Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 Fifteenth Meeting: Wednesday, October 2, 2019, 11:00 a.m. to 12:00 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
- Paul K. Halverson, DrPH, MHSA, FACHE
- Mary A. Pittman, DrPH
- Therese S. Richmond, PhD, CRNP, FAAN
- Nirav R. Shah, MD, MPH
- Edward J. Sondik, PhD
- Joel B. Teitelbaum, JD, LLM
- Glenda L. Wrenn Gordon, MD, MSHP, FAPA
- Namvar Zohoori, MD, MPH, PhD

Welcome

11:00 to 11:05 a.m.

Dr. Don Wright (ODPHP) welcomed members to the 15th meeting of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030 (Committee). The goal of the meeting was to receive and discuss recommendations from the Data Subcommittee. The Data Subcommittee developed recommendations regarding data partnerships at the state, local, and community levels to guide and improve data quality standards as well as for building a data partnership infrastructure for Healthy People 2030.

Dr. Wright acknowledged and thanked the Committee for accepting the ambitious charge to provide advice to the HHS Secretary regarding the development and implementation of Healthy People 2030 and summarized the work completed by the Committee since December 1, 2016. The Committee has:

- Provided explicit recommendations regarding the scope of content for Healthy People 2030
- Delivered advice for an organizing framework and the selection of Leading Health Indicator categories
- Produced specific recommendations regarding the criteria, approach, and priorities for selecting objectives in order to streamline and significantly reduce by one-half or more the overall number of measurable objectives from the number currently in Healthy People 2020
- Provided advice on ways to improve the dissemination and timeliness of reliable and nationally representative data

- Identified methods for target setting based on the best available evidence
- Delivered recommendations on approaches to communicating and implementing Healthy
 People 2030 that engage stakeholders in the private and public sectors
- Produced comprehensive recommendations for implementing Healthy People across various settings (e.g., state and local) and sectors (e.g., health care, education)
- Recommended a process for monitoring and reporting on objectives throughout the decade
- Produced recommendations regarding the roles of health and well-being, health equity, health literacy, health promotion, law and policy, complex systems science and modeling, and summary measures of health and well-being in Healthy People 2030.
- Reviewed and provided recommendations on the proposed slate of Healthy People 2030 objectives
- Delivered recommendations for the production of graphics to communicate key elements of Healthy People 2030

Dr. Wright thanked all members of the Committee for their work over the past 3 years and their dedication to improving the health of the Nation.

Goals for the Meeting 11:05 to 11:10 a.m.

Dr. Nico Pronk provided an overview of the meeting agenda. The meeting included a presentation from Dr. Edward Sondik, chair of the Data Subcommittee, to share the work of the subcommittee and its recommendations on how Healthy People can assist states, tribes, and communities in their use of data to achieve Healthy People objectives. After the presentation, Dr. Pronk noted that the Committee would discuss and vote on the recommendations.

Data Subcommittee: Recommendations Regarding Data Partnerships 11:10 to 11:55 a.m.

Dr. Edward Sondik introduced the work of the Data Subcommittee and thanked the members for their contributions. Dr. Sondik reviewed the charge to the subcommittee, which was to identify ways for Healthy People to support the creation of a data partnerships network to help guide the use of data at the national, tribal, state, territory, and local levels. He noted there is a need for accurate data from credible sources, which will be the key to ensuring that decisions at all levels, including those below the national level, are relevant and accurate. He remarked that the local and community levels can be emphasized more by Healthy People in the future and are crucial and relevant to achieving Healthy People goals.

Dr. Sondik provided an overview of the Data Subcommittee's report and recommendations regarding data needs, progress reporting, and potential innovations in data, and the data partnerships network. This work expands on a subcommittee recommendation that was presented to the Committee on March 27, 2019: To expand the scope and content of existing data, the subcommittee proposes leveraging existing activities through a new infrastructure of data partnerships. Such an infrastructure could guide and support Healthy People 2030 in:

• The rapid growth of data

- Demand for new types of data
- The need for subnational data
- Data analytics and innovation

Dr. Sondik discussed how the data partnerships network is supposed to evolve with the rapid growth of the data field. He described the degree of data resources available, including analysis and data analytics tools, and noted that a need for data exists at the subnational levels. He explained that there has been an improvement in data resources for stakeholders at the subnational levels and shared the following resources:

- County Health Rankings & Roadmaps
- Public Health Alliance of Southern California
- State-level open data portals
- Community data dashboards
- Administrative data resources
- USALEEP: Neighborhood Life Expectancy Project
- FoodNet: Extensive information on foodborne illnesses

Dr. Sondik presented a diagram showing the relationships between data and the various components of Healthy People. Data is in the center of the diagram with arrows showing how it influences different aspects of the program including the Healthy People objectives, the assessment of the objectives, and the development of programs, policies, and practices. The subcommittee also included a box featuring National Data Partnerships in the diagram to show the link between individuals developing, using, and promoting data.

Dr. Sondik discussed the development of the Data Subcommittee report, "Discussion and Exploration: Building a Data Partnership Infrastructure for Healthy People 2030." The subcommittee developed the report during meetings between October 2018 and January 2019. The subcommittee received presentations from Dr. John Lumpkin from Blue Cross and Blue Shield of North Carolina Foundation and the Digital Bridge, Dr. Soma Stout from 100 Million Healthier Lives, and representatives from the National Center for Health Statistics—including Dr. Irma Arispe, Dr. David Huang, and Mr. Richard Klein. Dr. Sondik described how the presentations provided new ideas about the use of data throughout different fields, including health care and public health, and how Healthy People has used data in the past. He explained that the Healthy People objectives should link to data across all levels, especially the tribal, state, territorial, and local levels. He added that the data also should include community-level data in order to fully represent all people living in those areas. The community-level information, along with the data at other levels, should be used to enable accountability, improvement, surveillance, and decision-making. He noted that HHS should consistently work with communities to update community-level data.

Dr. Sondik described how the data partnership network could create a foundation for high-quality data at all levels through learning by sharing priorities, opportunities, and challenges. The goal of the partnership network would be to expand the availability of quality data and data analytic capacity to those who oversee and implement efforts to achieve Healthy People objective targets. He added that

the data partnership network will be a consortium of organizations, stakeholders, and other datafocused entities that will work together to achieve the following:

- Create/expand locally relevant data
- Improve the capacity of all Healthy People 2030 partners to meet the data-related recommendations set forth by the Secretary's Advisory Committee
- Implement the Healthy People 2030 framework, including the vision, mission, foundational
 principles, overarching goals, and plan of action to ensure the availability of high-quality data on
 health and well-being, health equity, and the determinants of health

Dr. Sondik discussed how the data partnership network would help measure and evaluate the impact of Healthy People. He also shared how it would be an analytic challenge, but there has been progress in entities sharing data to work together. The data partnership network could help Healthy People use innovations in data and data science, which would assure the public that the initiative continues to offer high-quality data while maintaining privacy and confidentiality. The data partnership network also could contribute to the monitoring and progress of Healthy People 2030.

Dr. Sondik presented a triangle graphic representing the 4 recommendations, with the data partnership network in the center being supported by a learning collaborative, local data needs assessments, and targeted resources. The learning collaborative could provide a platform for Healthy People stakeholders to explore and learn about innovations in data from different resources such as electronic health records, health information exchanges, and social services systems. Healthy People stakeholders also could provide feedback on what data would be beneficial. A data guidance groups could implement local data needs assessments in order to identify and define the major data needs at all levels. *Targeted resources* refers to increasing resources to HHS, ODPHP, and NCHS, which would enable them to provide guidance to different stakeholders on different data resources and enhance data at all levels.

After discussing the development of the Data Subcommittee report, Dr. Sondik reviewed the subcommittee's 4 recommendations:

- Recommendation 1: Increase resources to HHS entities ODPHP and NCHS to provide guidance to tribal, state, territorial, and local entities
- **Recommendation 2**: Establish a data guidance group to identify major tribal, state, territorial, and local data needs
- Recommendation 3: Establish a data partnership network and an associated infrastructure to
 enable those developing and analyzing data at all levels to share data and expertise in support
 of Healthy People 2030
- Recommendation 4: Create a Healthy People data partnership learning collaborative

Committee Discussion

Dr. Pronk elaborated on the learning collaborative by commenting that it will provide an opportunity for the partnership to continuously be updated and implemented for stakeholders. Dr. Jonathan Fielding noted that it is important to provide sufficient funding and resources to develop and support the data partnership network.

Dr. Susan F. Goekler asked how organizations from other non-health care or public health sectors, such as housing or education, would be involved in the data partnership network. Dr. Sondik replied that the Healthy People 2030 objectives are built on data from a variety of sectors, and it would be important for the data partnership to include diverse and comprehensive data resources. He added that the data partnership network could focus on granular, community-level data from different sectors like housing, labor, or education.

Dr. Goekler asked whether privacy issues and regulations like HIPAA or FERPA had been discussed during the development of the recommendations and report. Dr. Sondik replied that privacy will be a crucial consideration in the development of the data partnership. He noted that privacy and confidentiality are current concerns for the data community, and that the data partnership could provide guidance on privacy and confidentiality to local-level stakeholders. Dr. Therese Richmond added that the report includes more detailed information about privacy issues regarding the learning collaborative and the data partnership.

Dr. Fielding raised the topic of climate change. He noted that while climate change is not explicitly referenced in the report, it is a threat to the health of the United States, and that different data science methods—such as predictive modeling—could be useful to prepare for the effects of climate change. Dr. Sondik agreed that the issue of climate change should be on the agenda for the data partnership network and the learning collaborative; he agreed that data analytics will be an important tool for addressing climate change. Dr. Kleinman added that local-level stakeholders are currently working to address climate change in their communities and it will be important to include those data resources in the data partnership infrastructure.

Dr. Namvar Zohoori expressed excitement for the emphasis on including local and state partners due to the breadth of local data resources currently available. However, he noted that there are a lot of data resources that are incompatible with each other and it would be beneficial to develop compatible data resources.

Dr. Goekler pointed out the importance of local and specialized data in monitoring health equity. She added that the learning collaborative should include new types of data that are being developed for special populations and communities. Dr. Kleinman stated that it is important to include social determinants of health data and how information exchanges through the learning collaborative will be beneficial to developing the recommendations. Dr. Sondik added that schools of public health and medical schools could have a significant role regarding ways to use data because of their roles in their states and communities. He noted that it will be important to include academic stakeholders, particularly when forming the learning collaborative.

Committee Vote

The Committee voted on and approved each of the 4 proposed recommendations regarding the development of data partnerships for Healthy People 2030. The Committee's recommendations for creating a data partnership infrastructure and network will be shared with the HHS Secretary through a formal report. Once the Secretary receives the report, it will be published online and available for stakeholders and members of the public.

Dr. Pronk thanked the Data Subcommittee for its careful and rigorous work. Dr. Pronk and Dr. Kleinman recommended retiring the subcommittee with the completion of its work. The Committee voted to approve the retirement of the Data Subcommittee.

Meeting Summary: Recommendations, Action Items, and Next Steps 11:55 a.m.–12:00 p.m.

Dr. Kleinman thanked the Data Subcommittee for its work and thoughtful recommendations. She thanked the members of the Committee who have provided guidance and recommendations to the HHS Secretary for the development and implementation of Healthy People 2030 since 2016. Dr. Kleinman noted that the Committee has held 15 public Committee meetings and established 16 subcommittees to develop recommendations. The Committee also has produced 9 reports with recommendations for the HHS Secretary. When the Committee's ninth and final report with data partnership recommendations is delivered to the HHS Secretary, the Committee's charge will be completed.

Dr. Kleinman noted that while the Committee has fulfilled its charge, HHS will have the Committee participate in the launch of Healthy People 2030. HHS anticipates launching Healthy People 2030 in March 2020 and will announce the exact date and time via the Healthy People listserv and at HealthyPeople.gov. Dr. Kleinman thanked the members of the public for their continued interest in the development of Healthy People 2030 and invited them to sign up for email announcements on upcoming Healthy People activities.

Meeting Adjourned 12:00 p.m.