Updated October 2019

Healthy People 2030: 2019 Advisory Committee Meeting Summaries

Meetings of the Healthy People 2030 Advisory Committee were broadcast but not open to public participation. Full meeting materials, including detailed summaries and presentations, are available at HealthyPeople.gov. This summary document was originally created to provide an update to members of Montana's State Health Improvement Coalition on the progress of this federal initiative.

October 2, 2019

The purpose of this meeting was to review and vote on additional recommendations from the data subcommittee.

The following recommendations were adopted and sent on to the US HHS:

1. Increase resources from US HHS entities to provide guidance to tribal, state, territorial, and local entities so that each level can assess how HP 2030 can be addressed most effectively. Examples included enhancing sampling of national surveys and designing data standards and surveys that can be distributed and used at all levels.
2. Establish a data guidance group to identify major tribal, state, territorial, and local data needs.
3. Establish a data partnership network and an associated infrastructure to enable those developing and analyzing data at all levels to share data and expertise in support of HP 2030. This network would involve six key steps: 1) refine the network concept, 2) suggest data partnership network members, 3) consider key criteria and operating principles, 4) review examples of data-related partnerships, 5) consider additional examples from data entities, health data organizations, and applications similar to Healthy People, and 6) establish a funding mechanism to ensure the effort is adequately resourced.
4. Create a Healthy People data partnership learning collaborative to place Healthy People stakeholders at the forefront and include models like Health Information Exchanges, insurance companies, and others to include conversations about health and social service data.

Comments from the committee included:

- The need to incorporate data sources from sectors beyond health care and public health, such as housing
- The need to include climate change-related data in the conversation, particularly at the local level. Data could include information from sectors involving land use and building regulations beyond health.
- Schools of Public Health and Medical Schools have a role to play in data collection, analysis, and interpretation, and that role should be clearly defined and communicated to support their efforts.

June 26, 2019

The purpose of this meeting was to continue the discussion of recommendations for the graphics subcommittee and prioritize recommendations approved during the March 2019 meeting.

There will be both a static and interactive graphic incorporating the following concepts:

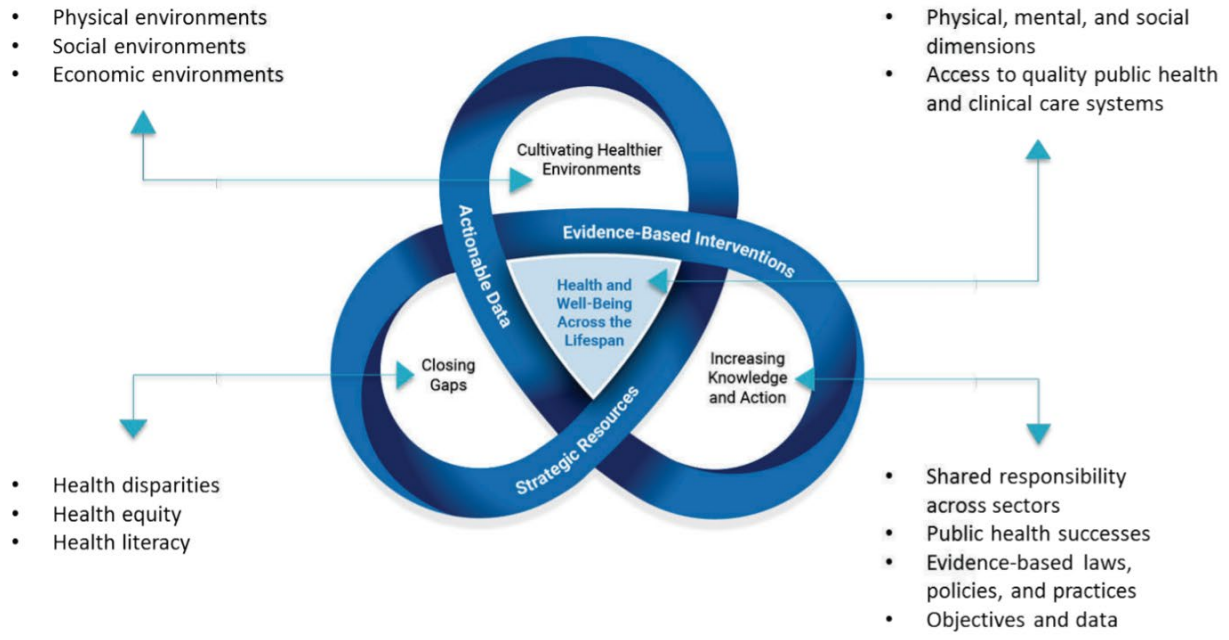
- Closing Gaps: health disparities. health equity, and health literacy

- Cultivating Healthier Environments: physical environments, social environments, economic environments
- Increasing Knowledge and Action: shared responsibility across sectors (previously shared responsibility across sectors, including public health and health care), public health successes (previously outcomes data and public health successes), evidence-based laws, policies, and practices (previously support for evidence-based laws, policies, programs, and clinical interventions), objectives and data (previously national objectives and data to drive targeted action and evaluate progress)
- Health and Well-Being Across the Lifespan: physical, mental, and social dimensions (previously Physical, mental, and social dimensions), access to quality public health and clinical care systems (previously access to quality clinical care)

The interactive graphic will be housed on a website that will allow users to explore the concepts of the framework and how they can contribute to closing gaps in the topic area by addressing health literacy, achieving health equity, and eliminating health disparities.

There was some conversation about the exact wording among committee members. While they voted to approve the graphic, it was not unanimous. The discussion was primarily about the terminology of "across sectors" versus "across settings," feeling like the two convey different meanings to stakeholders.

Draft static graphic:



March 27, 2019

The purpose of this meeting was to finalize recommendations on data, the strategies for implementing HP 2030, and graphics

- The US HHS is reviewing the advisory committee's recommendations for the proposed HP 2030 objectives in addition to the almost 5,000 public comments that were submitted

- (*A summary of these recommendations were emailed to the State Health Improvement Coalition on Feb 27, 2019*)

Data Subcommittee:

The data subcommittee was tasked with considering how HP could assist states, tribes, and communities in their use of data to achieve HP 2030 objectives. The subcommittee made the following 5 recommendations:

1. Develop a data partnership infrastructure for HP 2030 beginning with the launch, or earlier. Examples of data sources and new tools that can be leveraged include state-level open data portals, community data dashboards, USALEEP (neighborhood life expectancy), and FoodNet (foodborne illnesses)
2. Offer guidance on data collection and analysis to the HP 2030 community at launch on sources of data, assessing data quality and representativeness, relating subnational to national data sources, and assess progress by combining various data sources. The committee voted to extend the guidance to making data more "easily digestible" to the public.
3. Release information through strategic outreach to partners with large networks (health insurance, business, professional, and educational coalitions) at national, state, tribal, and community levels. The committee voted to include a call to action to help partners encourage their networks to take active steps to participate.
4. Develop case examples of data analyses that focus on specific themes like equity, summary measures, and other topics as a resource
5. Create a framework for summarizing objectives and data availability (see the Arkansas Chronic Disease Framework for Action, starting on page F5, as an example)

Discussion around the five recommendations included: 1) considering how to address evolving data sources over the course of a decade (allowing for objectives to shift as needed, utilizing social media data, etc), 2) providing enough guidelines for states to work on similar, if not the exact same, objectives, because that will still lead to national improvements, and 3) defining an understanding of surveillance data as an issue of health literacy, since people need to be able to interpret surveillance data in order to learn more fully about health issues in their communities.

Implementation Subcommittee:

This subcommittee was tasked to provide guidance on how to launch HP 2030. They've developed the following timeline:

1. Pre-launch (May 2019 to January 2020)
2. Launch (January 2020 to March 2020)
3. Post-launch (March 2020-Midcourse review)

Their recommendations for each of their three stages is attached to this email. The discussion around the implementation recommendations included: 1) focusing on the website as the main tool for where people will find information, 2) developing a matrix that explains which types of agencies or individuals would be best primary implementers or supportive actors for each stage of implementation and how they could help, 3) ensuring that accessibility (ADA compliance) is considered when collecting tools and resources for implementation, and 4) emphasizing the importance of local governments and communities in improving health outcomes. The committee

made edits to the recommendations such as switching the word “medical” care with the word “health” care and provided specific examples of ways to engage tribes.

Graphics Subcommittee:

This subcommittee is working with CommunicateHealth to develop the framework graphic for the launch of HP 2030 (see the attached screenshot). The graphic will demonstrate the main components of the HP 2030 framework and provide interactive elements for users to “drill down” for more information. The HP 2030 framework top-level (and sub-level) components are as follows:

1. Closing gaps (health disparities, health equity, and health literacy)
2. Creating healthier environments (physical, environmental, social, climate resilience, disaster preparedness, and violence prevention)
3. Increasing knowledge and action (shared responsibility across sectors, outcomes data and public health successes, support for evidence-based laws and policies, and national objectives and data)
4. Health and well-being across the lifespan (emotional and spiritual well-being, access to quality clinical care, and strategic resource allocation)

The committee discussed 1) disagreement on the inclusion of spiritual well-being, 2) how to best include a concept related to controlling health care costs, and 3) changing “creating” healthier environments to “cultivating” healthier environments.

February 26, 2019

The public comment period that was open from December 2018 to January 2019 saw over 5,000 individual comments submitted for review. They are working their way through those and were excited by how many people engaged in the process.

355 objectives are currently proposed for HP2030 (down from >1,200). The main findings from the subcommittee included the following:

- The objectives are primarily focused on morbidity and mortality, and insufficient focus is given to health and well-being, health equity/health literacy, upstream and structural social determinants of health, public health infrastructure, emergency preparedness, and vulnerable populations. More objectives should be added to include well-being across lifespan.
- While these objectives will move the health and well-being of the nation forward, the majority focus on prevalence instead of incidence. Also, the objectives do not adequately address the mechanisms or underlying processes needed to help achieve the targets.
- 30% of the 355 objectives would overtly address health equity, but only one addresses structural and systematic discrimination, and it only addresses the LGBT community. Other vulnerable populations are not included.
- The subcommittee is concerned about the removal of the health-related quality of life and well-being topic from HP 2030—these were concepts infused into the framework for the development of HP 2030 and they consider this an oversight.
- Law- and policy-focused objectives are focused on tobacco and environmental toxins. Other topics should also have objectives related to law and policy.

The committee formulated 8 major recommendations. The wording of these recommendations was the main focus of discussion for the meeting, and they are being finalized based on the feedback they received. They are essentially the following:

1. Add cross-cutting objectives that explicitly address upstream determinants of health and well-being, health promotion, health equity, health literacy, public health infrastructure, and emergency preparedness.
2. Add cross-cutting objectives that directly address structural and systematic prejudice and discrimination throw law, policy, and organizational practices.
3. Provide increased focus on disease incidence because of the importance of prevention.
4. Link objectives with information about risks, causes, and protective factors with evidence-based practices applicable to varied settings in many sectors.
5. Provide narrative that guides stakeholders in building on strengths and assets to reduce continued disparities and inequities.
6. The implementation strategy should be thoughtfully designed with stakeholder engagement in mind by providing resources on how to adopt and adapt objectives to be relevant to local needs, provide tools to facilitate adaptation, and present interventions and approaches that can contribute to achieving the objectives.
7. Add high priority objectives that will allow comparison of health and well-being in the US to that of other OECD nations, or recast existing objectives to facilitate such comparison.
8. Create a systematic and regular process to assess progress in meeting the overarching goals outlined in the framework for HP 2030.