

## Lessons from Healthy People 2020 to Inform Healthy People 2030

### Introduction

For three decades, Healthy People has [established](#) national priorities and guided efforts in disease prevention and health promotion across the country. Healthy People provides science-based, 10-year national objectives to help Americans live longer with fewer preventable diseases while fostering health equity and creating physical and social environments that promote good health and quality of life. Healthy People 2020, the fourth iteration of the initiative, includes 1,200 objectives within 42 topic areas to be measured for progress over the 10-year period (2010 to 2020). The Secretary's Advisory Committee on National Health Promotion and Disease Prevention has begun the multiyear process of [developing](#) the framework for Healthy People 2030, gathering input from a diverse set of experts, organizations, and community members.

The Association of State and Territorial Health Officials (ASTHO), through funding provided by the Department of Health and Human Services' Office of Disease Prevention and Health Promotion, interviewed state health agency employees to ensure state-level perspectives are represented in the process of developing Healthy People 2030. This report summarizing key themes emerging from interviews with representatives in six states (Arkansas, California, Colorado, Florida, Idaho, and Wisconsin). It also details state successes from Healthy People 2020, explains ongoing challenges states have encountered, and outlines recommendations for updating Healthy People 2030.

### Healthy People 2020 Successes

State health agencies find Healthy People to be most useful in setting national health priorities and establishing standardized benchmarks as a comparison for states. Healthy People frames the way federal and state agencies approach health improvement and prevention activities. Specifically, Healthy People 2020 served as a model for states when selecting objectives and indicators for their individualized State Health Improvement Plans (SHIPs). To develop a SHIP, health agency staff typically begin with state health assessments, analyzing data from a variety of both national surveys (e.g., Behavioral Risk Factor Surveillance System [BRFSS] data) and local sources (e.g., county health assessments). To create a comprehensive SHIP, all state interviewees compared health indicators from their state health assessments to the Healthy People 2020 indicators, which allowed them to identify gaps, highlight opportunities, and prioritize funding goals.

Healthy People 2020 also encourages health agencies to develop a shared vision relative to the scope and priorities of public health across sectors. For example, as one state health representative emphasized, "when you are trying to communicate what you are doing and why it is important, [this] shared language can be essential [in collaborating with partners]." Every state highlighted Healthy People 2020 as a key part of applications for accreditation, cooperative agreements, and grants, such as the Preventive Health and Health

"[Healthy People 2020 offers] a kind of shared language, so when you are trying to communicate what you are doing and why it is important, we will often look back and see if there is an indicator that can show what that connection is."

– Interviewee from the Wisconsin Department of Health Services

Services Block Grant. In this way, Healthy People serves a coordinating tool between states and national organizations.

Engaging diverse task forces, especially when they include a variety of members outside of traditional public health experts, are also important in developing SHIPs and identifying priorities from Healthy People 2020. A representative from the Colorado Department of Public Health and Environment detailed how the state moved from a “room full of mostly public health people” to a holistic and inclusive advisory committee where “everyday Coloradans” were able to give input and understood what the health department wanted to do. States can establish task forces and advisory committees across sectors and outside public health to jointly address community concerns and develop priorities for their SHIPs. To promote community engagement, many states created publicly accessible health dashboards with up-to-date state health statistics, data, and information. The Florida Department of Health’s dashboard, [FLHealthCHARTS](#), is one example. Healthy People 2020 has been essential to helping states identify state health priorities, communicate with other health organizations, and model engagement with local communities.

### **State Challenges**

States cited funding shortages for certain programmatic areas and inadequate data sharing as two obstacles to collecting data or setting state-specific goals from the Healthy People 2020 indicators. For example, a representative from the Idaho Department of Health and Welfare identified a lack of data sharing agreements with statewide health systems as a major barrier to tracking indicators. Similarly, while representatives from the Wisconsin Department of Health Services appreciated that Healthy People 2020 established a robust framework with which to work, they indicated some states may find it difficult to prioritize these objectives or make them actionable without funding. State interviewees from the Arkansas Department of Health discussed challenges in creating state-specific goals for Healthy People indicators, mainly because the Healthy People 2020 goals were unrealistic for the state. As a result, the department of health utilized a standardized percentage change for each indicator. For example, if the change from baseline at the national level was a 12 percent change, the state’s goal was 12 percent from its baseline. Each state requested additional technical assistance and guidance for making Healthy People 2030 more actionable in SHIPs and state health programs.

Furthermore, states found the current format of topics and objectives to be cumbersome to navigate and recommended that Healthy People be more holistic in its scope by prioritizing multisectoral topics (e.g., social determinants, behavioral health, and health equity). ASTHO posed open-ended questions to states about what topics should be prioritized (or deprioritized) in Healthy People 2030. States felt that no topic should be deprioritized, focusing instead on restructuring the objectives. During these interviews, the most frequently-cited topics to be prioritized were social determinants of health, substance use, access to care, adverse childhood experiences and trauma, health equity, mental health, opioid misuse, suicide, and marijuana use.

As shown in **Figure 1**, the responses were grouped into topics related to mental health and suicide, substance use, and social determinants of health. Regarding social determinants of health, states expressed a desire for Healthy People to better prioritize multisectoral topics, such as poverty reduction and education improvements.



**Figure 1:** This word cloud displays the most frequently-cited public health topics that should be prioritized in Healthy People 2030, according to the health agency representatives interviewed for this report.

This feedback aligns with other recommendations from states, namely that Healthy People should focus on upstream factors and consider a [Health in All Policies](#) approach. Additionally, while Healthy People 2020 [tracks](#) disparity data for 655 objectives, states believe Healthy People should do more to analyze data related to disparities across states and regions. Multiple states named race, gender, income, and geography as critical variables in improving health outcomes. States like Colorado and Florida included innovative measures to address racial and gender disparities into their SHIPs. Healthy People could provide more leadership on the process for other states.

Finally, states have found that Healthy People’s 10-year cycle is too long because data and priorities become outdated. As a representative from Let’s Get Healthy California pointed out, “community needs and issues [can] change drastically [and] fairly quickly so, in 10 years, the landscape can be completely different.” SHIPs are recreated or refreshed every five years. Similarly, states felt that Healthy People 2020 did not provide enough guidance on addressing emerging health issues and crises, namely the opioid epidemic and Zika virus. States recommend more regular updates to objectives and indicator data to address these issues.

### Recommendations for Healthy People 2030

To overcome current barriers that prevent states from acting on Healthy People initiatives, additional support can be provided through technical assistance and capacity building. ASTHO plays an important role among state and territorial health officials by connecting states both to each other and to key resources. Representatives from the Wisconsin Department of Health Services suggested that Healthy People should change “from being a *driver* of action to a *supporter* of action.” Coordinating resources and trainings for states to better collect data, set state-specific goals, and create initiatives related to Healthy People priorities could be done through ASTHO’s existing organizational approach to supporting health officials and their leadership teams. A Healthy People state learning collaborative, for example, with a focus on connecting state Healthy People coordinators, implementing ASTHO’s systems change framework, and using the Plan, Do, Study, Act quality improvement model could be an effective approach to disseminating successful state strategies and resources related to Healthy People.

ASTHO urges Healthy People 2030 to consider incorporating the aforementioned topics that states identified to reflect the broad scope of public health activities and services. Although the current framework of topics and objectives was reportedly cumbersome, states requested that the next generation of Healthy People measure and track even more. Specifically, states recognized the

importance of engaging stakeholders across sectors in health improvement initiatives. Reorganizing objectives into collaborative and accessible buckets, similar to the United Nations [Millennium Development Goals](#) and [Sustainable Development Goals](#), would allow states to better track connections in public health and create more effective state programs. Additionally, states believe improved tracking of disparities and non-traditional determinants would allow them to better identify priority populations. For example, while surveys such as the BRFSS already track some data related to racism, the Bay Area Regional Health Inequities Initiative [created](#) a novel framework for mapping out connections between social inequities and health, allowing health departments to better focus their efforts upstream.

Finally, Healthy People should explore strategies to mitigate the negative effects of having a relatively long, 10-year cycle. Currently, Healthy People provides yearly data updates on many indicators and [developed](#) the Healthy People 2020 midcourse review as a comprehensive update on goals and objectives halfway through the 10-year initiative. However, these resources would become more valuable through better dissemination and a switch to more modern, interactive data dashboards, such as those used by states. Additionally, Healthy People should create a category that can account for new health issues as they emerge over the decade. As the opioid crisis and Zika virus showed, certain health crises are dynamic and cannot be adequately defined through fixed, 10-year objectives. To assist states in responding to such events, Healthy People 2030 should include a category exclusively for acute health crises that details ways to respond rapidly and effectively.

### **Conclusion**

Healthy People 2020 has been successful in helping states establish public health goals, collaborate with other health organizations, and engage with local communities. However, states experienced difficulty collecting data on certain indicators, setting state-specific goals, and finding more updated goals and statistics throughout the 10-year cycle. States recommended prioritizing certain emerging issues and a greater inclusion of disparities and stakeholders outside of public health in Healthy People 2030. As a result, ASTHO recommends establishing a learning collaborative to generate more state engagement, a reorganization of topics to better represent the collaborative nature of public health, and the creation of a new Healthy People category exclusively for emerging health crises.