Secretary's Advisory Committee on
National Health Promotion and Disease Prevention Objectives for 2030
10th Meeting: Tuesday, July 10, 2018, 1:00 p.m. – 4:00 p.m. ET, via webinar
Meeting Minutes

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
- Mary A. Pittman, DrPH
- Therese S. Richmond, PhD, CRNP, FAAN
- Nirav R. Shah, MD, MPH
- Edward J. Sondik, PhD
- Joel B. Teitelbaum, JD, LLM
- Namvar Zohoori, MD, MPH, PhD

Welcome

1:00 p.m. – 1:06 p.m.

Dr. Don Wright thanked the Committee members and meeting attendees for joining the 10th 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 around target-setting methods for Healthy People 2030 objectives and the presentation of issue-specific briefs addressing health and well-being; health literacy; law and policy; health promotion; complex systems science and modeling; health equity; and summary measures.

Dr. Wright provided updates about the Committee's recommendations and their charter. He first introduced Dr. Namvar Zohoori, the new member of the Committee. He also announced that the U.S. Department of Health and Human Services' (HHS) Secretary approved the Healthy People 2030 framework, which includes the vision, mission, overarching goals, foundational principles, and plan of action. The Healthy People 2030 framework can be found online at HealthyPeople.gov. Finally, Dr. Wright announced that the HHS Secretary received the Committee's report with recommendations for the selection of Healthy People 2030 Leading Health Indicators (LHIs) and has renewed the Committee's charter for another 2 years. All current members will continue to serve on the Committee through May 2020.

Goals for the Meeting

1:07 p.m. – 1:09 p.m.

Dr. Nico Pronk provided an overview of the meeting. The agenda includes presentations from the Data subcommittee on the target-setting recommendations and the 7 subcommittees developing issue-

specific briefs on the following topics: health and well-being; health literacy; law and policy; health promotion; complex systems science and modeling; health equity; and summary measures.

Dr. Pronk described the following goals for the meeting:

- Consider the recommendations from the Data Subcommittee.
- Develop, come to consensus around, and finalize recommendations regarding target setting for Healthy People 2030 objectives so that the recommendations can be delivered to the HHS Secretary.
- Deliberate the issues presented within each of the issue-specific briefs.
- Determine whether each of the briefs should be revised or approved for inclusion in a Committee report to the HHS Secretary.

Dr. Pronk added that any items the Committee is unable to address will be considered at the next meeting on September 6–7, 2018.

Overview and Purpose of the Issue-Specific Briefs Developed by Subcommittees

1:10 p.m. – 1:15 p.m.

Dr. Pronk reviewed the purpose and audience of the issue-specific briefs. The briefs are intended to inform the Committee's work, identify definitions and terminology, and clarify the roles that certain concepts and approaches can play in Healthy People 2030. Originally, the briefs were intended only to inform the Committee and its work, but over time the Committee decided that, when possible, the briefs should be written in plain language so that they may also be used by stakeholders. However, the Committee acknowledged that it may be difficult to write some of the briefs in plain language due to the complex nature of the issues being discussed.

Dr. Pronk noted that the briefs are intended to reflect the Committee's current thinking and represent rapidly evolving areas that will benefit from monitoring and updating throughout the decade. The briefs are not intended to be exhaustive treatises, but are intended to be succinct and limited in length. Copies of the briefs were distributed to members for their review. Dr. Pronk noted that the discussion should focus on the substantive issues highlighted by the briefs and avoid wordsmithing or extensive editing.

If the briefs are approved by the Committee, they will be released using a similar process as for the approved reports and recommendations. Approved briefs will be compiled along with an introduction, delivered to the HHS Secretary for approval, and published online at HealthyPeople.gov.

Health and Well-Being Subcommittee: Review and Discussion of the Brief

1:16 p.m. – 1:35 p.m.

Dr. Pronk provided an overview of the Health and Well-Being brief. He noted that "health" and "well-being" describe separate but related states. "Health" refers to a person's physical and mental condition, implying fitness under changing circumstances, and must be safeguarded against threats from illness, injury, or death. "Well-being" is a more inclusive phenomenon that encompasses many aspects of life, including physical, mental, emotional, social, financial, occupational, intellectual, and spiritual. For many, well-being is a more unifying and motivating pursuit than health. Well-being and health have a

close, mutually reinforcing relationship. However, in some cases, well-being can improve even if health is fading (e.g., if an individual fully accepts a circumstance such as deafness).

Healthy People 2020, both in concept and in measurement, currently approaches health and well-being from a multidimensional perspective, encompassing 3 domains: self-rated physical and mental health, overall well-being, and participation in society. Within the Healthy People 2030 framework, the phrase "health and well-being" appears within the vision, mission, foundational principles, plan of action, and overarching goals. The phrase has been defined as how people think, feel, and function—at a personal and social level—and how they evaluate their lives as a whole. The framework aligns health and well-being to health equity and social determinants by linking health and well-being to practical imperatives and to multisectoral policy. The brief concludes by noting that health and well-being are separate but related and mutually reinforcing experiences, and that the pursuit of well-being adds value beyond the pursuit of health alone.

Dr. Pronk noted that some of the feedback from the Committee focused on wordsmithing, which will not be discussed at the Committee meeting. One comment suggested that the brief is inconsistent in discussing how health and well-being relate to each other; in some phrases, health and well-being are described as separate, but elsewhere they overlap and are interdependent. Dr. Pronk agreed with the feedback and recommended revising the first sentence of the conclusion to say that health and well-being are separate but related.

Committee Discussion

Dr. Jonathan Fielding recommended that the briefs be reviewed to ensure they are all written in plain language so that they are understandable by key external audiences. Dr. Pronk agreed and noted that the subcommittees were asked to be as succinct as possible. All briefs were reviewed and edited by Ms. Karen Harris Brewer for consistency in language.

Dr. Susan Goekler agreed with Dr. Fielding and recommended a cross-reference of the briefs to ensure consistency in language and definitions. Dr. Cynthia Gómez noted that some of the briefs were written after others, and therefore there may be some inconsistency as the Committee's thinking has evolved. Dr. Pronk agreed, and supported the recommendation to cross-reference the briefs.

Dr. Therese Richmond noted that the introduction of the brief describes health as a person's physical and mental condition, but also includes one's physical and mental condition in the description of well-being, implying that health is a subset of well-being rather than that they are separate but related ideas. She recommended including the graphic from the meeting slides in the actual brief and suggested that the subcommittee conceptualize a different way to describe the relationship between health and well-being so that it does not sound like health is a subset of well-being.

Committee Vote

The Committee unanimously approved the brief, pending the following revisions:

- Revise the first sentence of the conclusion to say health and well-being are separate but related.
- Add the graphic included in the slides to the brief itself to clarify that health is not a subset of well-being.

- Conceptualize a different way to describe the relationship between health and well-being to ensure that it does not sound like health is a subset of well-being (specifically looking at the language in the introduction to the brief).

Data Subcommittee: Report and Recommendations Regarding Methodologies for Setting HP2030 Objective Targets

1:36 p.m. – 2:40 p.m.

Dr. Nirav Shah 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. Shah reminded the Committee that, during the last Committee meeting, the Data subcommittee presented a summary of its consideration of target-setting methods, including background on target setting in previous decades of the Healthy People initiative, recommendations for target-setting methods, and recommended priorities and principles to consider in the application of target-setting methods.

Based on the Committee's feedback at the last meeting, the Data subcommittee revised the prioritization order of the target-setting methods, addressed disparities and health equity in setting targets, and developed guidance regarding clinical targets and target setting using expert opinion. The "better than the best" target-setting method is now ranked as the fourth preferred method, and "10 percent improvement" is the least recommended method, ranked ninth.

The subcommittee recommended appending a statement to each objective's target describing the extent and distribution of disparities among categories of the population template, as a single target may mask important disparities in health and well-being. In consideration of achieving health equity, the subcommittee recommended that each objective be examined to assess whether multiple targets addressing population subgroups are needed (in addition to a single overall target).

Finally, the subcommittee made minor revisions to the statement of the target-setting principles and added another principle: "Targets should represent meaningful change."

Dr. Shah reviewed the 5 recommendations:

Recommendation 1: The following principles should underlie a science-based approach to setting achievable targets for Healthy People 2030:

- Objectives should be science based.
- Supporting material for each objective must include the methods used to identify and justify the target and suggest at least 1 scenario that will likely achieve the target.
- Targets should represent meaningful change.
- Reducing disparities and improving health equity are critical goals.

Recommendation 2: Assure that the objective's target is achievable by review of research, trend analysis, and subgroup analysis, and identify principal methods to achieve improvement.

Recommendation 3: A statement on the extent and distribution of disparities among categories of the population template should be appended to each objective's target. A single target may mask important health and well-being disparities. In consideration of achieving health equity it is recommended that each objective be examined to see if, in addition to a single overall target, multiple targets addressing subgroups are also needed.

Recommendation 4: Expert opinion and input from stakeholders/implementers can inform final target selection but should not be the only method used.

Recommendation 5: Prioritize target-setting methods in the following order:

1. Modeling and/or projection/trend analysis
2. Adapting recommendations from national programs, regulations, policies, and laws
3. Specific percentage point improvement
4. Better than the best
5. Minimal statistical significance
6. Retention of the previous Healthy People target
7. Total coverage/elimination
8. Maintain the baseline value as the target
9. 10 percent improvement

Committee Discussion

Dr. Fielding noted that including "specific percentage point improvement" and "10 percent improvement" as separate methods ranked differently is slightly confusing. Dr. Shah clarified that the "specific percentage point improvement" target should be evidence based, and Dr. Richmond added that the full report provides additional information and clarification about the target-setting methods.

Dr. Edward Sondik noted that each objective's target-setting method will be reviewed as part of the approval process for Healthy People. Ms. Emmeline Ochiai confirmed and explained that the objective targets and target-setting methods will be included with each objective as they go through the HHS clearance process. The Committee will not participate in the review process or provide comments on the specific targets set for each objective.

Dr. Fielding asked whether it would be possible to track the percentage of Healthy People 2030 objectives that use each target-setting method, and Ms. Ochiai replied that the subcommittee can add that as a recommendation to the report. Dr. Fielding, Dr. Sondik, and Dr. Dushanka Kleinman supported this addition.

Dr. Pronk recommended splitting the 2nd bullet of the target-setting principles into 2 bullets: "supporting material for each objective must include the methods used to identify and justify the target" and "there should be at least 1 scenario that will likely achieve the target." This would create 5 principles.

Dr. Zohoori asked how the 9 recommended target-setting methods differ from those used in Healthy People 2020. Dr. Shah responded that 60% of the Healthy People 2020 targets used the "10 percent improvement" method, and only 1.5% used modeling. However, the subcommittee was unsure whether the proposed prioritization order of target-setting methods was different from the prioritized order provided by the Secretary's Advisory Committee for Healthy People 2020. Dr. Sondik noted that, for

Healthy People 2020, the Committee strongly recommended using the "better than the best" method to set targets. Ms. Ochiai noted that the "better than the best" method was required for all population-based objectives in Healthy People 2010 but was not used as a target-setting method in Healthy People 2020. She added that Healthy People 2020 did not have a specific prioritization order for target-setting methods and that modeling or projection trend analysis was recommended as the first choice of target-setting methods, though the majority of targets used the "10 percent improvement" method. The subject matter experts developing the objectives decided that, in the absence of modeling and projection trend analysis, "10 percent improvement" would be appropriate. Dr. Richmond noted that the proposed Healthy People 2030 target-setting methods provide a broad array of possible methods, and even if only a small number of objectives use modeling to set targets, there are still many other methods ranked higher than the "10 percent improvement" method.

Dr. Gómez suggested that the subcommittee include guidance on which subpopulations should be looked at within the subcommittee report and added that the Health Equity brief speaks about class disparities in addition to the more typical racial or ethnic disparities. Dr. Sondik clarified that the subcommittee report recommends using the categories included within the population template to look for disparities and inequities. However, in the past, a significant portion of objectives have not had enough data available to fill the population template; Dr. Sondik emphasized the importance of developing a more complete population template for objectives as part of the objective and data identification process. Dr. Gómez added that the use of race or ethnicity in looking at disparities has created an incorrect narrative about population groups and suggested that attention should instead be placed on class when studying broader systems and determinants of health. Dr. Sondik noted that the possibility of an objective having multiple targets is new for Healthy People 2030; this could make the initiative look different than it has in previous iterations and present a new opportunity for evaluating the impacts of these targets.

Dr. Sondik observed that expert opinion was highlighted in Recommendation 4, but was not part of the prioritized list of target-setting methods. The Committee agreed that expert opinion is not an independent method, but it is instead adjunct to multiple methods. Dr. Kleinman found the current order of recommendations confusing and suggested the order of Recommendations 4 and 5 be reversed, because the prioritized list of target-setting methods does not include expert opinion. The Committee agreed to reverse the order of Recommendations 4 and 5.

Next, the Committee discussed the origin of and justification for the "10 percent improvement" target-setting method. Dr. Sondik raised concerns that this 10 percent threshold was first picked arbitrarily, with evidence subsequently found to support it, and has become a default method over time, instead of being specifically selected after reviewing the evidence and deductively determining an appropriate percentage point value. He and Dr. Mary Pittman suggested that a more appropriate target-setting methodology may use evidence to select a specific percentage point change, even if it is less than 10 percent. Dr. Zohoori suggested that it may be confusing to include both the third method, "specific percentage point improvement," and the ninth method, "10 percent improvement," on the list. Ultimately, the Committee decided to remove the "10 percent improvement" method from the list.

In discussing the "specific percentage point improvement" method, the Committee referenced the description presented at the last Committee meeting and agreed it implied that the percentage point selection should be evidence based. The Committee also agreed that the previous definition of this

method was confusing, because it suggested that the specific percentage point could be selected based on modeling, which overlaps with the first target-setting method, "modeling and/or projection/trend analysis." Dr. Gómez recommended using the phrase "data driven" or "evidence driven" instead of the word "specific" for the third method. Dr. Shah commented that all targets will likely be set by a combination of methods, and suggested that the Committee should not be too concerned about distinguishing the first and third methods because they will not be able to reach total exclusion. Ultimately, the Committee agreed to remove the language about modeling from the description of the third method in the report.

The Committee confirmed that the most significant changes in the Committee recommendations for target-setting methods for Healthy People 2030 (as compared to those for Healthy People 2020) are that this Committee's recommendations are explicit about target-setting principles; include a prioritized list of target-setting methods; and allow multiple targets for an objective.

Committee Vote

The Committee approved Recommendations 1 through 5, as amended below, by unanimous vote.

Recommendation 1: The following principles should underlie a science-based approach to setting achievable targets for Healthy People 2030:

- Objectives should be science based.
- Supporting material for each objective must include the methods used to identify and justify the target.
- At least 1 scenario should be suggested that will likely achieve the target.
- Targets should represent meaningful change.
- Reducing disparities and improving health equity are critical goals.

Recommendation 2: Assure that the objective's target is achievable by review of research, trend analysis, and subgroup analysis, and identify principal methods to achieve improvement.

Recommendation 3:

- A statement on the extent and distribution of disparities among categories of the population template should be appended to each objective's target.
- A single target may mask important health and well-being disparities. In consideration of achieving health equity it is recommended that each objective be examined to see if, in addition to a single overall target, multiple targets addressing subgroups are also needed.

Recommendation 4: Use target-setting methods in order of their recommended priority for use:

1. Modeling and/or projection/trend analysis
2. Adapting recommendations from national programs, regulations, policies, and laws
3. Evidence-based percentage point improvement
4. Better than the best
5. Minimal statistical significance
6. Retention of the previous Healthy People target
7. Total coverage/elimination
8. Maintain the baseline value as the target

Recommendation 5: Expert opinion and input from stakeholders/implementers can also inform final target selection.

Health Literacy Subcommittee: Review and Discussion of the Brief

2:41 p.m. – 3:05 p.m.

Dr. Kleinman introduced the Health Literacy subcommittee and provided an overview of the brief, specifically the definition of health literacy and emphasizing the importance of a systems approach. The brief posits that there should be greater alignment between the information and services provided by society and the capacity of people, and suggests that materials need to be accessible and digestible. Dr. Kleinman reviewed the previous comments from Committee members, which related to:

- Clarification and organization of ideas
- Clarification that the health context includes information in addition to service utilization and caregiving
- Inclusion of examples of organizations or associations' curricula, protocols, or policies
- Examples of literacy as well as skills and questionnaires for testing
- Importance of measuring literacy on content-specific issues
- Opportunity of measuring health literacy over time

Committee Discussion

Dr. Fielding agreed that the brief would benefit from examples of programs that increase health literacy, since health literacy can be an abstract concept. The Committee appreciated the focus on health equity and on "meeting people where they are" in the brief.

Dr. Zohoori asked whether the definition of health literacy, which focuses on societal information and service provision, was an intentional affirmation that health literacy can only be achieved on a societal scale as opposed to through individuals' skill improvement. Dr. Kleinman clarified that while the brief's systems approach emphasizes the role of society in achieving health literacy, it is not intended to replace skill development on an individual level. She highlighted that even populations with proficient or advanced health literacy encounter challenges navigating the health system or comprehending health information.

Dr. Fielding commented that health literacy encompasses other aspects of health and well-being beyond the medical system, such as environmental health threats or chronic disease reduction, which may necessitate partnering with the broader education sector. He also noted that an individual's health literacy not only affects him or herself, but also affects his or her family and friends; a younger person is often responsible for interpreting health-related messages so that an older person can understand them, possibly due to different levels of English proficiency or educational achievement. Dr. Fielding added that validation is a critical component of health literacy; health communication should include a multi-way exchange so that the provider of information can ensure that the individual has accurately grasped the concept.

Dr. Goekler agreed with Dr. Fielding, and added that communicating to a wide range of audiences does not require tailoring the message to the lowest common denominator, but instead requires ensuring that the entire communication system captures all individuals, including through considerations of

whether somebody needs a translator or whether ideas need to be phrased in plain language. She added that the message needs to be accessible and understandable, and noted that those requirements may change over time in the event that an individual's cognitive abilities diminish.

Committee Vote

The Committee unanimously approved the brief, pending the following updates that overtly address the following aspects of the health literacy brief:

- Use tangible examples of programs that have increased health literacy, because it can feel like an abstract topic. Cultural context should be considered when providing examples.
- Strike a balance between emphasizing a systems approach while still promoting individual skill development and improvement, in order to reinforce that these are not mutually exclusive.
- Health literacy goes beyond the medical sector to include broader health and wellness topics like environmental health threats and chronic disease reduction, which suggests there should be partnerships with the broader education sector.
- Health literacy is not just an individual issue, but also an issue for families and friends: a younger person often interprets messages in a way that an older person can understand, perhaps due to different English proficiency or educational achievement.
- Validation is a part of health literacy: the communication has to be an interchange so that the provider of the information can ensure that the person has in fact comprehended the concept.
- Communicating to a wide range of audiences does not entail tailoring the message to the lowest common denominator, but ensuring that the entire communication system captures all possible individuals, including through considerations of whether somebody needs a translator or whether ideas and materials need to be phrased in plain language.
- The message needs to be accessible and understandable, a goal that may change over time as an individual's cognitive abilities diminish.

Law and Health Policy Subcommittee: Review and Discussion of the Brief

3:06 p.m. – 3:30 p.m.

Mr. Joel Teitelbaum introduced the Law and Health Policy subcommittee and presented an overview of the brief. The brief defines "law" and "policy" individually in an effort to reduce confusion and ambiguity. The subcommittee used 2 frameworks for this brief: health in all policies, and the use of policies and laws as tools to promote public health and safety. Mr. Teitelbaum emphasized that law and policy are correlates of health and well-being—they are important levers to improve health and well-being, and the impact of law and policy interventions on health should be measured. He suggested that Healthy People 2030 provides an opportunity to measure the effects of laws and policies in ways that have not yet been attempted, contingent upon clear and measurable objectives. As an informal recommendation, Mr. Teitelbaum suggested that the Committee consider the role of law and policy in the selection of objectives or LHIs, and that legal interventions should be studied in the same manner as other public health interventions.

Committee Discussion

Dr. Goekler, considering the previous conversation regarding target-setting methods, asked Mr. Teitelbaum whether target setting would be feasible based on available evidence for Healthy People

objectives related to the law. He noted that the Network for Public Health Law is a valuable resource for evidence on the impact of health laws and policies; however, there likely would not be evidence to the extent there would be for other objectives. Dr. Richmond echoed interest in using law and policy in target setting, and highlighted examples of laws and policies related to injury prevention for which there is evidence to support their impact on population health outcomes. Dr. Fielding emphasized that not only are laws and policies determinants of health, but they define the various environments—social, economic, and to some extent physical—that influence population health; he would like to see that more directly communicated in the brief.

Dr. Fielding also raised concern about the phrase "health in all policies" (HiAP) because it appears health-centric, and instead recommended discussing multisector collaboration to present a win-win situation. Dr. Goekler agreed that HiAP is not conducive to cross-sector collaboration. Dr. Pittman emphasized that HiAP is not meant to be exclusionary, but denotes an inclusionary way of evaluating complex problems, and added that it presents a clearer and more understandable solution than multisector collaboration. Dr. Zohoori suggested modifying the phrase to be "well-being in all policies," and Dr. Kleinman replied that she has seen that approach successfully leveraged. Mr. Teitelbaum suggested adding multisector collaboration to the brief's description of HiAP, instead of in place of HiAP. Dr. Pronk suggested that the brief provide various examples of how the HiAP framework can be used, which could be tailored to a win-win approach to multisector collaboration or a focus on well-being instead of health. The Committee agreed that this would be consistent with the Healthy People 2030 framework.

Dr. Goekler noted that the health care perspective tends to focus specifically on health policy, and suggested that a multisectoral approach provides an opportunity to think more broadly about how a range of policies impact health.

Dr. Sondik highlighted the section of the brief that suggests that the Committee aim to enlist researchers to develop new and/or evaluate existing ways to assess the impacts of laws and policies on objectives; he suggested that the subcommittee develop a recommendation to the Committee. Dr. Kleinman responded that there could be more opportunities to explore more specific recommendations once the briefs have been finalized.

Committee Vote

The Committee unanimously approved the Law and Health Policy brief, pending the following updates:

- Add language that describes that laws and policies that define the social, economic, and physical environment of a community in a more direct way.
- Describe "health in all policies" as "health and well-being in all policies" and consider also mentioning "multisectoral collaboration."

Health Promotion Subcommittee: Review and Discussion of the Brief

3:31 p.m. – 3:50 p.m.

Dr. Goekler introduced the Health Promotion subcommittee, and reminded the Committee that this brief had yet to be discussed with the Committee. The subcommittee conducted exploratory work to select the most appropriate definition of "health promotion" and determine how to measure it and how

to present it in the future. Dr. Goekler welcomed comments on the sections of the brief related to health promotion in addition to the related cross-cutting issues such as workforce development and the aging U.S. population that are discussed in the brief.

Committee Discussion

Dr. Goekler noted that one previous comment was on whether the brief's section on health care costs and their relationship to health equity belonged in this brief, and if so, whether that section should be stronger. She also asked for the Committee's opinion on whether some of the information included in the brief, such as discussion on cross-cutting issues such as workforce development, aging, and technology, belong in a standard introduction to all briefs. Dr. Fielding agreed that an introduction would be helpful. Dr. Pronk also agreed with the idea of pulling out the cross-cutting issues that Dr. Goekler had raised and incorporating them into an overarching introduction, which would clean up the Health Promotion brief and also provide a more coherent general introduction. Dr. Kleinman agreed that an overarching introduction to all of the briefs would align well with the Healthy People 2030 framework, particularly the "Background: Past and Present" section.

Dr. Fielding also suggested including additional examples throughout the brief. Dr. Sondik noted that health equity is an important aspect of health promotion. Dr. Goekler agreed to strengthen the discussion of health equity ideas throughout the brief.

Based on the discussions of other briefs, Dr. Gómez suggested that the phrase "health promotion" be revised to "health and well-being promotion" to capture the broader goals that extend beyond individual behaviors, i.e., systems change. Dr. Pronk agreed that discussing "health and well-being promotion" within the section of the brief on Healthy People 2030 would align with the Healthy People 2030 framework.

Committee Vote

The Committee unanimously approved the Health Promotion brief, pending the following updates:

- Incorporate cross-cutting issues, such as workforce development, aging, and technology, into an overarching introduction to the series of briefs, which could include information from the Healthy People 2030 framework.
- Consider adding examples throughout the brief.
- Strengthen the discussion of health equity within the brief.
- Consider the idea of "health and well-being promotion" to remain consistent with previous discussions about a broader scope of health.

Meeting Summary: Recommendations, Action Items, and Next Steps

3:51 p.m. – 3:54 p.m.

Dr. Gómez reminded the Committee of the overlap between the content of many briefs; Dr. Kleinman asked subcommittees to incorporate all relevant feedback into their respective briefs. Dr. Pronk informed the Committee that the Health Equity, Complex Systems Science and Modeling, and Summary Measures briefs will be presented and discussed during the September 6–7, 2018, Committee meeting; the Committee will also receive updates and recommendations from the Stakeholder Engagement subcommittee and the Logic Model subcommittee.

Meeting Adjourned

3:55 p.m.