Healthy People 2030 and the Leading Health Indicators

February 25, 2021
Q&A Box
Please use this feature to type in questions at any point during the webinar for the panel to address.

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Today’s Presenters

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RADM Paul Reed, MD

Deputy Assistant Secretary for Health, Director, Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
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.

• Represents collective input from federal, state, local, public, private stakeholders.
Healthy People 2030 Framework - Vision & Mission

**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.
Healthy People 2030 Goals

1. Attain healthy, thriving lives, and well-being free of preventable disease, disability, injury, and premature death.

2. Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

3. Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

4. Promote healthy development, healthy behaviors, and well-being across all life stages.

5. 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.
Healthy People Social Determinants of Health Framework

- Education Access and Quality
- Health Care Access and Quality
- Economic Stability
- Neighborhood and Built Environment
- Social and Community Context
Healthy People 2030 sets a shared vision to improve the nation’s health. Because of COVID-19, that’s now more important than ever.

<table>
<thead>
<tr>
<th>Healthy People 2030 and COVID-19</th>
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<tbody>
<tr>
<td><strong>Increase the proportion of people with health insurance — AHS-01</strong></td>
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<tr>
<td><strong>Increase the proportion of adults with broadband internet — HC/HIT-05</strong></td>
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<td><strong>Increase the proportion of state public health agencies that are accredited — PHI-01</strong></td>
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<td><strong>Increase the proportion of local public health agencies that are accredited — PHI-02</strong></td>
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<td><strong>Increase the number of tribal public health agencies that are accredited — PHI-03</strong></td>
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<td><strong>Increase the proportion of people who donate blood — BDBS-D01</strong></td>
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<tr>
<td><strong>Increase the number of individuals trained globally to prevent, detect, or respond to public health threats — GH-D01</strong></td>
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Evolution of Healthy People Objectives

**Healthy People 1990**
- ~200 objectives

**Healthy People 2000**
- ~300 objectives

**Healthy People 2010**
- ~1,000 objectives

**Healthy People 2020**
- ~1,300 objectives

**Healthy People 2030**
- 355 objectives
Healthy People 2030 Objective Types

Core Objectives

• Measurable objectives with valid, reliable, nationally representative data, including baseline data and targets for the decade.
• Reflect high-priority public health issues and are associated with evidence-based interventions.

Developmental Objectives

• Represent high priority issues that do not have reliable baseline data, but for which evidence-based interventions have been identified.

Research Objectives

• Represent public health issues with a high health or economic burden or significant disparities between population groups — but they aren't yet associated with evidence-based interventions.
• Require more research to build a stronger evidence base and may reflect new or emerging health issues.
Healthy People 2030 Objectives & Measures

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

Overall Health and Well-Being Measures
8 broad, global outcome measures intended to assess the Healthy People 2030 vision

Core Objectives
355 measurable public health objectives that have 10-year targets and are associated with evidence-based interventions

Leading Health Indicators
A small subset of 23 high-priority Healthy People 2030 core objectives selected to drive action toward improving health and well-being

Developmental Objectives
Public health issues with evidence-based interventions but lacking reliable data

Research Objectives
Public health issues that are not yet associated with evidence-based interventions
Healthy People 2030 Leading Health Indicators – Selection Criteria

• Are Healthy People 2030 **Core** objectives
• Focus on **upstream measures** such as risk factors/behaviors rather than disease outcomes including, prevention
• Address issues of **national importance**, including leading causes of morbidity and mortality, and alignment with HHS priorities
• Have known **evidence-based** interventions and strategies to motivate action
• Are able to measure **determinants of health, health disparities, and health equity**
• As a set, cover the **lifespan**
• Meet **rigorous data** requirements
<table>
<thead>
<tr>
<th>All ages</th>
<th>Children and adolescents</th>
<th>Adults and older adults</th>
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<tbody>
<tr>
<td>Use the oral health care system*</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; grade reading skills at or above grade attainment level</td>
<td>Binge drinking of alcoholic beverages during the past 30 days</td>
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<tr>
<td>Consumption of calories from added sugars*</td>
<td>Treatment received for major depressive episodes</td>
<td>Adults who meet minimum guidelines for aerobic and muscle-strengthening activity</td>
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<tr>
<td>Drug overdose deaths</td>
<td>Obesity rates</td>
<td>Adults who receive a colorectal cancer screening</td>
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<tr>
<td>Exposure to unhealthy air</td>
<td>Current use of any tobacco products</td>
<td>Adults with hypertension whose blood pressure is controlled</td>
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<td>Cigarette smoking</td>
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<td>Employment among the working-age population</td>
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<td>Maternal deaths</td>
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<td>New cases of diagnosed diabetes in the population</td>
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<td><strong>Persons who know their HIV status</strong>*</td>
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<td><strong>Persons with medical insurance</strong>*</td>
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<td></td>
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<td><strong>Suicides</strong></td>
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*Apply to most of the life stages

Note: for the formal, full titles of the Leading Health Indicators, go to the Healthy People 2030 website
Using Healthy People 2030

1. Identify needs and priority populations
   - Identify populations most vulnerable to COVID-19 and other health conditions
   - Stay current on the latest data in your community

2. Set your own targets
   - Find HP measures and data related to your work
   - Set local targets that contribute to national goals

3. Find inspiration and practical tools
   - Leverage existing resources (i.e., framework, models)
   - Look for evidence-based resources and tools

4. Monitor national progress
   - Use HP data as a benchmark
   - Use HP data to inform policy & program planning
   - Monitor how your progress compares to national data
Healthy People 2030 Implementation

• Proposed Implementation Strategies:
  • Webinars
  • Population data, including Leading Health Indicators
  • Frequent data updates and reporting
  • Robust data visualizations
  • Progress Reports (Midcourse Review; Final Review)
  • Stories from stakeholders on Healthy People implementation
  • Enhanced outreach, communication and partner engagement
Vicki Collie-Akers, PhD, MPH

Associate Professor, Department of Population Health, Kansas Health Foundation Professor of Public Health Practice, University of Kansas Medical Center
Using Healthy People 2020 to support community health planning

Presented By Vicki Collie-Akers, PhD, MPH, Associate Professor, Kansas Health Foundation Professor of Public Health Practice, Department Of Population Health

NACCHO & DHHS Healthy People 2030 Leading Health Indicators Webinar
February 25th, 2021
• Describe the context of public health practice in a mid-sized, Midwest community
• Describe use of the Healthy People 2020 Objectives to inform community health improvement planning
Background: Douglas County, Kansas

- Located in Northeast Kansas
- Population of 110,000
- Primary community of Lawrence
- Progressive university community
- 40 miles from Kansas City
Background: Lawrence-Douglas County Public Health

- Mission: To advance policies, practices, and programs that promote health for all, prevent disease, and protect the environment
- One of 105 local health departments in decentralized state of KS
- One of two remaining city-county funded local health departments in KS
- Accredited in 2015
- In a typical year staff size is between 40-45; Annual budget ≈ $2.5 million
Established the Lawrence-Douglas County Public Health and University of Kansas Academic Health Department in 2013

• Includes partnership principles and an outline of activities
  • Ongoing support for community health assessment and improvement planning efforts
• Includes contract for shared personnel
• LDCPH provides space for faculty and students

Drive policy, system and environmental change
Contribute to the evidence-base of what works in public health
Build the capacity of the current and future workforce
Community Health Assessment and Improvement Planning

- Community Health Assessment and Improvement Planning is part of the 10 Essential Public Health Services.
- Public Health Accreditation Board (PHAB) requires a community health assessment and plan to be completed every 5 years.
Community Health Assessment

- Completion of Community Health Assessment

Selection of 4 contributing factors + 1 Lens
- Access to health care
- Alcohol, tobacco, and other drugs + Mental Health → Behavioral Health
- Child abuse and neglect
- Discrimination
- Healthy food + Physical activity
- Housing
- Poverty & Jobs
Healthy People 2020 influenced efforts in three key ways:

- Adoption of an ecological, determinants approach
- Engagement of multiple sectors to support identification of strategies and implementation
- Use of Healthy People 2020 to develop measurable objectives
Use of Healthy People 2020 Framework

Lawrence-Douglas County Framework for Understanding and Addressing Health and Health Equity

Broader Context: National, regional, and state values, beliefs, history, attitudes, and media; history of accumulated race privilege; barriers to opportunities; contemporary culture.

- Adoption of an ecological, determinants approach

People Factors
- Life Course
  - Pregnancy
  - Early childhood
  - Childhood
  - Adolescence
  - Adulthood
  - Older adults
- Equity across Populations
  - Racial and ethnic minorities
  - Gender
  - Immigration status
  - Low-income, in poverty
  - People with disabilities
  - Sexual orientation
  - Geographic location
  - Single parent households

Community Factors
- Income, Jobs, Wages
- Education
- Housing (Access, Affordability, Habitability)
- Food Security
- Health-promoting policies
- Transportation
- Childcare (affordability, quality)
- Marketing for tobacco, alcohol, food
- Built Environment (Recreation, Food)
- Environmental quality (water, air, soil)
- Access to communication and information
- Predatory business practices
- Participation (social, political, civic)
- Political influence
- Organizational networks
- Discrimination
- Segregation
- Social cohesion
- Social support
- Social inclusion
- Violence
- Incarcerations

Risk Behaviors
- Tobacco use
- Alcohol and drug use
- Risky sexual behavior

Health-seeking behaviors
- Healthy eating
- Physical activity
- Utilization of preventive care services

Pro-social factors
- Civic engagement
- Engagement in services
- Self-efficacy
- Hopefulness

Mental
- Access to mental health providers
- Utilization of mental & behavioral health services

Physical
- Access to primary care
- Access to prenatal care
- Provision of preventive care services
- Utilization of emergency department for preventable causes
- Ratio of Active Health Professionals
- Health insurance coverage

Oral
- Access to dental care providers
- Utilization of dental care

Population Outcomes
- Quality of Life
  - Quality adjusted life year
  - Chronic stress
- Morbidity
  - Burden of:
    - Infectious disease
    - Chronic disease
    - Injury (intentional & unintentional)
    - Oral/dental disease
    - Mental & behavioral illness
- Mortality
  - Life expectancy/Length of life
  - Infant mortality

Strategies for Addressing Health and Health Equity:
- Data collection, monitoring, and surveillance
- Community engagement and capacity building
- Policy and environmental changes
- Systems change
- Coordinated interagency efforts
- Population-based interventions to address health factors
Use of Healthy People 2020 Framework

- Engagement of multiple sectors to support identification of strategies and implementation
Use of Healthy People 2020 Framework

- Engagement of multiple sectors to support identification of strategies and implementation
Use of Healthy People 2020 to develop measurable objectives

Convene partners from across community
Understand and frame the issue
Develop goals and objectives for the issue
Identify and prioritize strategies
Create action steps with identified partners

Alignment to national benchmarks and plans. Support staff from the LDCHD and KUCCHD provided objectives from Healthy People 2020 to consider when selecting or constructing objectives. As appropriate, strategies or approaches from national plans were integrated.
Use of Healthy People 2020 Framework

- Use of Healthy People 2020 to develop measurable objectives

Behavioral Health

- By 2023, decrease the age-adjusted suicide rate from 16.0 to 14.0 per 100,000 population.
- Increase the proportion of adults 18 and older with serious mental illness (SMI) who receive treatment by 10%
- Increase the proportion of adults who are homeless with mental health problems who receive mental health services by 5%

MHMD-1 Reduce the suicide rate

MHMD-9.1 Increase the proportion of adults aged 18 years and older with serious mental illness (SMI) who receive treatment

MHMD-12 Increase the proportion of homeless adults with mental health problems who receive mental health services
Access to Safe and Affordable Housing
• By 2023, reduce the proportion of all households that spend more than 30% of income on housing from 26.0% to 24.0%

Anti-Poverty
• By 2023, ensure no change in the proportion of Black, Indigenous, and Children of color (aged 0-17 years) living in poverty.

Access to Healthy Foods and Healthy Built Environment
• By 2023, reduce household food insecurity from 16.5% to 15.5%.
Conclusions and Future Directions

• HP 2020 framework and objectives offered tools and model objectives which supported our community’s planning efforts in a meaningful way
  • Supported our progress from addressing the manifestation of inequities to addressing root causes
• Looking ahead to initiate new cycle of CHA/CHIP in mid-late 2022
• Build on and deepen our efforts to address root causes of inequities, create conditions for health, and to advance health for all
• Continued use of HP 2030 to guide our efforts
Acknowledgements

• Dan Partridge and colleagues at Lawrence-Douglas County Public Health

To learn more, please contact:
Vicki Collie-Akers: vcollieakers@kumc.edu
Moderated Q & A
Stay Connected With Healthy People & NACCHO

• Visit the Healthy People 2030 Website at https://health.gov/healthypeople

• Follow the Healthy People 2030 initiative using the Twitter handle @healthgov and #HP2030

• Visit the National Association of County and City Health Officials’ Website at https://www.naccho.org/
Thank you!