

## From Healthy People 2020 to Healthy People 2030

The Healthy People 2020 program helped foster a shared vision of public health for partners across sectors and regions, established national priorities to guide state health improvement plans (SHIPs) and data collection, and engaged diverse task forces. Now in its fourth decade, Healthy People has made significant progress reducing major causes of mortality and morbidity and highlighting the importance of collaboration across agencies to achieve health equity. Key recommendations from Healthy People coordinators for future iterations of Healthy People include increasing the focus on health equity within the objectives and exploring strategies to update targets during the 10-year initiative. This issue brief will address these recommendations and inform state and territorial health agencies (S/THAs) of what to expect during the transition from Healthy People 2020 to Healthy People 2030.

### **Aligning Healthy People with S/THA Activities**

National objectives help align regional goals and support funding opportunities for related objectives. One of the most significant impacts of the Healthy People objectives for S/THAs is in informing SHIPs and developing shared health improvement goals among state/territorial agencies, regional partners, and across sectors. As of June 2018, 44 accredited and non-accredited state health agencies have SHIPs and 86 percent of them mention Healthy People 2020.

Now is an opportune time for S/THAs to fully understand the changes to policies and programs in Healthy People 2030. Healthy People 2030 will be a smaller, more focused set of objectives that reflects national actionable priorities to improve health. The [updated framework](#) includes three objective types: core, developmental, and research. The core objectives use fundamental health statistics through the U.S. Census, national surveys (e.g., National Health and Nutrition Examination Survey), registries, billing and administrative healthcare data sets, and other data sources.

The developmental objectives offer an opportunity to explore high priority areas without reliable baseline data, but with established evidence-based interventions. The research objectives offer an opportunity to identify potential for progress in areas without evidence-based interventions. These two objective types offer a unique opportunity to address health equity from an asset-based model and to support community-based initiatives. S/THAs are encouraged to use the updated objective types to inform jurisdiction-wide plans, such as state health improvement plans and dementia state plans, for example.

### **Integrating Health Equity**

Healthy People first emphasized social determinants of health in 2020, yet health disparities continue to burden large segments of the United States population. S/THAs are encouraged to use a health equity

lens to maximize their impact across priority objectives by promoting health and equity, intersectoral collaboration, cross-sector partnerships, and stakeholder engagement. The Healthy People 2030 topic “Social Determinants of Health” includes six core objectives and one research objective. In addition to using the Healthy People Social Determinants of Health framework, S/THAs can consider monitoring the social determinants of health and health equity through the [Health Opportunity and Equity \(HOPE\) Initiative](#), which includes indicators measuring systems and policies that affect health equity.

The HOPE Initiative tracks 28 indicators along five measures: health outcomes, socio-economic factors, social environment, physical environment, and access to health care. The [data](#) used for benchmarking and target setting is aligned with national datasets and surveys used for Healthy People 2020 and 2030. The HOPE Initiative sets aspirational and achievable targets and benchmarks for each goal using data from high-performing states and reframes the indicators. For example, rather than looking at poverty rates, HOPE Goals include rates of home ownership, livable incomes, and employment.

### **Target Setting and Benchmarks**

S/THAs need access to, maintenance of, and sustainable investment in flexible surveillance systems, as these programs populate the data used by Healthy People. Jurisdictions should set meaningful and achievable targets that reflect the unique conditions of their communities, whether they are above or below national benchmarks. Comprehensive and adaptive approaches are necessary to implement Healthy People 2030 and drive health progress as a nation. The new core objectives are more restrictive, in part due to standardized data requirements for Healthy People 2030. Target setting at the jurisdictional level will change, and S/THAs are encouraged to think creatively, as they have with the HOPE Initiative, to improve health outcomes in their jurisdiction. Healthy People coordinators are encouraged to contact ASTHO to request *ASTHOSat* (technical assistance) and utilize existing learning communities to update jurisdiction-wide plans (e.g., health improvement plans and dementia plans).

### **Conclusion**

Transitioning from Healthy People 2020 to Healthy People 2030 involves evaluation, monitoring, and updating jurisdiction-wide plans. HHS completes a report at the end of each Healthy People decade to summarize national progress towards goals and objectives. The Healthy People 2020 report is anticipated to be released in 2021. S/THAs can use the evaluation report to monitor progress toward national goals and priorities. Until HHS releases HP2030, S/THAs can begin updating targets, identifying new objectives, and ensuring benchmarks align with the Healthy People 2030 framework and [proposed objectives](#).

*This publication was supported by the grant number, 1 NU1ROT000014-01-00, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.*