

Healthy People 2020: A Framework for Action

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Healthy People – Important National Initiative

- Established to focus nation on health goals
- Healthy People 2020 --- 4th iteration
- Common framework for public health and medical care
- Helps to coordinate efforts of Federal health agencies
- Measurements to assess progress



Healthy People 2010 Lessons Learned



- Areas for improvement:
 - Not always easy to use
 - Difficult to navigate
 - Difficult to understand how some objectives/ targets were set
 - Not well advertised, lower utilization rates than desired
 - Limited accountability (who and for what?)



Healthy People 2010 Lessons Learned



- Areas for improvement (continued):
 - Challenge to interpret progress in achieving objectives
 - Primarily disease-oriented, more of a medical model with little focus on determinants/outcomes/interventions
 - Framework limits the document's appeal
 - Focuses on federal government, does not do much to engage other stakeholders and organizations outside of health sector
 - Does not incorporate a broad sense of what public health is
 - Not designed based on an understanding of what works (evidence-based public health), so not clear how objectives could actually be achieved

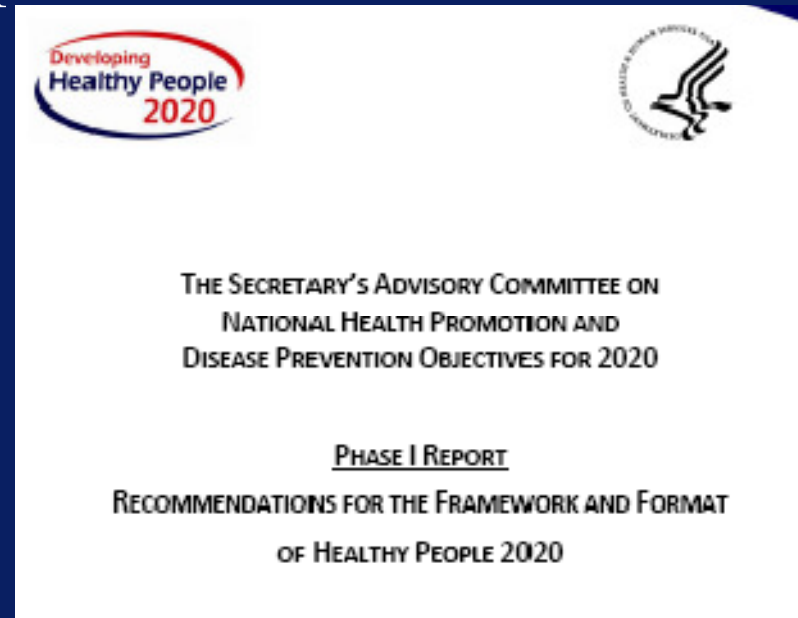


The Healthy People 2020 Development Process

- Federal Interagency Workgroup
 - Charged with overseeing and coordinating the development process within the Federal government
- Federal agency membership
 - ~50 members, representing 23 HHS agencies/offices
 - Expanded to include non-HHS Federal partners
 - DoEd, USDA, EPA, VA, DoJ, and others
- Secretary's Advisory Committee

The Healthy People 2020 Development Process

- Federal Interagency Workgroup & Secretary's Advisory Committee guiding two-phase process for HP 2020 development
 - Phase I: development of the Healthy People 2020 Framework
 - Phase II: development of the specific objectives and strategies to achieve them



Phase I report released by
the Advisory Committee in
October 2008

HP 2020 Development Process: Charge to the Advisory Committee

The Committee was charged by the HHS Secretary to:

1. Provide advice and consultation to the Secretary to facilitate the process of developing and implementing national health promotion and disease prevention goals and objectives; and
2. Advise the Secretary about initiatives to occur during the initial implementation phase of the goals and objectives.

Advisory Committee's Guiding Principles

- What is Healthy People 2020?
 - A national health agenda that communicates a vision and strategy for improving the health of the nation's population and achieving health equity
- What is HP 2020's intended use?
 - Assist Federal agencies in setting priorities regarding funding and activities
 - Enable state and local public health departments and their partners to set priorities and assign tasks to help achieve the objectives
 - Offer guidance to stakeholders at all levels, and balance our attention between health care and the health determinants in our social and physical environments
 - Provide guidance regarding what metrics are needed to determine progress

Adopted Healthy People 2020 Vision & Mission

Healthy People 2020 Vision:

- A society in which all people live long, healthy lives

Healthy People 2020 Mission:

- Identify nationwide health improvement priorities;
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress;
- Provide measurable objectives and goals that are applicable at the national, state, and local levels;
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge;
- Identify critical research, evaluation and data collection needs.

Adopted HP 2020 Overarching Goals

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

How Are the Social and Physical Environment Defined?

- The Advisory Committee defined these terms as follows in its Phase I report:
 - The *social environment* is the aggregate of social, economic, and cultural institutions, norms, patterns, beliefs, and processes that influence the life of an individual or community.
 - The *physical environment* comprises the structures and functions of both the natural and built environments that influence the health of individuals or communities.
- “Societal determinants” refers to both the social and the physical environmental realms.



How Can HP 2020 Help Efforts to Address the Social and Physical Environments?

- Raise awareness of how other sectors impact population health
 - Identify effective interventions with partners in non-health sector
 - Incorporate health in all policies (HiAP) into implementation of HP 2020
 - Create stronger partnerships between public health and non-health sectors and agencies
- Focus federal funding and activities on:
 - Expanding the evidence base linking health and the social and physical environments
 - Developing effective environmental interventions
 - Developing effective, relevant data measurement tools and indicators



The “Health in All Policies” approach

- *“An innovative strategy that introduces improved population health outcomes and closing the health gap as goals to be shared across all parts of government. HiAP seeks to address complex health challenges through an integrated policy response across sectors.”*
 - Kickbusch I. Adelaide Revisited: From Healthy Public Policy to Health in All Policies. *Health Promotion International* 2008 23(1):1-4

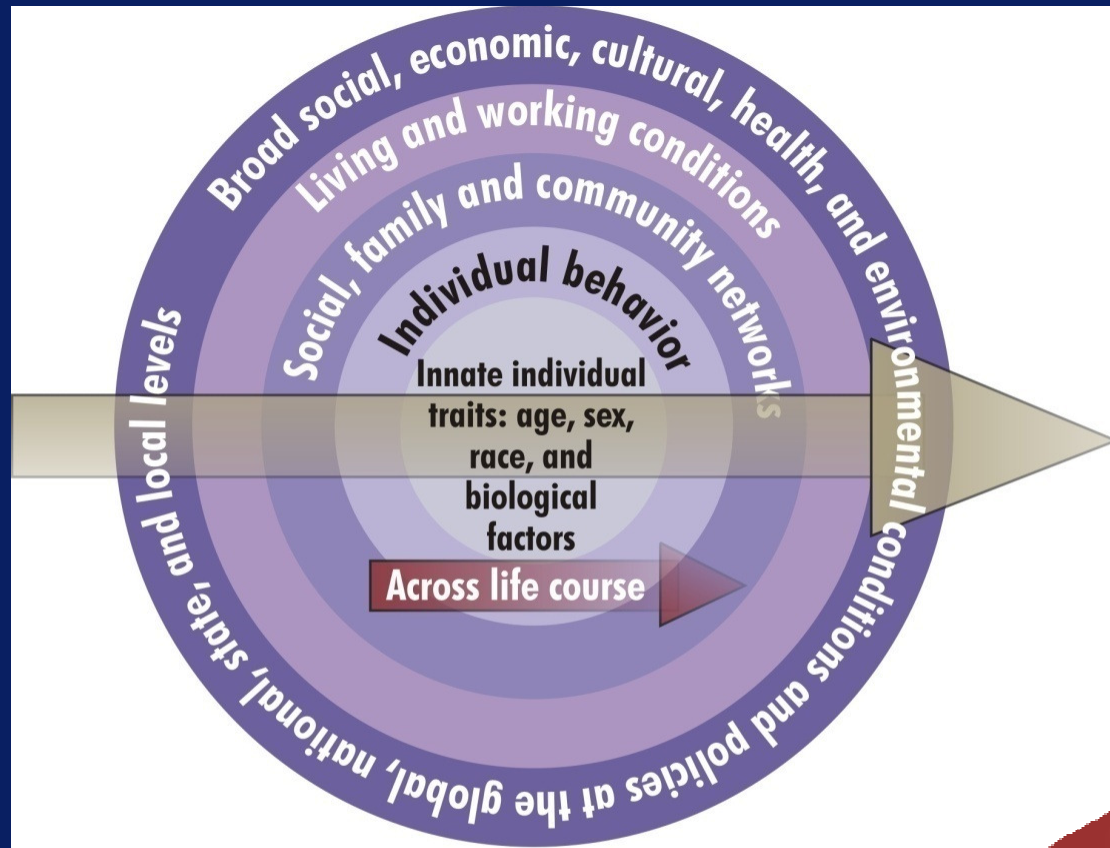


Action Model to Achieve Healthy People 2020 Overarching Goals

Determinants of Health

Interventions

- Policies
- Programs
- Information



Outcomes

- Behavioral outcomes
- Specific risk factors, diseases, & conditions
- Injuries
- Well-being & health-related Quality of Life
- Health equity

Assessment, Monitoring,
Evaluation & Dissemination

Proposed Topic Areas for Specific Objectives

There are currently over 1300 proposed objectives and sub-objectives!

- Access to Health Services
- Adolescent Health
- Arthritis, Osteoporosis, and Chronic Back Conditions
- Blood Disorders and Blood Safety
- Cancer
- Chronic Kidney Disease
- Diabetes
- Disability and Secondary Conditions
- Early and Middle Childhood
- Educational and Community-Based Programs
- Environmental Health
- Family Planning
- Food Safety
- Genomics
- Global Health
- Health Communication and Health IT
- Healthcare-Associated Infections

Topic Areas that have been changed from the 2010 categories are in red font.

Topic Areas that have been proposed as new additions for Healthy People 2020 are in yellow font.



Proposed Topic Areas for Specific Objectives (continued)

- **Hearing and Other Sensory or Communication Disorders**
- Heart Disease and Stroke
- HIV
- Immunization and Infectious Diseases
- Injury and Violence Prevention
- Maternal, Infant, and Child Health
- Medical Product Safety
- Mental Health and Mental Disorders
- **Nutrition and Weight Status**
- Occupational Safety and Health
- **Older Adults**
- Oral Health
- Physical Activity and Fitness
- Public Health Infrastructure
- **Quality of Life and Well-Being**
- Respiratory Diseases
- Sexually Transmitted Diseases
- **Social Determinants of Health**
- Substance Abuse
- Tobacco Use
- **Vision**



Topic Areas that have been changed from the 2010 categories are in **red** font. Topic Areas that have been proposed as new additions for Healthy People 2020 are in **yellow** font.

Examples of Draft Objectives for Nutrition and Weight Status Topic Area

Objectives Retained As Is From Healthy People 2010

NWS HP2020–1: Increase the proportion of adults who are at a healthy weight.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Action: Retained Healthy People 2010 objective 19-1.

NWS HP2020–2: Reduce the proportion of adults who are obese.

Data Source: National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Action: Retained Healthy People 2010 objective 19-2.



Examples of Draft Objectives for Nutrition and Weight Status Topic Area

Objectives Retained But Modified From Healthy People 2010

NWS HP2020–14: Eliminate very low food security among children in U.S. households.

Data Source: Food Security Supplement to the Current Population Survey, U.S. Department of Commerce, Bureau of the Census.

Action: Retained but modified Healthy People 2010 objective 19-18.



Examples of Draft Objectives for Nutrition and Weight Status Topic Area

Objectives New to Healthy People 2020

NWS HP2020–16: Increase the proportion of primary care physicians who regularly measure the body mass index of their patients.

- a. Increase the proportion of primary care physicians who regularly assess body mass index in their adult patients.
- b. Increase the proportion of primary care physicians who regularly assess body mass index in their child or adolescent patients.

Data Source: National Survey on Energy Balance Related Care Among Primary Care Physicians.

Action: New to Healthy People 2020.

NWS HP2020–19: Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in childcare.

Data Source: National Resource Center for Health and Safety in Child Care and Early Education public access database of licensing regulations for all 50 U.S. States and the District of Columbia.

Action: New to Healthy People 2020.

Examples of Draft Objectives for Nutrition and Weight Status Topic Area

Example of objective that was included in Healthy People 2010 but will not be included in Healthy People 2020:

HP2010–19-9: Increase the proportion of persons aged 2 years and older who consume no more than 30 percent of calories from total fat.

HP2010 Data Source: What We Eat in America, USDA; National Health and Nutrition Examination Survey (NHANES), CDC, NCHS.

Action: Archived due to change in science.



Utilizing the Internet to Make Healthy People 2020 More User-Friendly & Useful

- No longer primarily a print-based reference book
- Also a web-accessible database that:
 - Offers improved capacity to deliver information tailored to the needs of users = an easily searchable database
 - Can organize information by interventions, determinants, outcomes of interest and tie it to the evidence base
 - Will have a user-friendly interface, accessible to all levels of users
 - Engages users in an interactive, action-oriented process

HP 2020 Development Process: Timeline

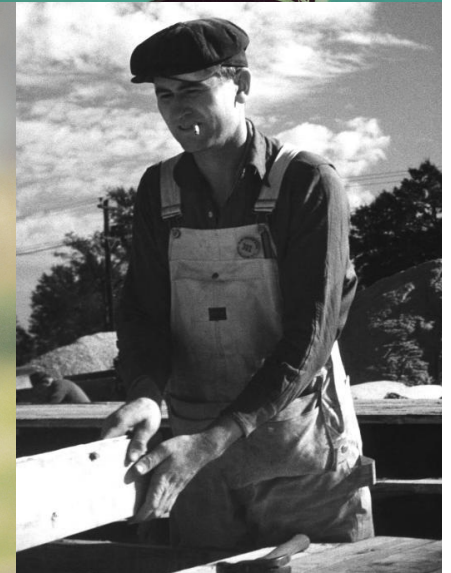
- 2007, 2008, 2009
 - Phase I: Developed a framework and overarching goals
 - Received public input
- Late 2008 - 2009
 - Released framework and overarching goals
 - Phase II: Started drafting objectives
 - Received additional public input
- January – August, 2010
 - Continue Phase II: Revise objectives, set targets, identify evidence-based practices and develop an implementation guide
- September- December 2010
 - **Release of Healthy People 2020**

HP 2020: Future Needs

- Better data, especially at local level
- Better dissemination and promotion of HP 2020
- Increased accountability for those responsible for prevention and health promotion
- More partnerships
 - With private sector
 - With schools
 - With faith-based organizations (FBOs)
- Continued identification of effective prevention strategies

What Determines Our Collective Health and Disease/Illness Burden?

- Socio-economic environment
 - Poverty
 - Education
 - Social connectedness
- Physical environment
 - Natural environment
 - Built environment
- Health care system
- Behaviors
- Genetics



Physical Environment Influences Our Health and Behaviors

- Natural physical environment
 - Climate change
 - Air quality
 - Heat waves, floods, wildfires
 - Energy policy
 - Air quality
- Built physical environment: the way we design communities and buildings
 - “Those living in sprawling counties were likely to walk less, weigh more, and have a greater prevalence of hypertension than those living in compact counties.” (average six pound difference)*
 - Greenspaces
 - Neighborhood safety
 - Zoning laws
 - General walkability and bikeability

* Ewing R, et al: American Journal of Health Promotion 18(1) Sept/Oct 2003

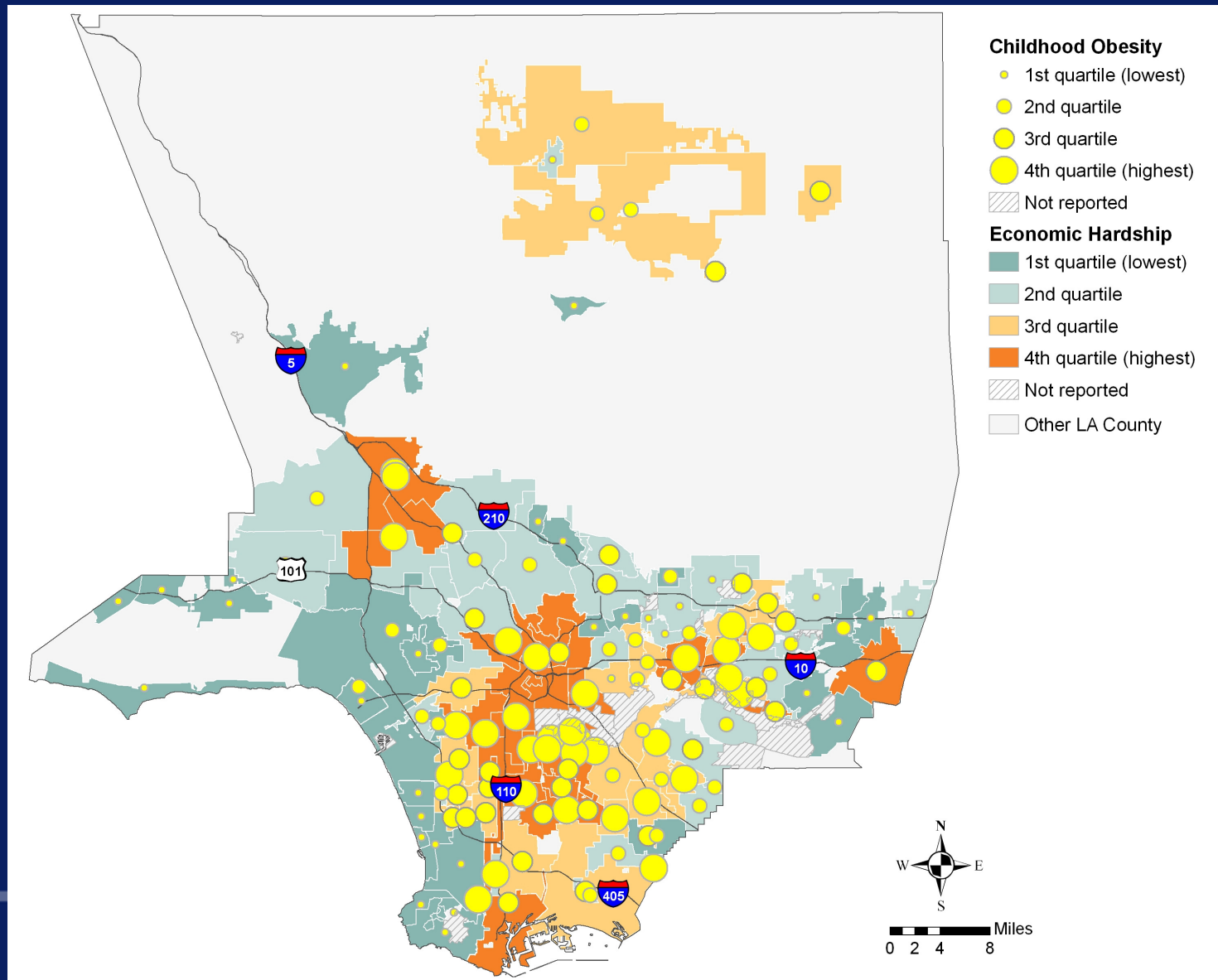


Social Environment Influences Our Health and Behaviors

- Education
 - On average, a high school graduate lives 6 to 9 years longer than a dropout (Wong 2002)
 - Better educated people have lower morbidity rates from most acute and chronic diseases that is not fully explained by income, basic demographics, and job characteristics
- Income
 - Bottom 80% of adult income earners' life expectancy is 4.3 years and 5.8 HALYs shorter than those in the top 20% of earners (Muennig et al., 2005)
- Safety/violence in neighborhoods
 - Direct impact = victims of violence
 - Indirect impact = residents are not physically active
- Substance abuse
 - Policies regulate youth access to alcohol and tobacco
 - Depictions in mass media and culture can positively or negatively portray substance use
- Eating and nutrition culture
 - People are eating outside of the home more often, but don't know what they're eating
 - Portion sizes have increased exponentially in recent decades



Economic Hardship & Childhood Obesity



Cities/Communities with Lowest and Highest Childhood Obesity Prevalence, 2008

Top 10*

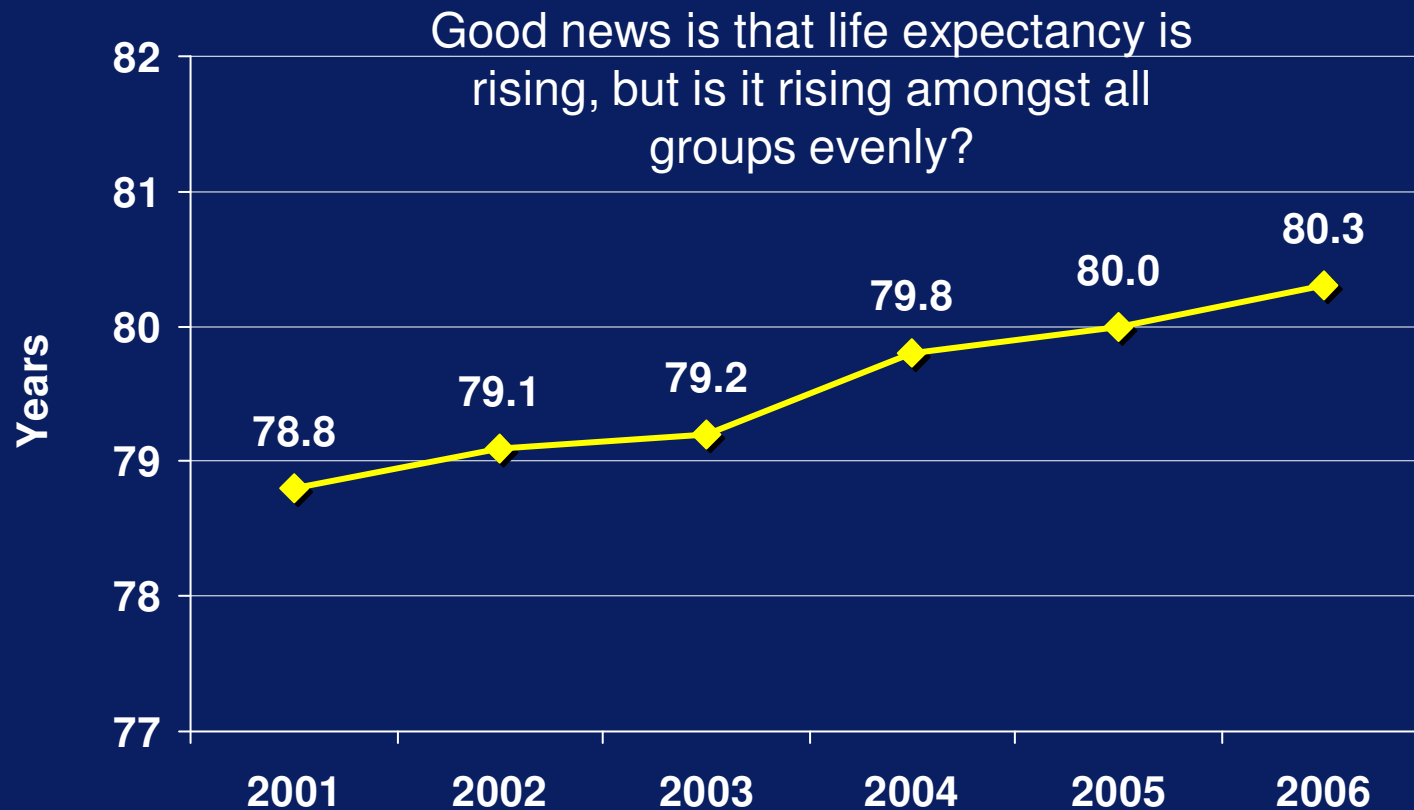
Bottom 10*

City/Community Name	Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)	City/Community Name	Obesity Prevalence (%)	Rank of Economic Hardship (1 - 128)
Manhattan Beach	3.4	2	West Athens	30.6	94
Calabasas	5.0	8	South Gate	30.7	110
Hermosa Beach	5.1	1	Florence-Graham	31.0	128
Agoura Hills	5.3	10	West Whittier-Los Nietos	31.1	81
Beverly Hills	5.4	19	West Carson	31.4	56
Malibu	5.9	4	Vincent	32.2	69
Palos Verdes Estates	7.3	5	East Los Angeles	32.9	117
San Marino	7.8	15	Hawaiian Gardens	33.4	107
Rolling Hills Estate	8.4	9	South El Monte	34.5	111
La Canada Flintridge	8.5	18	Walnut Park	38.7	113
Average 10 lowest	6.2%		Average 10 highest	32.7%	

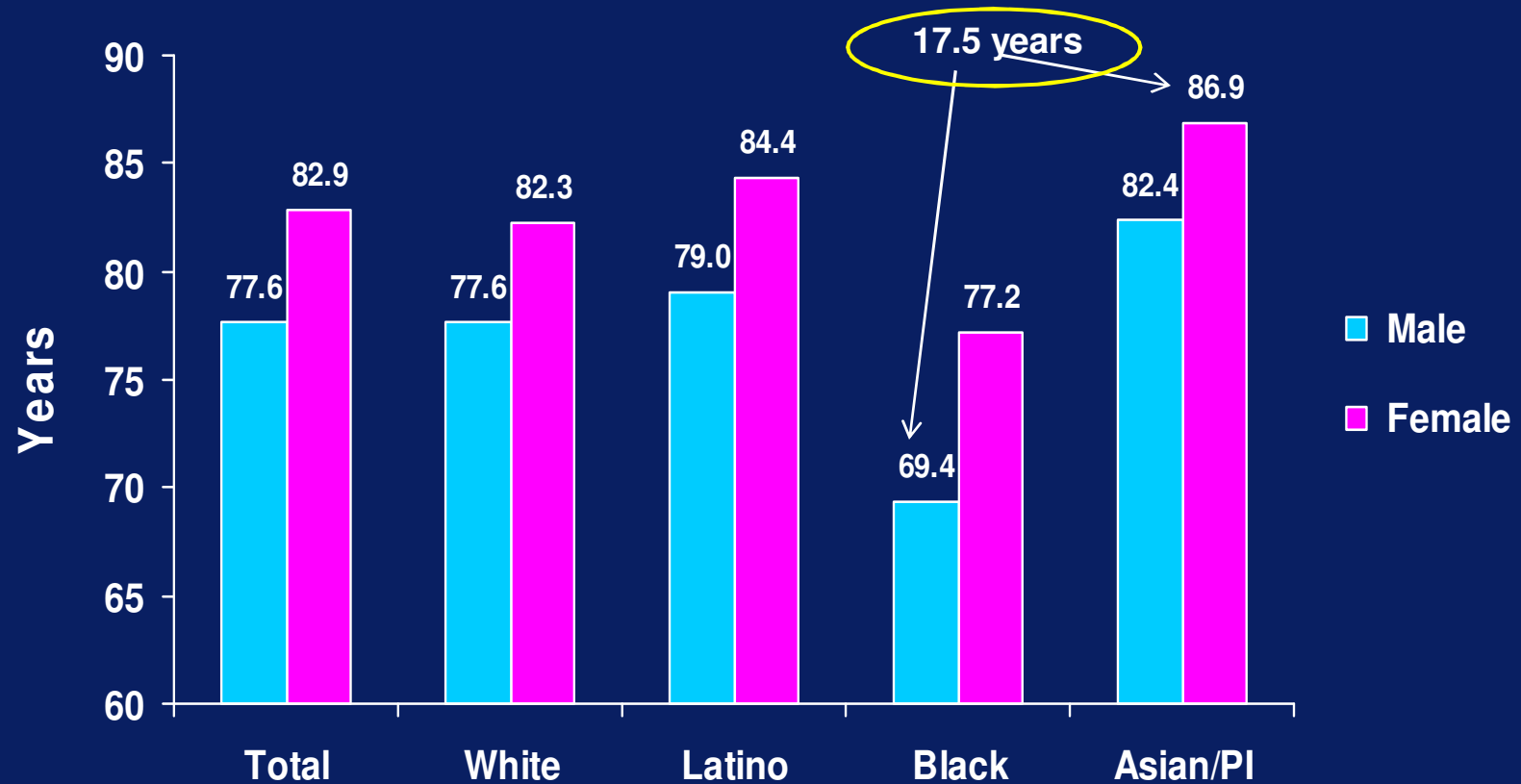


*Table excludes cities/communities where number of students with BMI data < 500.
Source: California Physical Fitness Testing Program, California Department of Education. Includes 5th, 7th, and 9th graders enrolled in LA County public schools.

Overall life expectancy at birth Los Angeles County, 2001-2006



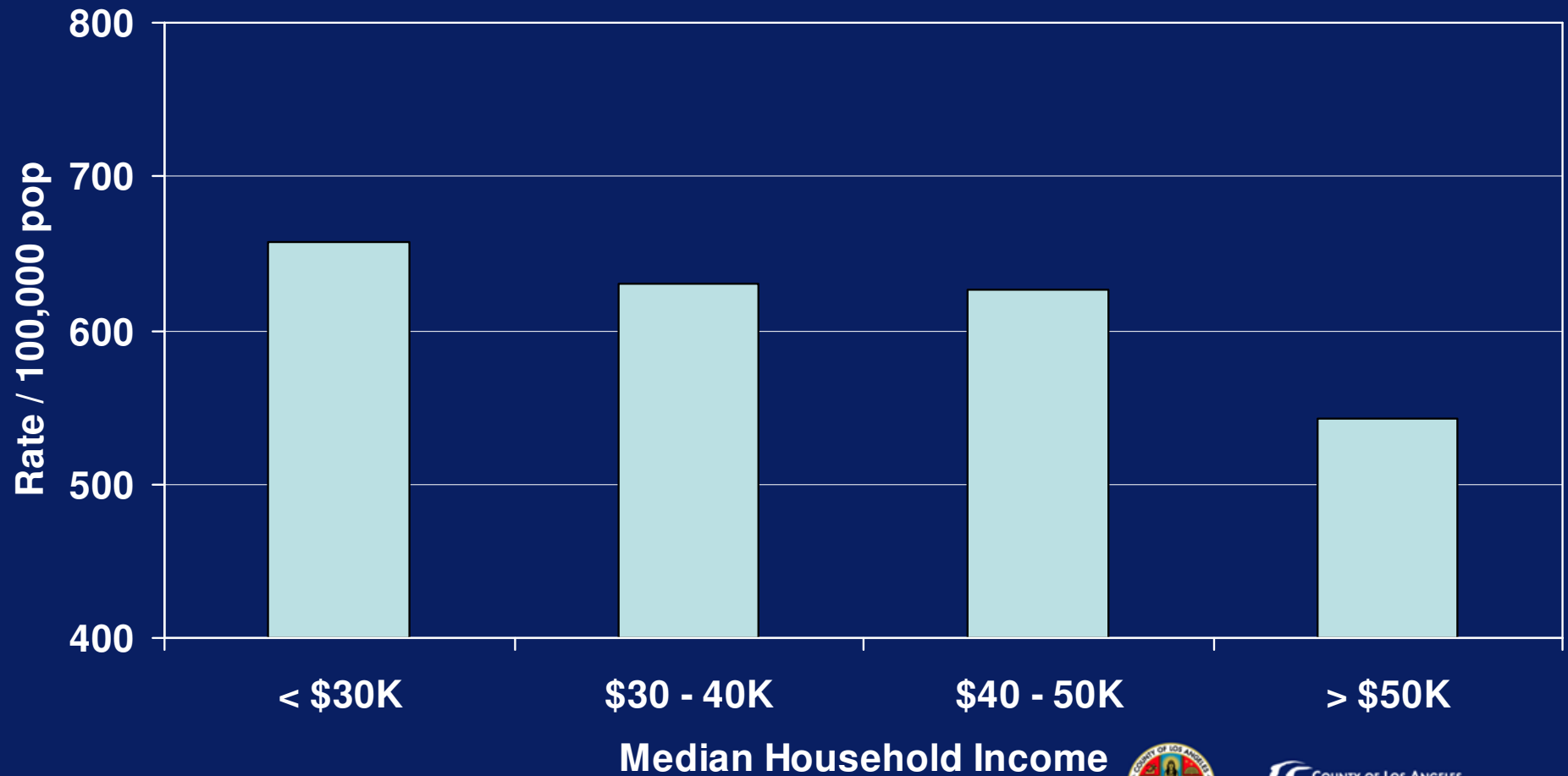
Health Disparities Exist: Life Expectancy at Birth by Sex & Race/Ethnicity - LA County, 2006



- Difference between Black males & Asian females = 17.5 years



Annual Age-adjusted Mortality Rate by Median Household Income - LA County, 2003-2005



Determining What Works Best: Establishing the Evidence Base

- Population health interventions take many forms:
 - Policies
 - Programs
 - Intersectoral activities
- Wide variety of approaches to assessing them
 - Individual studies and evaluations
 - Best Practices
 - Systematic reviews
 - Health impact assessments
 - Modeling



Task Force on Community Preventive Services (TFCPS)

Aims:

- To evaluate the effectiveness and economic efficiency of community-based preventive services
 - Including group-based, policy, environmental, health care system interventions
- To make recommendations for use of these interventions in policy and practice
- To identify research gaps
- Performs systematic reviews and makes related recommendations based on standardized methods
- Recommendations, findings are found in the **Guide to Community Preventive Services (Community Guide)**
- <http://www.thecommunityguide.org>



U.S. Preventive Services Task Force (USPSTF)

Aims:

- To **evaluate the benefits** of individually-based clinical preventive services
 - Based on age, gender, and risk factors for disease
- To **make recommendations** about which clinical preventive services should be incorporated routinely into primary medical care and for which populations
- To **identify a research agenda** for clinical preventive care
- ☞ Recommendations, findings are found in the **Guide to Clinical Preventive Services (Clinical Guide)**
- ☞ <http://www.ahrq.gov/clinic/cps3dix.htm>



The Task Forces Are Complementary

Individual level
Clinical settings
Delivered by healthcare providers
Screening, Counseling, etc.

Clinical Guide
(USPSTF
Recommendations)

Group level
Health system changes
Insurance/benefits coverage
Access to/provision of services
Community, population-based
Informational
(Group Education, Media)
Behavioral, Social
Environmental & Policy Change

Community Guide
(TFCPS
Recommendations)



New USPSTF Recommendation on Screening for Colorectal Cancer

The USPSTF recommends:

- Screening adults age 50-75 using annual high-sensitivity fecal occult blood testing, sigmoidoscopy every 5 years or colonoscopy every 10 years
- Against *routine* screening of adults age 76-85
- Against screening of adults age 86 and older
- USPSTF found insufficient evidence to assess the benefits and harms of computed tomographic (CT) colonography and fecal DNA testing



TFCPS Recommended Strategies for Increasing Cancer Screening⁺

Client-based Interventions			
Community Demand	Breast	Cervical	Colorectal
Client reminder	Strong	Strong	Sufficient
Client incentive	<i>Insufficient*</i>	<i>Insufficient*</i>	<i>Insufficient*</i>
Mass media	<i>Insufficient*</i>	<i>Insufficient**</i>	<i>Insufficient*</i>
Small media	Strong	Strong	Strong
Group education	<i>Insufficient†</i>	<i>Insufficient**</i>	<i>Insufficient†</i>
One-on-one education	Strong	Strong	<i>Insufficient**</i>
Community Access			
Reduce structural barrier	Strong	<i>Insufficient**</i>	Strong
Reduce out-of-pocket expense	Sufficient	<i>Insufficient**</i>	<i>Insufficient*</i>
Provider-oriented Interventions			
Provider reminder	Strong		
Provider assessment & feedback	Sufficient		
Provider incentive	<i>Insufficient**</i>		

Reasons evidence insufficient:
** Too few studies

* No studies
† Inconsistent findings

⁺American Journal of Preventive Medicine
June 2008



So What Can SOPHE Members Do?

- Educate
 - Who?
 - Clients and general public
 - Colleagues and partners (especially in other sectors such as transportation, urban planning, education, and others)
 - Decision makers
 - About what?
 - That health care does not equal health
 - The major determinants of health and the physical and social environment
 - We must use the best evidence
 - Health in all policies



Opportunities for the PRCs

- Strengthen evidence base
 - What policies, programs & practices are effective in achieving HP 2020 objectives?
 - What is the effect size?
 - For whom do they work?
- Assist state & local health depts. & the stakeholders
 - Planning, prioritizing, evaluating
- Be a learning community
- Educate & advocate



Please visit the Healthy People website at:

<http://www.healthypeople.gov/hp2020>

Subscribe to the HP 2020 listserv to receive email notifications about HP 2020 by sending an e-mail message to listserv@list.nih.gov with the message text: "subscribe HEALTHYPEOPLE"

For more information on the Community Guide:

<http://www.thecommunityguide.org>

For more information on the Clinical Guide:

<http://www.ahrq.gov/clinic/cps3dix.htm>

