



Developing Healthy People 2030: Challenges in Prioritization

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Presentation Outline

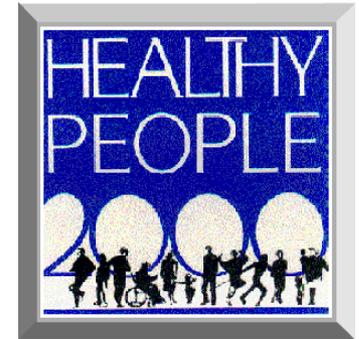
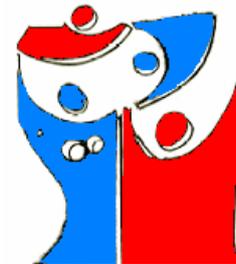
1. Introduction: NCHS and the Healthy People Initiative
2. NCHS as a Change Agent in the Healthy People 2030 Development Process
3. The Healthy People 2030 Development Process
4. Next Steps and Questions for Discussion

Introduction: NCHS and the Healthy People Initiative

What is Healthy People?

- Provides a strategic framework for a **national prevention agenda** that communicates a vision for improving health and achieving health equity
- Identifies science-based, **measurable objectives with targets** to be achieved by the end of the decade
- Requires tracking of **data-driven outcomes** to monitor progress and to motivate, guide, and focus action
- Offers model for international, state, and local **program planning**

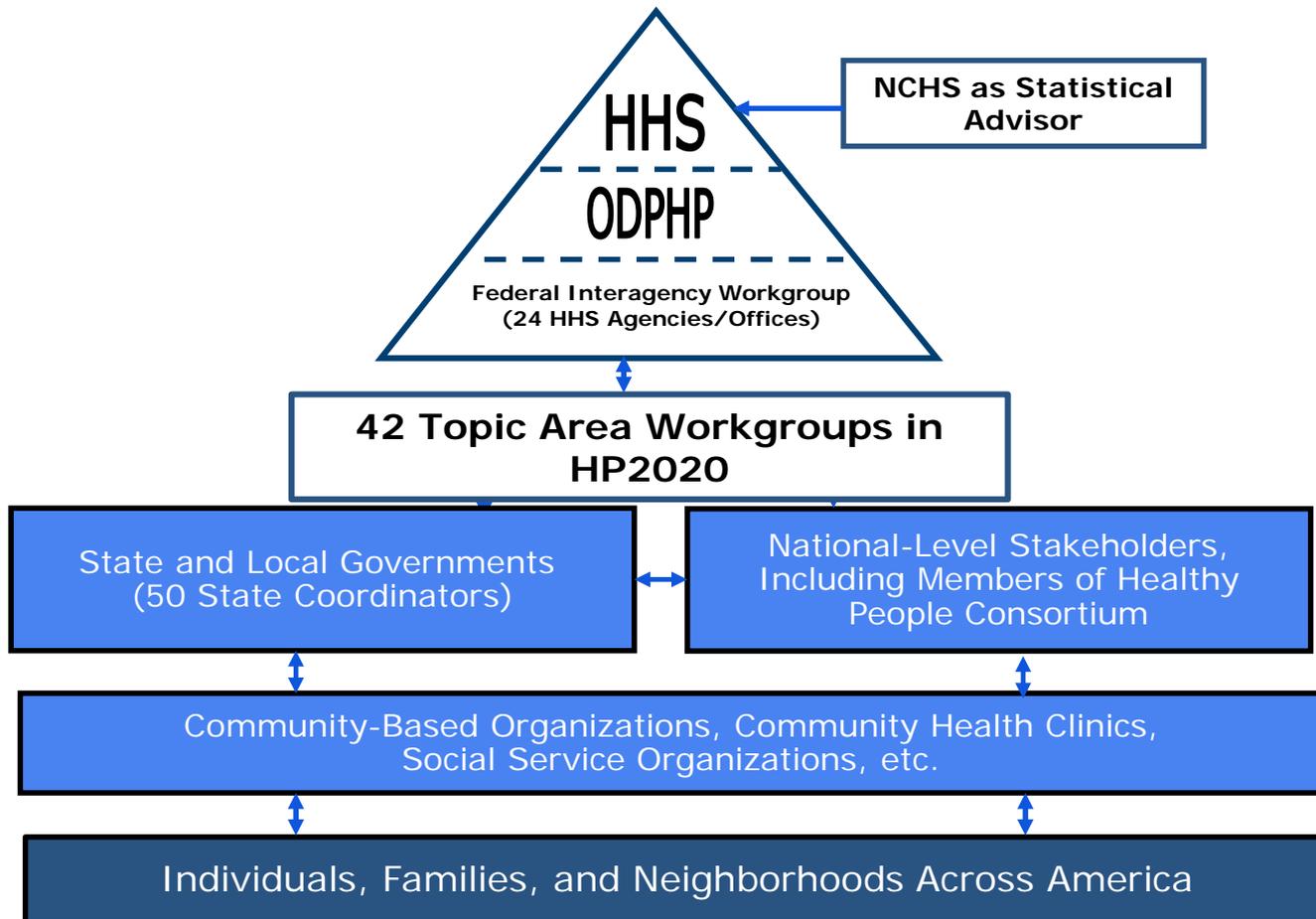
HEALTHY PEOPLE
The Surgeon General's Report On
Health Promotion And Disease Prevention



Evolution of Healthy People and The Challenge for HP2030

Target Year				
Overarching Goals	<ul style="list-style-type: none"> • Decrease mortality: infants–adults • Increase independence among older adults 	<ul style="list-style-type: none"> • Increase span of healthy life • Reduce health disparities • Achieve access to preventive services for all 	<ul style="list-style-type: none"> • Increase quality and years of healthy life • Eliminate health disparities 	<ul style="list-style-type: none"> • Attain high-quality, longer lives free of preventable disease • Achieve health equity; eliminate disparities • Create social and physical environments that promote good health • Promote quality of life, healthy development, healthy behaviors across life stages
# LHIs	• N/A	• N/A	<ul style="list-style-type: none"> • 10 topics • 22 Indicators 	<ul style="list-style-type: none"> • 12 topics • 26 indicators
# Topic Areas	15	22	28	42
# Objectives	226	312	969	>1,300

Federally Led, Stakeholder-Driven With NCHS as a Key Partner



Role of NCHS in Healthy People

- Serve as **Statistical Advisor** to HHS and the Topic Area workgroups on health promotion data
- **Conduct research and develop methods** for measuring the overarching goals of Healthy People (e.g., health disparities)
- Create **analytic and graphical presentations, and analytic products**, to display progress towards reaching the goals and objectives
- Maintain comprehensive **database** for all the Healthy People objectives
- Provide **expertise and technical assistance** to national, state, and local health monitoring efforts

HealthyPeople.gov

Data 2020

Trend data

Health disparities tool

Infographics

State maps

National snapshots

The screenshot shows the top navigation bar of HealthyPeople.gov with a search bar and a 'Log in' button. Below the navigation bar, there are tabs for 'Topics & Objectives', 'Leading Health Indicators', 'Data Search', 'Healthy People in Action', 'Tools & Resources', 'Webinars & Events', and 'About'. The 'Data Search' tab is active, and a search bar is visible. On the left side, there is a 'Narrow Your Results' sidebar with filters for 'Topic Areas', 'Data Sources', 'Statistical Level', 'Scope-Specific', 'Age-Specific', 'State Map Area', 'Health Disparities', 'LHI', and 'Measure of the CBO'. The main content area displays 'Adult cigarette smoking (age adjusted, percent, 18+ years) By Geographic Location' with a line chart showing trends from 2008 to 2015.

This screenshot shows the 'Disparities Details by Educational Attainment for 2016' tool. It features a bar chart titled 'PA-2.4 : Adults meeting aerobic physical activity and muscle-strengthening objectives (age adjusted, percent, 18+ years)'. The chart shows data for different educational attainment levels. A '2020 Baseline' is set at 19.2 (2008) and the '2020 Target' is 20.1. The desired direction is an increase. A 'Read a User's Guide to Health Disparities' link is also present.

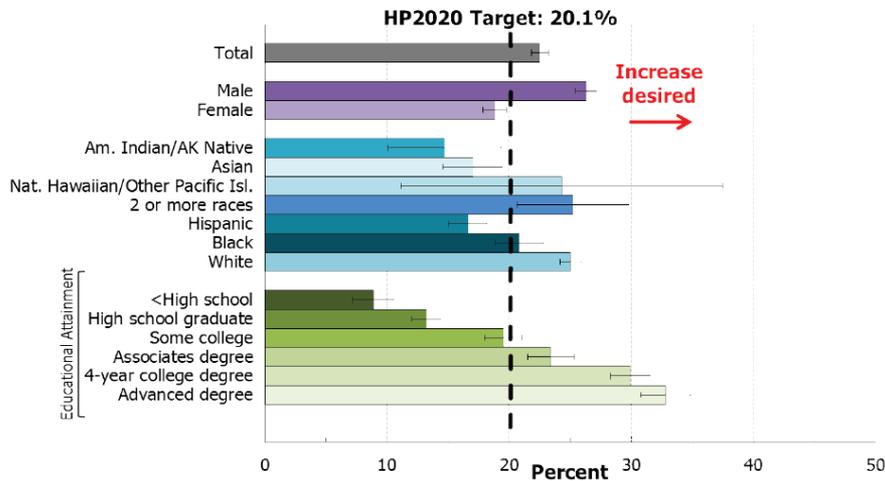
This screenshot shows an infographic titled 'Substance Abuse' with the subtitle 'Adolescent Alcohol or Illicit Drug Use In Past 30 Days by Age, 2016'. It includes a bar chart showing the rates of alcohol and illicit drug use among adolescents. The data source is cited as 'Data Source: National Survey on Drug Use and Health (NSDUH)'. The infographic also features an illustration of a person carrying a bag.

This screenshot shows the 'State-level Data' tool for 'Stroke deaths (age adjusted, per 100,000 population)'. It includes a map of the United States and a bar chart showing stroke death rates by state for the year 2016. The data source is 'Data Source: National Vital Statistics System (NVSS)'.

This screenshot shows the 'Access to Health Services' national snapshot for 'AHS-1.1 Persons with medical insurance (percent, under 65 years) By Race/Ethnicity'. The chart shows the percentage of people with medical insurance in 2016, with a 2020 target of 100%. The data is broken down by race/ethnicity: Total, American Indian or Alaska Native only, Asian only, Native Hawaiian or Other Pacific Islander only, 2 or more races, Hispanic or Latino, White only, not Hispanic or Latino, and Black or African American only, not Hispanic or Latino. The data source is 'Data Source: National Health Interview Survey (NHIS), CDC/NCHS'.

Progress Reviews, Spotlights on Health and LHI webinars

Meeting the Aerobic and Muscle-Strengthening PA Guidelines, Adults, 2016



NOTES: — = 95% confidence interval. Data are for adults 18 years and over, except for education-level data that are for adults 25 years and over, who report light or moderate leisure time PA for at least 150 minutes per week or vigorous PA for 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing PA specifically designed to strengthen muscles at least twice per week. Data are age adjusted to the 2000 standard population. Am. Indian/AK Native = American Indian or Alaska Native. Nat. Hawaiian/Other Pacific Isl. = Native Hawaiian or Other Pacific Islander. Black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race. Data for the single race categories are for persons who reported only one racial group. SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Obj. PA-2.4

Promoting Diabetes Prevention Programs and New Payment Options

A Healthy People 2020 Spotlight on Health Webinar

Thu
30
12:00pm EDT

Who's Leading the Leading Health Indicators? Webinar: Access to Health Services

Join us on Thursday, September 20 at 12:00 p.m. ET to learn about progress made toward achieving the Healthy People 2020 Access to Health Services Leading Indicators. You'll also learn about a nonprofit community benefit organization working to increase access to primary care providers for vulnerable populations.

[Register today!](#)

Learn more about [Access to Health Services](#).

Midcourse and Final Review

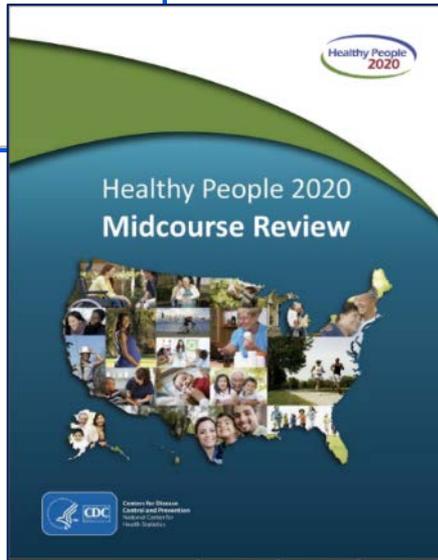


Table 36–2. Midcourse Progress for Measurable Respiratory Diseases Objectives

LEGEND

✔ Target met or exceeded
 + Improving
 ○ Little or no detectable change
 - Getting worse
 Baseline only
 Informational

Objective Description	Baseline Value (Year)	Midcourse Value (Year)	Target	Movement Toward Target	Movement Away From Baseline	Movement Statistically Significant
Asthma						
 RD-1.1 Asthma deaths among children and adults (per million population, <35 years)	3.4 (2007)	3.7 (2013)				
- RD-1.2 Asthma deaths among adults (per million population, 35–64 years)	11.0 (2007)	12.0 (2013)	4.9		9.1%	Yes
+ RD-1.3 Asthma deaths among adults (per million population, 65+ years)	43.4 (2007)	35.7 (2013)	21.5	35.2%		Yes
○ RD-2.1 Hospitalizations for asthma among children (per 10,000 population, <5 years)	41.4 (2007)	33.1 (2010)	18.2	35.8%		No
✔ RD-7.1 Persons with asthma receiving written asthma plans from health care providers (age-adjusted, percent)	33.4% (2008)	40.5% (2013)	36.8%	208.8%		Yes

Progress Made toward Targets for Leading Health Indicators

Sort By

Objective Status

Objective	Status	Baseline value (year)	Midcourse value (year)	Target for the year 2020
Adolescent Health Students graduating from high school 4 years after starting 9th grade (percent) [AH-5.1] LHI Topic: Social Determinants	Improving	79.0% (2010–2011)	81.0% (2012–2013)	87.0%
Access to Health Services Persons with medical insurance (percent, <65 years) [AHS-1.1] LHI Topic: Access to Health Services	Improving	83.2% (2008)	86.7% (2014)	100%
Access to Health Services Persons with a usual primary care provider (percent) [AHS-3] LHI Topic: Access to Health Services	Little or no detectable change	76.3% (2007)	76.5% (2012)	83.9%
Cancer Adults receiving colorectal cancer screening based on most recent guidelines (age-adjusted, percent, 50–75 years) [C-16] LHI Topic: Clinical Preventive Services	Improving	52.1% (2008)	58.2% (2013)	70.5%
Diabetes Persons with diagnosed diabetes whose A1c value is greater than 9 percent (age-adjusted, percent, 18+ years) [D-5.1] LHI Topic: Clinical Preventive Services	Little or no detectable change	18.0% (2005–2008)	21.0% (2009–2012)	16.2%

NCHS as a Change Agent in the Healthy People 2030 Development Process

Prioritization Step 1: Define and Articulate NCHS Perspective Regarding HP2030 (2015–16)

Directive from the NCHS Director:

HP growth over the decades has led to a set of objectives that is:

- Large, burdensome, and unfocused
- Imbalanced with respect to topic area
- Variable in detail and quality
- Not as useful as it could or should be

In a time of budgetary constraint, NCHS is prioritizing within its programs, and must do so with respect to our involvement in this initiative. Proposals:

- A more parsimonious and conceptually coherent set of objectives
- A decentralized management structure

An NCHS memo to the HHS Secretary recommended a reduction for HP2030 in a manner consistent with a 2007 NORC report (commissioned for HP2020 planning). This report set forth a thematic process for developing objectives, and a suggested size of between 10-15 topic areas and 150-200 objectives.

Impact:

The articulation of NCHS' position, together with feedback from stakeholders, led to a commitment to develop a more parsimonious and conceptually coherent set of objectives. This commitment was articulated to the Secretary's Federal Advisory Committee, to the Federal partners, and to external stakeholders.

Prioritization Step 2: Understand the Drivers of Growth (Fall 2016)

Target Year	1990	2000	2010	2020
Prevention	Primary prevention oriented 	Mostly primary prevention oriented with addition of chronic disease and infrastructure/process topic areas 	Mostly primary prevention oriented with additional chronic disease topic areas increasing the focus on secondary prevention as well as additional infrastructure/process and population group topic areas 	Mostly primary prevention oriented with additional chronic disease topic areas increasing the focus on secondary prevention as well as additional infrastructure/process and population group topic areas 
Framework	<ul style="list-style-type: none"> • Topic areas not organized • Objectives organized into 4 categories 	<ul style="list-style-type: none"> • Topic areas organized into 4 categories • Objectives organized into 3 categories 	<ul style="list-style-type: none"> • Topic areas organized alphabetically • Objectives organized in each TA by WG. No specific guidance 	<ul style="list-style-type: none"> • Topic areas organized alphabetically • Objectives organized in each TA by WG. No specific guidance
Chronic Disease and Infrastructure/ Process Topic Areas	None	Added 3 chronic disease and 2 infrastructure/ process topic areas	Added 4 chronic disease, 2 infrastructure/process topic areas	Added 2 chronic disease and 3 infrastructure/ process topic areas
Population Group Topic Areas	None	None	Added 1 population group topic area	Added 4 population group topic areas
# Topic Areas	15	22	28	42
# Objectives	226	319	969	>1,300

HP 2020 Objective Selection Criteria

- **Important and understandable** to a broad audience
- Prevention oriented and should **address health improvements**
- **Drive actions** that will work toward the achievement of the proposed targets
- Useful and reflect issues of **national importance**
- **Measureable** and should address a **range of issues**
- **Continuity and comparability** (relative to previous Healthy People iterations)
- Supported by the **best available scientific evidence**
- Address **population disparities**
- **Valid, reliable, and nationally representative data and data systems**

Selection Criteria have been a part of HP since its start, and their purpose has been to aid decision making.

However, they have been generally ineffective for excluding objectives from Healthy People because they were not operationalized.

Prioritization Step 3: Propose Approaches that Could be Used to Reduce Size

- HHS should set a limit on the total number of objectives
 - The Department could articulate parameters
 - Specified number of topic areas
 - Reduce number of objectives within topic areas
- Alternative approaches (consensus-based)
 - Eliminate programmatically-detailed (multi-part) objectives
 - Use a “Leading Health Indicator/Strawman” approach
 - Develop a scoring method that Topic Area Workgroups could use to prioritize
 - Prioritize based on data source quality

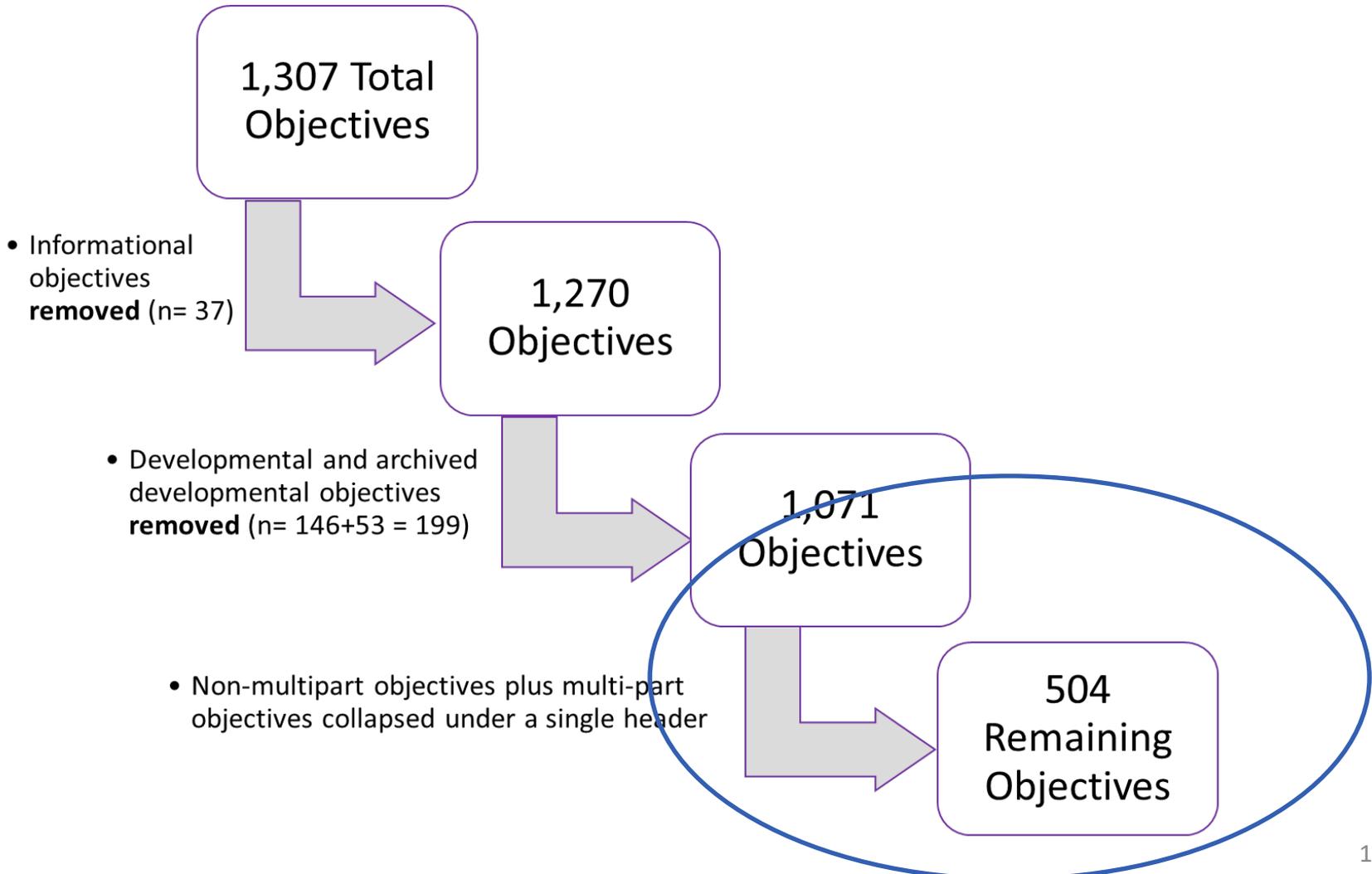
Impact

Elements of each of these approaches were adopted and led to a reduction in the number of objectives, and a generally stronger set of objectives based on key selection criteria (national importance, evidenced-evidence based, high quality national data).

Approaches for Prioritization

a) Eliminate programmatically detailed, multipart objectives (2016)

HP 2020 Proliferation Flow Chart



Approaches for Prioritization

b) Use an LHI-based approach: The HP2020 Strawman Exercise (2017)

Topic Area Example: Maternal, Infant, and Child Health (N=5, HP.gov=107)

***MICH-1.3 Reduce the rate of all infant deaths (within 1 year)** Linked Birth/Infant Death Data Set, CDC/NCHS

MICH-3.1-3.2, 4.1-4.3 Reduce the rate of child, adolescent and young adult deaths National Vital Statistics System-Mortality (NVSS-M), CDC/NCHS

***MICH-9.1 Reduce total preterm births** National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS

MICH-10.2 Increase the proportion of pregnant women who receive early and adequate prenatal care National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS

MICH-28.1-28.2 Reduce occurrence of neural tube defects National Birth Defects Prevention Network (NBDPN), CDC/NCBDDD; National Vital Statistics System-Nativity (NVSS-N), CDC/NCHS

*HP2020 LHI

Approaches for Prioritization

c) The IID Scoring Exercise (Summer 2017)

Effort to apply approaches used by other organizations to synthesize evidence and develop recommendations for prioritization

- Immunizations and Infectious Diseases topic area proposed by CDC leadership
- Operationalized HP objective selection criteria
- Engaged with subject matter experts to score objectives on key domains
- Gave us experience in working with SMEs to looked across a set of objectives that were shared by two organizational units
- Gave us experience in how a workgroup might implement the straw man approach.

Grp	Objective	Total Score	Cluster (Key)	Objective Description
1	ID-11.4	5.0	1	Increase the vaccination coverage level of 3 doses of human papillomavirus (HPV) vaccine for females by age 13 to 15 years
1	ID-11.5	5.0	1	Increase the vaccination coverage level of 3 doses of human papillomavirus (HPV) vaccine for males by age 13 to 15 years
1	ID-11.1	5.2	1	Increase the vaccination coverage level of 1 dose of tetanus-diphtheria-acellular pertussis (Tdap) booster vaccine for adolescents by age 13 to 15 years
1	ID-12.11	5.1	1	Increase the percentage of children aged 6 months through 17 years who are vaccinated annually against seasonal influenza
1	ID-12.12	5.2	1	Increase the percentage of adults aged 18 and older who are vaccinated annually against seasonal influenza
1	ID-14	5.2	1	Increase the percentage of adults who are vaccinated against zoster (shingles)
1	ID-7.1	5.2	1	Maintain an effective vaccination coverage level of 4 doses of the diphtheria-tetanus-acellular pertussis (DTaP) vaccine among children by age 19 to 35 months
1	ID-7.4	5.1	1	Maintain an effective coverage level of 1 dose of measles-mumps-rubella (MMR) vaccine among children by age 19 to 35 months
1	ID-11.3	5.4	1	Increase the vaccination coverage level of 1 dose meningococcal conjugate vaccine for adolescents by age 13 to 15 years
1	ID-12.14	5.4	1	Increase the percentage of pregnant women who are vaccinated against seasonal influenza
1	ID-13.2	5.4	1	Increase the percentage of noninstitutionalized high-risk adults aged 18 to 64 years who are vaccinated against pneumococcal disease
1	ID-12.13	5.6	1	Increase the percentage of health care personnel who are vaccinated annually against seasonal influenza
1	ID-7.2	5.6	1	Achieve and maintain an effective vaccination coverage level of 3 or 4 doses of Haemophilus influenzae type b (Hib) vaccine among children by age 19 to 35 months
1	ID-7.5	5.6	1	Maintain an effective coverage level of 3 doses of polio vaccine among children by age 19 to 35 months
1	ID-7.6	5.6	1	Maintain an effective coverage level of 2 doses of pneumococcal conjugate vaccine (PCV) among children by age 19 to 35 months
1	ID-7.7	5.6	1	Achieve and maintain an effective coverage level of 4 doses of pneumococcal conjugate vaccine (PCV) among children by age 19 to 35 months
1	ID-11.2	5.8	1	Increase the vaccination coverage level of 2 doses of varicella vaccine for adolescents by age 13 to 15 years (excluding children who have had varicella)
1	ID-7.10	5.8	1	Achieve and maintain an effective coverage level of 2 or more or 3 or more doses rotavirus vaccine among children by age 19 to 35 months
1	ID-7.9	5.9	1	Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and pneumococcal conjugate vaccine (PCV)
1,2	ID-7.3	6.0	1	Maintain an effective vaccination coverage level of 3 doses of hepatitis B (Hep B) vaccine among children by age 19 to 35 months
1	ID-13.1	6.2	2	Increase the percentage of noninstitutionalized adults aged 65 years and older who are vaccinated against pneumococcal disease
2	ID-26	6.2	2	Reduce new hepatitis C infections
1,2	ID-13.3	6.3	3	Increase hepatitis B vaccine coverage among health care personnel
2	ID-25.1	6.6	2	Reduce new hepatitis B infections in adults aged 19 and older
2	ID-25.3	6.8	2	Reduce new hepatitis B infections among high-risk populations—Men who have sex with men
1	ID-10.2	7.0	2	Maintain the vaccination coverage level of 2 doses of measles-mumps-rubella (MMR) vaccine for children in kindergarten
1	ID-13.3	7.0	2	Increase the percentage of institutionalized adults (persons aged 18 years and older in long-term or nursing homes) who are vaccinated against pneumococcal disease
2	ID-25.2	7.0	2	Reduce new hepatitis B infections among high-risk populations—injection drug users
1	ID-10.5	7.2	2	Maintain the vaccination coverage level of 2 doses of varicella vaccine for children in kindergarten
2	ID-21	7.2	2	Reduce hepatitis A
2	ID-13	7.2	3	Reduce new hepatitis B cases among persons aged 2 to 18 years
1,2	ID-7.8	7.3	3	Achieve and maintain an effective coverage level of 2 doses of hepatitis A vaccine among children by age 19 to 35 months
1	ID-10.1	7.6	2	Maintain the vaccination coverage level of 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine for children in kindergarten
1	ID-10.1	7.6	2	Maintain the vaccination coverage level of 3 doses of polio vaccine for children in kindergarten
1,2	ID-7.9	7.6	3	Achieve and maintain an effective coverage level of a birth dose of hepatitis B vaccine (0 to 3 days between birth and date of vaccination, reported by annual birth cohort)
2	ID-24	7.7	2	Reduce chronic hepatitis B virus infections in infants and young children (perinatal infections)
1	ID-9	8.2	5	Decrease the percentage of children in the United States who receive 0 doses of recommended vaccines by age 19 to 35 months
1,2	ID-10.4	8.4	4	Maintain the vaccination coverage level of 3 doses of hepatitis B vaccine for children in kindergarten
2	ID-27	8.5	4	Increase the proportion of persons aware they have a hepatitis C infection
1	ID-17.1	8.8	4	Increase the percentage of public health providers who have had vaccination coverage levels among children in their practice population measured within the past year
1	ID-18	8.8	4	Increase the percentage of children under age 6 years of age whose immunization records are in a fully operational, population-based immunization information system (IIS)
1	ID-20	8.8	4	Increase the number of States, the District of Columbia, and other reporting areas that have 80 percent of adolescents with 2 or more age-appropriate immunizations recorded in an immunization information system (IIS) among adolescents aged 11 to 18 years
1	ID-17.2	9.2	4	Increase the percentage of private providers who have had vaccination coverage levels among children in their practice population measured within the past year
1	ID-19	15.1	6	Increase the number of States collecting kindergarten vaccination coverage data according to CDC minimum standards

Approaches for Prioritization

d) Prioritize based on data source quality (Summer 2018)

- One HP selection criterion focuses on valid and reliable national data. Prioritizing based on higher quality, nationally representative data sources that are commonly used in national indicator efforts would limit the number of objectives, make data processing more efficient, and improve the quality of the initiative.
- NCHS examined the data sources used in HP2020
 - Ten data sources accounted for over half of the objectives (54%)
 - A large number (175) data sources are used to monitor the 1031 objectives with identified data sources.
 - Some sources have data quality issues (e.g., frequency of data collection/update; response rate) or are insufficiently documented to determine their quality.
 - Data that were difficult to obtain or of lower quality are particularly burdensome for NCHS.
- NCHS developed
 - A “vetted list” of data sources to be used by the agencies in proposing objectives
 - Guidelines and recommendations regarding data:
 - Focus on federal, nationally representative, non-proprietary data sources
 - Recommendations regarding recency of data; data points throughout the decade
 - Disallow counts of entities

Prioritization Step 4: Engage Stakeholders

Distribution of HP2020 Objectives by Agency

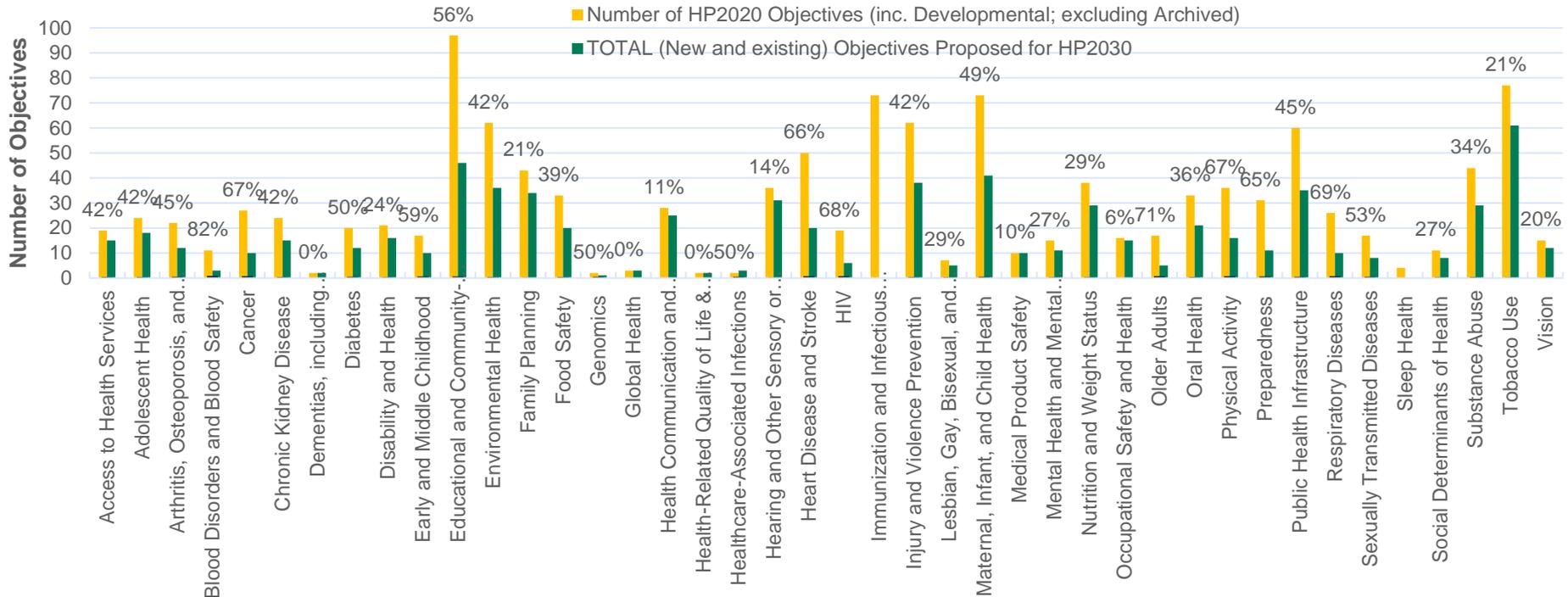
Agency	Number of Objectives	Percent	Agency	Number of Objectives	Percent
CDC*	441	40.1%	AHRQ*	8	0.7%
CDC/NIH	132	12.0%	CDC/HUD	7	0.6%
CDC/HRSA	121	11.0%	CDC/FDA	4	0.4%
NIH*	100	9.1%	CDC/ACL	4	0.4%
OPA*	43	3.9%	CMS*	3	0.3%
HRSA*	40	3.6%	NIH/EPA	2	0.2%
CDC/FDA/NIH	31	2.8%	CDC/ARHQ/ODPHP	2	0.2%
SAMHSA*	29	2.6%	ODPHP*	2	0.2%
NCHS*	24	2.2%	HHS*	1	0.1%
FDA*	21	1.9%	CDC/AHRQ	1	0.1%
CDC/ASPR	21	1.9%	FDA/OASH/NIH	1	0.1%
APHL-NON FEDERAL	21	1.9%	DOJ*	1	0.1%
HRSA/AHRQ	17	1.5%	ACL*	1	0.1%
CDC/ODPHP/HRSA	11	1.0%	IHS*	1	0.1%
CDC/NIH/HRSA/IHS	10	0.9%	DOT*	1	0.1%
			Total	1101	100%

*Sole agency responsible for the listed number of objectives. Does not include objectives where this agency is a co-lead.

Stakeholders: Let Them Carry the Message Sometimes

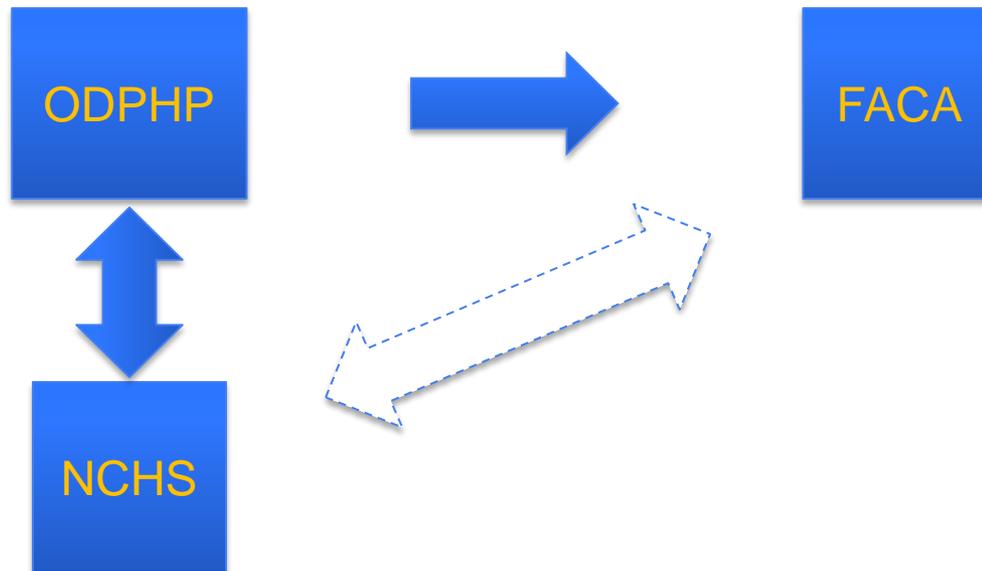
- NCHS and ODPHP have a cross-cutting view of HP.
- However, we were not the only ones interested in a more parsimonious set of objectives.
 - Key participating agencies also undertook the challenge of reducing, and started communicating using the same language.
 - NIH and CDC led the Cancer Topic area in pilot test to reduce objectives.
 - CDC liaison led workgroups in implementing the charge to reduce (including the use of comparative statistics/public shaming).
 - Representatives from the HHS Data Council also played a cross-cutting role on ORS.

Reduction in Total Number of Objectives For Healthy People 2030 by Topic Area



Communication with the FACA: An Important Set of Stakeholder Messages

- NCHS is in close partnership with ODPHP and the FIW in all aspects of HP 2030
- Because of the requirements of the Federal Advisory Committee Act, we did not directly initiate communication with the FACA
- We are often invited to provide expertise to the FACA subcommittees (History of HP, Criteria, Social Determinants, Subnational data; Summary Measures of Health)
- The prioritization process is benefiting from harmonized messages about HP 2030



Effect of NCHS Work on HP2030 Development

- 1. A more focused set of nationally important objectives with a direct impact on health**
- 2. Improved data source quality**
 - Eliminated data sources of lower quality
 - Number of data sources reduced by about half
 - Improved efficiency for data processing
- 3. A smaller set of objectives**
 - Limited the number of objectives per Topic Area
 - Some Topic Areas were removed or combined
 - Eliminated the use of multipart objectives
 - Eliminated informational objectives
 - Limited the number of developmental objectives
 - Avoided objectives with a limited or indirect impact on health

Slate for Public Comment

Number of Objectives

Healthy People 2020

~1,200

Agency Assessment
(January-March 2018)

~500

FIW Objective Review
(July-September
2018)

~400

ORS (October-
November 2018)

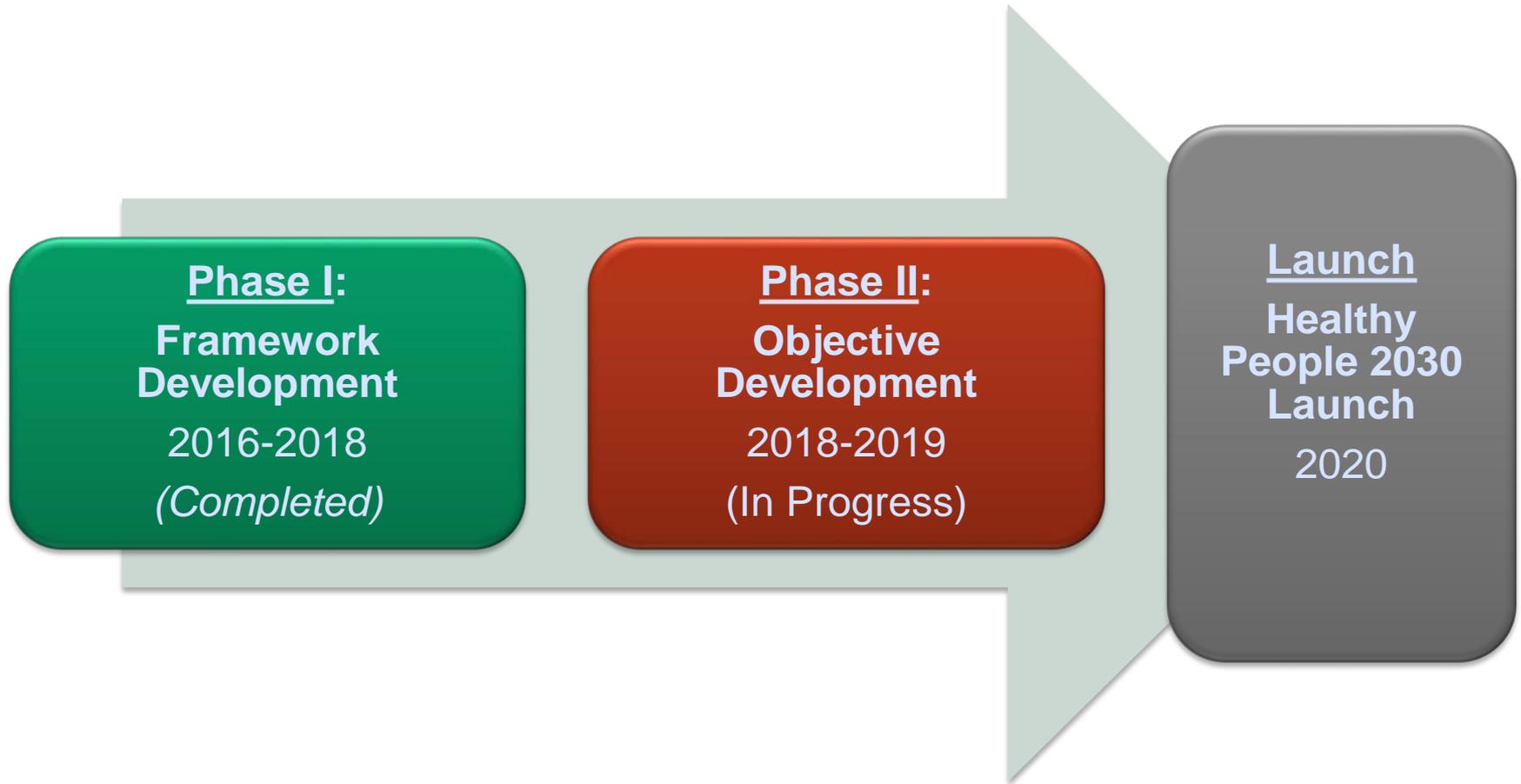
**355 Core
objectives**

Healthy People 2030 Development Process

Three Components of Healthy People 2030 Development



Healthy People 2030 Development Timeline



Phase I: HP2030 Framework

Vision, Mission, and Overarching Goals

Vision

- A society in which all people can achieve their full potential for health and well-being across the lifespan.

Mission

- To promote, strengthen and evaluate the nation's efforts to improve the health and well-being of all people.

Overarching Goals

- Attain healthy, thriving lives and well-being, free of preventable disease, disability, injury and premature death.
- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.
- Create social, physical, and economic environments that promote attaining full potential for health and well-being for all.
- Promote healthy development, healthy behaviors and well-being across all life stages.
- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

Phase II: Objective Development – Core Objective Selection Criteria

1

Core objectives must be measurable by the data cutoff for inclusion in HP2030 (2019)

2

Core objectives must reasonably be expected to have a baseline using data no older than 2015, and two additional data points during the HP2030 decade.

3

National Importance

Direct impact or influence on health
Broad and Comprehensive Applicability
Substantial Burden
National public health priority

4

Evidence-Base: effective interventions to achieve the objective

5

Health Equity and Disparities

Next Steps and Items for Discussion

Next Steps

	HP2030	HP2020
December 2018 to January 2019	Public Comment and Target Setting	Data updates; Leading Health Indicator (LHI) releases
Spring 2019	Departmental Clearance and Data Template	Data updates; LHI releases
Summer 2019	Launch data production and verification	Data updates; LHI releases
Fall 2019	Finalization of HP2030 launch data	Finalization of HP2020 final data; LHI releases
Early 2020	Launch of HP2030	Closeout of HP2020
Late 2020	Launch of DATA2030	HP2020 Executive Summary
2021	Launch of HP2030 LHIs	HP2020 Final Review

Questions for Discussion

1. Given the history of Healthy People and direction Healthy People 2030 is going, what reactions and recommendations does the Committee have?
2. How can we leverage our longstanding contributions to the Healthy People initiative to the benefit of NCHS?
3. What is the best way to focus HP2030 data products throughout the decade?
4. What are areas of focus for research planning and/or technical assistance for HP2030?
5. What data partnerships could be better leveraged by NCHS as the data and statistical advisor to Healthy People?

Thank You!

Key Websites	HPSB Staff	HPSB Contractors
<p>http://www.healthypeople.gov</p> <p>http://www.cdc.gov/nchs/healthy_people.htm</p> <p>http://www.cdc.gov/nchs/products/hp_pubs.htm</p> <p>For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov</p>	<p>Lesley Dobrzynski Robert Francis Leda Gurley LaJeana Hawkins Kate Hubbard Kimberly Hurvitz Elizabeth Jackson Sibeso Joyner Deepthi Kandi Mark Montgomery Robin Pendley Cheryl Rose Asel Ryskulova Rashmi Tandon Ritu Tuteja</p>	<p>Mary Anne Freedman Richard Klein Makram Talih</p>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

