questions for stakeholders on data uses and needs

The Data Subcommittee has the following next steps:

- Develop questions around Healthy People data needs and uses to seek stakeholder input
- Suggest potential summary measures of health and well-being
- Convene a meeting of experts to discuss potential summary measures

Committee Discussion

Dr. Goekler asked whether the subcommittee has considered accessing non-governmental data sources, such as data collected by health plans or on smartphones. While it is not collected by the government, this data is typically more real time. Dr. Sondik noted the subcommittee has discussed it briefly, but the main challenge with utilizing other data sources is how to make them credible. The subcommittee has been discussing the possibility of integrating non-federal data into Healthy People and this is something they need to continue to consider as they develop their recommendations.

Dr. Fielding asked if there was any benefit in presenting Healthy People 2030 as an app and if that was a way users would want to access the data. Dr. Sondik noted this could be a possibility, although he thought that the Healthy People database was pretty complete and easy to use. It would be helpful to have more information about how the data is accessed and used.

Dr. Richmond asked if there was data available that would enable Healthy People to better address SDOH (e.g., socioeconomic status). These types of data could provide a way to address SDOH in a more concrete way. Dr. Sondik agreed that this would be important, but noted there are challenges to looking at data from various sources and doing that type of analysis. The subcommittee will consider this area as they develop their recommendations.

Dr. Gómez added that it may also be helpful for the Data Subcommittee to review methodologies for measurement used in other areas beyond traditional public health. There may be innovative approaches that could be useful for Healthy People.

The subcommittee will consider this feedback as they develop their recommendations to present at the September meeting.

Meeting Summary: Recommendations, Action Items, and Next Steps

Dr. Dushanka Kleinman

4:30 p.m. to 4:45 p.m.

Dr. Kleinman thanked the subcommittees for all of their work and reviewed the next steps ahead of the September meeting. The co-chairs intend to finalize the framework (part 2) developed by the Approaches Subcommittee at the September meeting. They have requested input from several subcommittees (Prioritization and Objective Selection Criteria, Stakeholder Engagement and Communications, and Data) on the remaining sections of the framework (part 2); those subcommittees need to provide their input prior to September.

The following subcommittees are asked to provide recommendations on the following topics:

- **Prioritization and Objective Selection Criteria Subcommittee:** Healthy People 2030's priorities and scope, the criteria for selecting objectives that highlight priorities, and identification of those that are most salient for national tracking.
- **SDOH and Health Equity Subcommittee:** The role of SDOH and health equity in the priorities and within the scope of Healthy People 2030, and inclusion of cross-cutting themes such as SDOH and health equity.

- **Stakeholder Engagement and Communications Subcommittee:** Engaging stakeholders in development of Healthy People 2030, communicating with stakeholders about public comment, and increasing the value of Healthy People 2030 for stakeholders.
- **Data Subcommittee:** Increasing data timeliness and dissemination.

Dr. Richmond clarified that for next steps the Approaches Subcommittee will be reviewing language for the “Objective Selection,” “Stakeholders,” and “The Future” sections of the HP2030 framework and will also be reviewing the public comments at the close of the public comment period, which ends at the end of September. Dr. Kleinman confirmed this and noted that they will revisit the framework at a later date based on the public comments received.

Dr. Kleinman raised 2 additional areas for future work, including a subcommittee on the Leading Health Indicators (LHIs) and the development of briefs focused on definitions and scientific or programmatic updates for foundational Healthy People 2030 topics.

Dr. Kleinman noted that the Committee will need to form a LHI Subcommittee to make recommendations on the LHIs and related criteria for Healthy People 2030. Dr. Kleinman and Dr. Pronk suggested forming the subcommittee now to provide sufficient time for deliberations. The co-chairs felt it would be better to form a new subcommittee to address this piece of their charge rather than including work on the LHIs under one of the existing subcommittees.

There was discussion about the appropriate timing for the LHI Subcommittee to begin. Several Committee members felt it would be better to wait until more of the initial work has been completed by the other subcommittees, as their work will inform the LHI Subcommittee. For example, it would be helpful to have more information about the overall structure of Healthy People 2030 before making recommendations on the LHIs.

Given the work that will be completed for the September meeting, Dr. Kleinman suggested that the LHI Subcommittee is formed then and begins their work in the fall, following the September meeting.

Given the topics that have emerged as cross-cutting issues for Healthy People 2030, the co-chairs proposed the development of brief papers (3–4 pages) that provide definitions and content around these important, cross-cutting issues. Examples of these issues are health equity, well-being, health literacy, and law and policy. The resulting papers would serve as a reference and resource for the Committee as they work to develop HP2030. The co-chairs envisioned a quick turnaround, developing draft briefs within the next few months.

Several Committee members expressed interest in particular topics (Dr. Gómez in health equity, Mr. Teitelbaum in law and policy). Dr. Fielding thought the briefs were a good idea but raised a few questions and concerns. He had concerns about the short timeline for development and also ensuring that the products had a similar structure and format and read like a set of cohesive documents.

Dr. Pronk suggested the co-chairs develop a proposed outline and structure for the briefs and identify some preliminary assignments based on Committee members’ interest and expertise. The outline will be shared with the Committee for additional input and feedback. Given the discussion, the co-chairs also

agreed that additional time may be needed, although they want the resources to be available as the Committee continues to finalize their recommendations.

Dr. Kleinman and Dr. Pronk thanked the Committee members for their hard work and the speakers for their excellent presentations. Dr. Kleinman added that the online public comment period is open through September 29, 2017 and encouraged the webcast attendees to provide comments on the proposed Healthy People 2030 framework. The next meeting of the Committee will be September 6–7, 2017 in Washington, DC.

Meeting Adjourned

4:50 p.m.