

**Secretary's Advisory Committee on  
National Health Promotion and Disease Prevention Objectives for 2030  
8th Meeting: Wednesday, February 28, 2018, 2:00 p.m. to 5:00 p.m. ET, via webinar**

**Co-Chairs**

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

**Chair Emeritus**

- Jonathan Fielding, MD, MPH, MBA, MA

**Members**

- Susan F. Goekler, PhD, MCHES
- Cynthia A. Gómez, PhD
- 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 Approved by Vote

The Committee unanimously voted to approve the following recommendations.

**Recommendation 2:** Data collection should occur annually.

**Recommendation 6:** Community-level information should be used together with national, state, and tribal data to enable accountability, surveillance, and decision-making. This community-level information (e.g., numerical data, observations that community members are making about progress or barriers) should be updated frequently (e.g., every quarter).

Action Items

1. Subcommittees will continue to work on the issue-specific briefs.
2. The Data Subcommittee will develop recommendations on target-setting methodology.
3. The Leading Health Indicators (LHI) Subcommittee will develop recommendations on selection of the LHIs.
4. CommunicateHealth will continue to develop graphic materials for Healthy People 2030.

Welcome

2:00 p.m. to 2:04 p.m.

Dr. Don Wright thanked the Committee members and meeting attendees for joining the 8th meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. Dr. Wright reviewed the agenda for the meeting, which included discussions regarding setting

targets for Healthy People 2030, data requirements, LHIs, the production of a suite of materials to communicate Healthy People 2030, and the development of issue-specific briefs addressing law and policy, health equity, and systems science.

Dr. Wright thanked the Committee for its 2nd report with recommendations regarding the identification of priorities, selection of objectives, data requirements, integration of social determinants of health and health equity, engagement of broad multi-sectoral stakeholders, and the Healthy People 2030 framework, which was revised following public comment. He noted that the report will be posted to HealthyPeople.gov in the immediate future.

Dr. Brett Giroir was sworn in as Assistant Secretary for Health at the Department of Health and Human Services (HHS) on February 15, 2018, and plans to join the Committee's planned in-person meeting on September 6 and 7, 2018.

HHS agencies will begin submitting their proposals for Healthy People 2030 objectives in June 2018. Public comment on the proposed Healthy People 2030 objectives is anticipated to occur in October of 2018.

## Goals for the Meeting

2:04 p.m. to 2:06 p.m.

Dr. Nico Pronk provided an overview of the goals for the meeting. The Committee will receive presentations from the Data Subcommittee, the LHI Subcommittee, and subcommittees developing briefs on a variety of topics, including law and policy, health equity, and systems science. In addition, CommunicateHealth will present on the development of a suite of materials that will communicate Healthy People 2030 to stakeholders.

Dr. Pronk described the following goals for the meeting:

- Consider the recommendations from the Data Subcommittee
- Develop recommendations regarding target setting for Healthy People 2030 objectives
- Explore issues regarding the recommendations for selecting LHIs
- Provide additional guidance regarding the development of materials to communicate to stakeholders the role, purpose, and value of Healthy People 2030
- Provide feedback to the subcommittees that are developing issue-specific briefs

## Data Subcommittee

2:06 p.m. to 2:56 p.m.

Dr. Edward Sondik reviewed the charge of the Data Subcommittee, which is to develop recommendations regarding the data core (data needs, data source standards, and progress reporting) and innovation related to data (changes in data sources, analysis, and reporting; community data; summary measures; and the future of health data).

Dr. Sondik introduced the data model, intended to show the relative influence and relationships between data and the activities and components of the Healthy People initiative. The data diagram is paired with a description of each of the components of the diagram, as well as a description of the influence and relationships between the components. Dr. Sondik noted that the diagram is useful to describe the role of data and prompts a focus on relationships not previously considered by the Healthy People initiative, such as community programs and data use. Community programs are essential in achieving Healthy People 2030 targets, and Dr. Sondik noted the importance of considering what information community stakeholders need when making decisions. Dr. Sondik requested feedback from Committee members on the data diagram.

Dr. Sondik reviewed the Data Subcommittee's 6 recommendations, 4 of which have been approved previously. Recommendations 2 and 6 have not yet been approved; both relate to when data should be collected.

**Recommendation 2: Data collection should occur annually.**

Dr. Sondik explained that more frequent data collection provides more opportunities to evaluate progress toward Healthy People targets and make any changes as necessary. He noted that not all of the data included in Healthy People 2020 is collected annually and recognized that collecting annually is difficult, but added that frequent data collection is important to enable program changes, especially earlier in the decade.

**Recommendation 6: Community-level information should be used together with national, state, and tribal data to enable accountability, surveillance, and decision-making. This community-level information (e.g., numerical data, observations that community members are making about progress or barriers) should be updated frequently (e.g., every quarter).**

Dr. Sondik emphasized the use of a wide range of community-level information, as communities should consider more than survey data when considering progress or barriers. The Data Subcommittee has recommended that communities assess progress quarterly in order to reassess decisions, measure progress, and address any barriers.

*Committee Discussion*

Dr. Susan Goekler noted that the Prioritization and Objective Selection Criteria Subcommittee report included a recommendation for developing objectives, which includes the Data Subcommittee's Recommendation 2 as if it were already adopted. Dr. Goekler clarified that the Committee had not yet voted on this recommendation. She also noted that the Committee had previously discussed requiring 3 data points within the decade for objectives to be included in Healthy People 2030, with a preference for annual data collection. However, she noted that in some instances (e.g., for objectives relying on the Youth Risk Behavior Survey), annual data collection would be difficult; Dr. Cynthia Gómez shared this concern. Dr. Goekler asked if the recommendation is an ideal, or whether objectives that do not have annual data collection should not be considered for inclusion in Healthy People 2030. Dr. Sondik clarified that the Data Subcommittee intended to recommend annual data collection as an ideal, rather than a requirement; the subcommittee felt it was important for Healthy People to encourage annual data collection when possible. Dr. Nirav Shah added that Recommendation 6 will provide an opportunity for data owners to encourage more frequent data collection from stakeholders because there is a strong recommendation from Healthy People. Dr. Paul Halverson agreed and added that state health

departments often only collect data every 3 to 5 years. He suggested that it is better to have preliminary data than perfect data that is not actionable. Dr. Sondik noted that the Committee's comments capture the Data Subcommittee's intent when using the word "should" in Recommendation 2. Dr. Goekler encouraged keeping the word "should" and suggested developing a narrative to note that quarterly collection of information is desired but not required, so as not to become burdensome.

Dr. Pronk noted that the Prioritization and Objective Selection Criteria Subcommittee's recommendation that objectives could be classified in different ways depending on data availability is related to the work and recommendations of the Data Subcommittee. The Prioritization and Objective Selection Criteria Subcommittee recommended that core objectives must have a baseline data point as well as at least 1 other point in the decade; developmental objectives do not meet the standards for a core objective but are associated with effective interventions and a baseline data point should be created; and research objectives are high-priority objectives that are not associated with effective interventions and may not have specific baseline data available.

In reference to Recommendation 6, Dr. Sondik noted that incorporating community-level data is one of the major challenges in Healthy People. This includes gathering the information, in addition to the processing, interpretation, and dissemination of data. Dr. Goekler shared his concern of burden, as communities often do not have evaluators due to financial constraints, and requiring quarterly reviews of data might detract from their community programs.

Dr. Gómez supported Recommendation 6, noting that many community organizations have become more willing and able to collect information, and added that the recommendation emphasizes the importance of engagement. She noted that local communities are already trying to do this, and including this as a recommendation empowers them to bring that information forward to those who are making policy decisions. Dr. Jonathan Fielding noted that data collection and reporting are important for communities to increase their accountability.

Dr. Dushanka Kleinman noted that the data graphic shows where data come from, including local data sources which can be used to enhance national data partnerships. The incorporation of local data sources may generate new ways of determining progress on Healthy People objectives. Recommendation 6 highlights this part of the data graphic that has traditionally not been included in data discussions.

Dr. Therese Richmond viewed Recommendation 6 as empowering to communities, as they can take ownership over their own data and decision-making progress. Dr. Gómez commented that technology and data analytics will have improved by 2030, so some of the burden on communities may be lifted. Dr. Mary Pittman agreed, and expects that by 2030 there will be a vast array of data available in real time, in addition to new sources of data that will be able to be combined with national and state data.

#### *Committee Vote*

The committee approved **Recommendation 2** and **Recommendation 6** by unanimous vote.

#### *Introduction to Target Setting*

Dr. Sondik described the history of target-setting methods for Healthy People. Setting specific health objectives with quantifiable targets is at the core of Healthy People; the targets reflect political or policy considerations and are not strictly statistical constructs. There are several methods for setting targets, including expert opinion, standards (such as better than the best or 10% improvement), projection or trend analysis, extrapolation or generalization from intervention studies (modeling), and others. In Healthy People 1990, targets were set primarily by expert opinion, and 32% of measurable objectives met their target. In Healthy People 2000, targets were set primarily by expert opinion, with greater change for high-risk subgroups, and 21% of measurable objectives met their target. One Healthy People 2010 overarching goal was to eliminate disparities, so Healthy People developed Better than the Best (BTTB) target-setting methodology, where a single target for all subgroups (except age) was chosen by expert opinion. 23% of the Healthy People 2010 objectives' targets were met at the end of the decade.

In Healthy People 2020, target setting:

- Emphasized evidence-based modeling/projection/trend analysis as the preferred method
- Aimed to be more systematic and consistent across objectives
- Aimed for greater success than in the previous decades
- Adopted a standard default (10% improvement) to be used otherwise
- More than 50% of objectives used the standard default

Dr. Sondik summarized Healthy People 2020 target-setting methods as well as the percent of targets met as of January 2018. He compared different target-setting methods, and their potential pros and cons. He noted that evidence- and science-based methods are resource intensive and used infrequently. (Less than 8% of objectives in Healthy People 2020 use evidence- or science-based methods). Healthy People 2020 used 10 different methods to set targets, but most of the objectives used the 10% standard default. He added that fewer objectives might allow for a greater proportion of science-based targets.

#### *Committee Discussion*

Dr. Fielding preferred the evidence- or science-based methods for target setting, rather than providing a default target. He recommended including an incentive for using science-based methods for target setting. He added that where possible, there should be targets for subpopulations that might have poorer outcomes. Dr. Sondik noted that 36% of the Healthy People 2020 targets set through the 10% improvement method have been met by 2018. He wondered how many of the objectives would have met their target if a different approach had been used (e.g., if targets were set using a science-based approach). If the goal is to meet more targets, the targets could be set using a 5% improvement method. He noted that although the incorporation of a science-based approach for identifying objectives and setting targets is important to the Healthy People initiative, only a few objectives have set targets using an evidence-based approach.

Dr. Fielding hopes that more Healthy People 2030 objectives will use modeling as a target-setting method. Dr. Sondik suggested that a smaller pool of objectives might make it possible to convene expert groups that can link the literature and evidence for change to identify appropriate targets for objectives. Dr. Fielding suggested another possible target-setting method could set goals based on other high-income nations. Dr. Sondik replied that the Summary Measures Brief Subcommittee has discussed comparisons to other countries in relation to the use of summary measures.

## Leading Health Indicators (LHI) Subcommittee

2:56 p.m. to 3:35 p.m.

Dr. Richmond presented an update on behalf of the LHI subcommittee. The charge of the LHI Subcommittee is to provide advice regarding the selection of LHIs for Healthy People 2030. This guidance includes considerations related to the Healthy People 2030 framework, recommendations from other subcommittees, definitions and recommendations for LHIs, and how LHIs can help achieve the Healthy People mission.

Dr. Richmond described the questions guiding the LHI Subcommittee discussion related to the purpose of LHIs; whether LHIs should focus on factors that precede changes in health and well-being; the data implications of these questions; the stakeholder and end-user implications if LHIs were changed; and the underlying principles for LHIs that will inform the criteria selection.

She then presented the historical context of LHIs and key points from Healthy People 2020. LHIs have evolved over the years and have become an important part of communicating key Healthy People messages, in terms of both progress and disparities. They reflect key disease prevention and health promotion issues using important national data sources. Healthy People 2000 contained sentinel objectives, which were a subset of the HP2000 objectives developed to represent the scope and magnitude of Healthy People 2000; sentinel objectives included at least 1 objective from each of the 22 priority areas. In Healthy People 2010, LHIs were developed as a subset of Healthy People 2010 objectives reflecting major public health concerns, and were chosen on the basis of their ability to motivate action, the availability of data to measure their progress, and their relevance as broad public health issues. Healthy People 2020 LHIs were a subset of the Healthy People 2020 objectives selected to communicate high-priority health issues and actions that can be taken to address them. Healthy People 2010 contained 10 topic areas and 22 LHIs, with 969 total objectives. In Healthy People 2020, there were 12 topic areas and 26 LHIs, with more than 1,200 objectives.

Dr. Richmond presented about the development of the Healthy People 2020 LHIs and the Institute of Medicine (IOM) Committee's recommendations for LHI development. The IOM Committee developed a report, *Leading Health Indicators for Healthy People 2020*,<sup>1</sup> which recommended 12 topic areas and 24 indicators.

The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 (2020 Committee) recommended 14 LHIs, each with associated objectives, and recommended that each LHI objective should be analyzed for health disparities and age. They also recommended that HHS develop multi-measure health indices, which should be broader than issue-specific measures. The 12 2020 Committee-recommended LHI topics include a mix of specific health status outcomes and more upstream drivers of health:

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality

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<sup>1</sup> <https://www.nap.edu/resource/13088/Leading-Health-Indicators-2011-Report-Brief.pdf>

- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco

Dr. Richmond presented the current status of the Healthy People 2020 assessable objectives and LHIs, noting that 5 LHIs have met their targets, 9 are improving, 6 had little or no detectable change, and 4 are getting worse.

In 2015, National Opinion Research Center (NORC) conducted a study to understand the uses and users of Healthy People 2020. Findings from this study show that 76% of respondents were aware of the LHIs, and among those who were aware, 74% indicated they use the LHIs.

Dr. Richmond also presented the general criteria the LHI Subcommittee may consider and highlighted some key points extracted from subcommittee discussions:

- The LHIs should be grounded in the Healthy People 2030 framework's Foundational Principles.
- The LHIs should capture not just health but also well-being.
- One issue raised in the LHI Subcommittee was whether each Foundational Principle should be turned into a criterion for selecting the LHIs.
- Other criteria that were discussed for selecting the LHIs included the following: whether current evidence is available, measurable, and actionable; whether it must be possible to measure the LHI topic annually; whether a LHI needs to demonstrate a known impact (effect size); and whether the LHI affects a substantial proportion of population, addresses the lifespan, and focuses on disparities (i.e., if the LHI is getting better but disparities are getting worse, move the potential LHI to a higher priority for selection).
- Furthermore, there was a consensus that the development of the LHIs should keep stakeholders and end-users at the forefront to ensure stakeholders understand the LHIs and their relevance and that the LHIs are easily accessible.
- The LHIs should consider a balance of upstream determinants (structural, behavioral) and health status (immediate impact vs. chronic disease).

She provided a reminder about the Healthy People 2030 framework's Foundational Principles, which address social, physical, and economic environments, and suggested that LHIs should capture not just health but also well-being.

Dr. Richmond also summarized the LHI Subcommittee deliberations, noting that they would like to hear feedback on the criteria from the full Committee. The overall sentiment of the LHI Subcommittee is that they will recommend maintaining the LHI label since the terminology is well known. The subcommittee also discussed whether LHIs should focus on "leading" or "indicators," as well as whether LHIs can or

should be directly measured. In addition, the subcommittee discussed whether there is value in the comparison of LHIs, for example comparing to other nations. They also discussed the impact of social determinants of health and implications when thinking about LHIs in terms of the changing world.

#### *Committee Discussion*

Dr. Fielding asked about some of the most important lessons learned from past LHIs. Dr. Richmond noted that the focus on having clear and easily understandable data has been important, as well as the focus on disparities. The Committee also discussed the importance of including other sectors in the development of LHIs and in the development of Healthy People 2030, particularly those sectors not typically associated with health. The Committee noted that it is important to engage non-health sectors, and specifically to find ways to show them their impact on health. Dr. Goekler noted that in order for Healthy People 2030 to be successful, it is critical to include other sectors in a way that is inclusive and that addresses their priorities and language, without solely focusing on health language and health impacts. Dr. Richmond added that the Federal Interagency Workgroup (FIW) has worked diligently to build bridges between different sectors and agencies, particularly among those with data who might not consider themselves as typically included in the health sector. Dr. Kleinman added that other sectors and partners may be more receptive to language about improving well-being rather than health, and that their data sources could be viewed through this lens. The Committee thinks this issue of engaging non-health sectors is critical and will continue to think about a recommendation for how to move this forward.

Dr. Gómez began a discussion about disparities and health inequalities, noting that inequalities should be looked at in terms of their relation to social strata and social position, rather than comparing different population groups to each other to determine the healthiest group. She suggested looking at LHIs in socioeconomic terms, which could help with the implementation of new interventions. Instead of looking at population demographics, it could be useful to think about income as it relates to health outcomes.

The Committee discussed whether objectives need to be measurable. Dr. Pronk explained that not every objective is measurable, but that LHIs should have a measurable objective. He added that developmental objectives would not be used as LHIs, for example. Since the main benefit of LHIs are that they are a limited set of measures that people are aware of, there is greater opportunity and benefit if they are measurable.

Dr. Pronk noted that the subcommittee will continue their deliberations and will present recommendations during the next Committee meeting on May 14, 2018.

#### Suite of Materials to Communicate Healthy People 2030

3:35 p.m. to 4:06 p.m.

Over the past year, CommunicateHealth has worked with the Logic Model Subcommittee to plan and design a suite of materials to communicate Healthy People 2030. During their presentation, CommunicateHealth will reflect progress to date for each product, including defined audiences, purpose, uses, main messages, and key concepts.



When the Logic Model Subcommittee last presented to the Committee on September 6, 2017, they were in the *Define* and *Discover* phases of product development. Since then, CommunicateHealth has conducted public comment and a listening session in Atlanta, and has proposed the audiences, purpose, uses, main messages, and key concepts for each product in a draft model product brief. The Logic Model Subcommittee is currently in the *Create* phase of product development.

Ms. Katie Cheung (CommunicateHealth) provided an overview of the 3 proposed products:

- **Static overview graphic** to capture main components
- **Interactive graphic** to expand on the overview graphic and elaborate on what each component means for users
- **Video** to illustrate Healthy People 2030 in action with a real-world example

The subcommittee has also discussed ways in which each product will be used. The overview graphic will be used in web and social media, slide deck presentations, and print; the interactive graphic will be used on web and social media only; and the video will be used in web and social media as well as in slide deck presentations.

#### *Overview Graphic*

The purpose of the overview graphic is to provide a high-level visual overview of the “**what**” of Healthy People 2030. The overview graphic will build a shared understanding of basic public health concepts, and will capture key words and phrases from the Healthy People 2030 framework rather than full elements. The overview graphic will also serve to introduce the interactive graphic.

The target audiences of the overview graphic include public health professionals, non-public health sector professionals, and government staff. Dr. Shiriki Kumanyika added that non-public health sector professionals also includes medical care professionals, who may not have a public health perspective on health and well-being. Ms. Cheung noted that users may not be familiar with public health concepts.

The main message of the overview graphic is that health and well-being are founded on health equity, health literacy, and healthy social, physical, and economic environments.

The key concepts to be included in the overview graphic are:

- Health equity
- Health literacy
- Social environments
- Physical environments
- Economic environments
- Shared responsibility across sectors
- Health and well-being across the lifespan

These concepts will be presented further in the interactive graphic. Ms. Cheung recommended highlighting 7 or fewer key concepts to avoid overwhelming users.

A potential use case of the overview graphic could involve a public health professional sharing the graphic with a lawmaker who is not familiar with public health concepts. Individuals may use the overview graphic to understand how their work may impact or be impacted by Healthy People 2030.

### *Interactive Graphic*

The interactive graphic will expand on the content in the overview graphic, and explore the “**why**” and “**how**” of Healthy People 2030. It will allow users to drill down to increasing amounts of detail, and will cross-link to relevant topics, objectives, tools, and resources on HealthyPeople.gov. The interactive graphic will serve as an alternative path to browse topic areas and objectives on the site and help users take steps to achieve the Healthy People 2030 goals.

The target audiences of the interactive graphic include public health professionals as well as students, researchers, and academics in health-related fields. Users are more likely to be familiar with public health concepts.

The main message of the interactive graphic is that Healthy People 2030 works to promote and evaluate the Nation’s efforts to achieve a society in which all people reach their full potential for health and well-being across the lifespan.

The key concepts to be included in the interactive graphic are:

- Evidence-based programs
- Healthy People 2030 goals and related objectives
- Decision-making and policy formulation across sectors
- Reporting on progress throughout the decade
- A fully functioning, equitable society

The interactive graphic could be used by a public health professional working in women’s health who is interested in how health disparities relate to her work. She might use the graphic to learn more about how health disparities affect different populations and to browse objectives related to women’s health.

Ms. Cheung provided an example interactive graphic from the Robert Wood Johnson Foundation’s Culture of Health webpage, which similarly allows the user to drill down into related features.

### *Video*

The video will explore the “**how**” of Healthy People 2030 by showing a real-world example of how an organization uses Healthy People 2030 to guide their work. The video will use storytelling to bring the Healthy People 2030 narrative to life.

The video’s target audiences include public health professionals, non-public health sector professionals, and government staff. Again, users may not be familiar with public health concepts.

The video will communicate the message that collective impact and cooperation across sectors are key to achieving the Healthy People 2030 vision.

The key concepts to be included in the video are:

- Cross-sector partnerships
- Scalable and sustainable programs
- Tools to evaluate progress

The video could be used by a public health professional who might share it with a colleague from a non-public health partner organization; they might use the video as a model for how to work together across sectors on a public health initiative.

### *Next Steps*

CommunicateHealth will continue to work with the Logic Model Subcommittee to develop the suite of materials, starting with the design of the overview graphic. CommunicateHealth is also developing the branding for the Healthy People 2030 website, and will apply those broader design elements to these materials as well. CommunicateHealth expects to have a diagram of the overview graphic by the September 6 and 7, 2018 Committee meeting and will present their work to the Committee at that time.

### *Committee Discussion*

Dr. Goekler asked how CommunicateHealth plans to involve the target audiences in pilot testing of the materials. CommunicateHealth follows a user-centered design process, and will connect with the target audiences and potential users to test the products, including whether the main message is coming across. The products will be refined based on user feedback.

Dr. Fielding asked whether the products will be created in multiple languages; at this time, the products will only be created in English. Ms. Sarah Pomerantz (CommunicateHealth) added that the Healthy People website and social media accounts are currently English-only.

Dr. Fielding asked whether a range of age groups (e.g., older people, millennials, parents of young children, adolescents) were being considered as target audiences. Ms. Pomerantz replied that the primary audiences include public health professionals as well as non-public health professionals who are potentially partnering with individuals in the public health sector. The subcommittee has not discussed making the materials understandable, accessible, or useful to the general public.

Dr. Sondik viewed the key concepts for the overview graphic as speaking generally to public health more than to the Healthy People initiative and suggested that the key concepts lack a sense of movement or change. Ms. Pomerantz replied that the fully designed graphic will show relationships between and outcomes of the key concepts. Dr. Kumanyika added that outcomes will be included in the interactive graphic as well. Dr. Kumanyika also suggested that data and tracking progress could be included more prominently in the overview graphic.

Dr. Halverson suggested that the Stakeholder Engagement and Communications Subcommittee could provide valuable input into the target audiences and sectors of these products; Dr. Halverson will join the next Logic Model Subcommittee meeting to provide feedback.

## Updates from Subcommittees Developing Issue-Specific Briefs

4:06 p.m. to 4:07 p.m.

Dr. Kleinman introduced the issue-specific briefs, which the Committee is undertaking in order to define terminology and concepts used in the Healthy People 2030 framework. Dr. Kleinman added that the Committee must approve each brief before it can become a final product.

## Law Subcommittee: Report on the Brief Developed

4:07 p.m. to 4:24 p.m.

Mr. Joel Teitelbaum is leading the development of the Law brief. The brief first discusses why it is important for the Committee to focus on law and policy. Laws and policies are critical in alleviating poor health and creating conditions for good health and well-being. They can also contribute to or exacerbate poor population health. They can both be seen regularly in the public health context, where policies and laws are often interconnected but can have very different purposes. For example, when a law is written to implement a policy decision, it may or may not do so clearly. This can result in the policy not being implemented as intended. Secondly, policies set goals and plan activities, whereas laws put in place the institutional and legal frameworks needed to achieve these goals and activities.

As part of the subcommittee's work, they looked at the historical context of how law and policy has been addressed in Healthy People since the initiative's inception in 1979. The subcommittee found that law and policy have been part of these efforts from the beginning, but their role has been varied. Specific objectives have addressed a range of topics including: toxic agent and radiation control, unintentional injuries, environmental health, immunization and infectious diseases, maternal, infant and child health, and of course, smoking and tobacco use, but the number and specific focus of the objectives included has varied over the decades.

One notable change in Healthy People 2020 is that for the first time policy was mentioned in the mission statement, which includes the desire to *“Engage multiple sectors to take actions to **strengthen policies** and improve practices that are driven by the best available evidence and knowledge.”*

Another notable change was the creation of the Law and Health Policy Project, a collaboration with the Robert Wood Johnson Foundation, the Centers for Disease Prevention and Control (CDC), the CDC Foundation, and the HHS Office of Disease Prevention and Health Promotion (ODPHP). As the project lead, ODPHP works with the FIW and strives to better integrate science-based laws and policies into Healthy People.

The brief also defines law and policy to show their interrelatedness but also their distinctions. A policy is a decision or set of decisions oriented towards a long-term purpose or to a problem. A policy is not in itself a law, but the policy-making process may identify laws that would be needed to implement the policy's goals. A law is an established procedure, standard, or system of rules that must be followed by members of a society. Laws take many forms, such as constitutions, statutes, regulations, and case law (i.e., court decisions). They are shaped by “sub-regulatory guidance” or written guidance that does not

go through the formal rulemaking process. This guidance appears in various forms, such as agency memoranda, letters to state officials, and manuals.

The brief highlights a number of specific ways that laws and policies can influence health and well-being and shape everyday life circumstances, social institutions, and systems, including:

- Direct responses to health-harming social conditions and deficiencies
- Perpetuate social conditions that can be harmful to health and well-being
- Affect health and well-being based on ways in which they are interpreted by the courts

The brief also noted that selective application of laws and policies based on biases can affect distributions of health and well-being, and that laws are hollow in the absence of implementing regulations, funding, and effective enforcement.

Multiple frameworks can be used to consider laws and policies as determinants of health and well-being, such as a health in all policies (HIAP) approach. A HIAP approach recognizes that many health challenges are complex, multi-dimensional, and linked to one another. HIAP relies on a collaborative approach to health improvement that incorporates health considerations into an array of policy decisions. It engages governments and other stakeholders in multi-sectoral efforts to shape the economic, physical, and social environments.

Mr. Teitelbaum presented a number of questions for the Committee to reflect upon over the next few months, including:

- To what degree should law and policy be considered in selecting objectives for Healthy People 2030?
- What are the implications of law and policy for mobilizing and engaging stakeholders to develop and rigorously evaluate interventions to reach Healthy People 2030 goals?
- What is the best way to determine when movement towards meeting an objective has been achieved?
- What are the considerations for data at the community, state, tribal, and national levels to support rigorous evaluation of law and policy?
  - What data infrastructure and access recommendations should the Committee make to researchers who could evaluate (or simulate) the impact of law and policy on achieving Healthy People 2030 objectives?
  - Are there available data sources to capture information about law and policy interventions that should be studied and potentially considered for inclusion in Healthy People 2030?
- Is there merit in developing an introductory narrative section for each Healthy People 2030 topic area that includes principles to be considered in meeting objectives through a law and policy lens?
- Would a law and policy research agenda have value across Health People 2030 objectives and topic areas?

Mr. Teitelbaum also requested Committee input and guidance both about the overall report draft and about whether a graphic would be valuable to explain some of the concepts and issues discussed.

### *Committee Discussion*

Dr. Sondik replied to Mr. Teitelbaum's question asking to what degree law and policy should be considered in selecting objectives. Dr. Sondik suggested that law and policy be considered as a strategy to achieve objectives rather than or in addition to considering them as objective selection criteria. Dr. Richmond provided the example of states issuing a statewide standing order for naloxone, allowing designated individuals to access the opioid overdose-reversal drug without a prescription. Dr. Richmond noted that law and policy can directly affect the significance of a health issue. Mr. Teitelbaum suggested that some objectives may be more achievable when law is used as a tool to promote a healthy environment and suggested that these objectives could be prioritized.

Dr. Gómez added that law and policy are critical interventions to work towards achieving health equity, which is the subject of another brief under development. Dr. Gómez suggested that law and policy could be developed in a process similar to Responsible Innovation, where ethical implications and potential impact on the health of the Nation are considered.

Mr. Teitelbaum asked whether a graphic could be useful. One or more graphics could potentially convey:

- The process of policy- and law-making and the regulatory process
- A Venn diagram approach to considering how law is connected to the social determinants of health
- The connection between law and social justice
- The connection between law and health equity
- Another subject that could be visually explained

Committee members will email Ms. Ochiai with any comments on the brief or on the inclusion of a graphic.

### Health Equity Subcommittee: Report on the Brief Developed

4:24 p.m. to 4:36 p.m.

Dr. Gómez is leading the development of the Health Equity brief, which includes a preface, an introduction, a section on definitions and nomenclature of health equity and related concepts, health equity frameworks, and a conclusion. Healthy People 2000 first introduced the concept of reducing health disparities; Healthy People 2010 instead referred to eliminating health disparities. Healthy People 2020 first introduced the concept of health equity; one overarching goal of Healthy People 2020 is to "achieve health equity, eliminate disparities, and improve the health of all groups."

The brief clarifies key terms, including health inequities, health inequalities, health disparities, health care disparities, and social and environmental determinants of health. The brief also presents examples

of other users of these concepts, including how the National Institutes of Health (NIH) is attempting to motivate investigators to address problems viewed as contributors to health inequities, as well as examples of smaller agencies conceptualizing and implementing their own health equity-related work. The brief also contains a section on the measurement of health equity, which has proved challenging.

#### *Committee Discussion*

Dr. Goekler noted that the Health Promotion brief may avoid using “social determinants of health” in favor of using “determinants of health” or “determinants.” The latter may connect the Healthy People initiative to other sectors who may not view themselves as connected to or responsible for health; determinants of health may also be determinants of educational achievement, poverty, etc. Dr. Pittman added that the Committee has previously used “determinants of health and well-being” to broaden the concept and be inclusive of other sectors.

Dr. Kleinman added that the brief captures these rapidly evolving concepts at a moment in time, and suggested that these issues could benefit from being revisited over the next decade.

The graphic attempts to explain the relationship between multiple health equity-related concepts. Dr. Gómez asked for feedback from the Committee; any comments can be sent via email.

#### Systems Science Subcommittee: Report on the Brief Developed

4:36 p.m. to 4:55 p.m.

Dr. Pronk is leading development of the Systems Science brief. To date, the subcommittee has met several times mostly focusing discussions on gaining consensus about an outline and terminology, and the subcommittee has now started drafting the brief narrative; the subcommittee has not yet shared a draft brief with the Committee. The subcommittee is currently drafting an introduction for the brief, including an overview of complex systems science, using obesity as a systems example and explaining some of the challenges inherent to understanding complex systems. They continue to try to incorporate applications of complex systems and systems methods that have transformed decision-making in different fields, using examples such as air traffic control, transportation, and meteorology.

The brief will also explore applications of systems methods to health promotion and disease prevention and explain how systems methods are increasingly appropriate given the complexity of public health. Another section of the brief will address terminology; as there are many properties of complex systems, the subcommittee would like to include a short section of terms that will be useful as readers start to consider these issues. Next, the brief will frame complex systems science in the context of the Healthy People initiative, linking the history of systems science to Healthy People 2030. Cross-sector applications will also be discussed.

The subcommittee will weave vignettes into the brief to try to make the examples more accessible to readers, including examples of what complex systems science can do for stakeholder engagement, and how simulations can help stakeholders make decisions about where to allocate resources or how to make decisions in the context of Healthy People. The subcommittee has also discussed how to ensure that this brief is practical and useful, and how to ensure that models have face validity, are clear, are

easily accessible, and build a level of trust among stakeholders and end users. The subcommittee will continue to draft the narrative for the brief.

#### *Subcommittee Discussion*

Dr. Kleinman asked about end users of complex systems science methods, and whether the brief will describe how people are implementing and conceptualizing these methods. Dr. Pronk noted that Dr. Halverson has been contributing his knowledge to the subcommittee about the potential to use systems science methods to determine ways to engage stakeholders more effectively. The subcommittee has discussed how different tools can bring systems science to life; for example, simulations can help stakeholders see themselves contributing to an effort such as the Healthy People initiative.

Dr. Kleinman liked this approach and suggested that tools need to be easily accessible and available for stakeholders with varying levels of ability. She also added that vignettes will help the ideas stand out to readers. Dr. Gómez is excited about this subcommittee's work, and noted that they should also consider systems within systems, for example the health care system.

Dr. Sondik noted that systems science approaches can be very useful in target setting. Simulation is one technique that can be used for modeling and projecting. Dr. Pronk agreed, noting that target setting is one area where systems science approaches have already been used in Healthy People.

Dr. Kleinman noted that there are currently 6 briefs at different stages of development. The Committee will have the opportunity to discuss the Systems Science and Health Promotion briefs at a future meeting. This collection of briefs will be a real asset to Healthy People. She also discussed the importance of making these briefs relevant to a broader audience by including a plain language abstract at the beginning of each brief.

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

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

Dr. Kleinman concluded the meeting by providing a summary of the meeting and major accomplishments. She thanked the Committee members for providing good input on target-setting criteria as well as on LHIs, and for engaging in an excellent discussion about the Healthy People 2030 communication materials. One theme that emerged from the meeting is the importance of being clear as to how information is presented to different audiences. The Committee will convene next via webinar on May 14, 2018, at 1:00 p.m. ET. Dr. Kleinman encouraged attendees to sign up for email announcements on [HealthyPeople.gov](http://HealthyPeople.gov) and thanked everyone for joining the meeting.

#### Meeting Adjourned

5:00 p.m.