Healthy People 2020 and Health Equity

The Healthy People 2020 guideline

The Healthy People 2020 (HP2020) guideline constitutes a national set of health and wellness goals for the populations living in the United States and freely associated territories published every decade by the Office of Disease Prevention and Health Promotion within the U.S. Department of Health and Human Services. The guideline covers 42 different health topic areas, 26 leading health indicators, and contains benchmarks against which health entities can monitor their progress towards healthier living. In contrast to prior iterations, the 2020 guideline addresses issues surrounding health equity, including consideration of the social determinants of health. Its vision is an American society in which all people live long and healthy lives. This mission to improve the lives of Americans undergirds the HP2020 overarching goals, which include:

- Attaining high quality, longer lives free of preventable disease, disability, injury, and premature death
- Creating social and physical environments that promote good health for all
- Promoting quality of life, healthy development, and healthy behaviors across all life stages
- Achieving health equity, eliminating disparities, and improving the health of all groups

ASTHO’s 2016 President’s Challenge

This final goal aligns with the challenge issued by ASTHO President Edward P. Ehlinger. Ehlinger’s Health Equity challenge, to “Advance Health Equity and Optimal Health for All,” has three main components, which he has called the Triple Aim of Health Equity: 1) reorganize the public health narrative to accommodate our expanded understanding of what creates health; 2) take a ‘Health in all policies’ approach with health equity as the goal to organizing resources; and 3) organize people to increase community members’ capacity to create their own healthy future.

While the U.S. has made significant progress in treating diseases once they develop, it has been slower in advancing strategies to maintain health by addressing the non-medical, social determinants of health. An extensive body of literature suggests that health is influenced greatly by education, employment, income disparities, poverty, housing, social cohesion, and crime. One study reported that poverty accounted for six percent of U.S. mortality in the 1990s. As income inequality has since then grown, that percentage has also likely increased. Work and living environment can have a significant impact on one’s risk for disease and death, from exposures to such compounds as lead or radon in the home, to workplace or transportation accidents precipitated by unsafe physical surroundings. Many of these social determinants of health are largely outside of an individual’s control. Ehlinger therefore calls upon state health officials and others in public health to focus their attention on these areas of life.
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Many health disparities are rooted in policies and systems that impact the physical and social environment. Since these domains are so much larger than the individual, it makes sense to take action at a policy level, where changes can affect many people at once. Historical biases and racism have placed populations of color, new immigrants, linguistic minorities, minorities of sexual orientation and identity, as well as those with limited financial means, at a disadvantage with respect to housing, educational attainment, and employment opportunities. These institutional barriers require that decision-makers take the time to evaluate how policies regarding non-health related sectors impact health. The Institute of Medicine, WHO, and APHA agree that taking a health in all policies approach will be essential if meaningful change is to be made. The California Health in All Policies Task Force published a guide in 2013 to assist state and local officials in applying this principle. Public health officials can provide leadership in this area by leveraging their ability to convene stakeholders, share data, and influence policies.

The most essential aspect of addressing health equity is engaging the communities that are most negatively impacted. Working with a community, rather than merely in a community, can help public health personnel identify key stakeholders and non-traditional partnerships that can move an initiative forward. Community members can often provide historical context on an issue and discuss the pitfalls of efforts that have failed in the past. However, these relationships take time to develop and must be nurtured with humility and an appreciation for historical context and the institutionalized trauma that many communities have suffered.

Ehlinger recommends that the public health sector employ a multi-sector approach to engage communities in an effort to decrease differences in the socioeconomic circumstances that contribute to health disparities in the United States. It is essential to address these inequities, as the economic cost of health disparities affect all Americans. According to one study, the direct medical care expenditures imposed by racial and ethnic disparities in health and healthcare can be estimated at $230 billion. Indirect costs, such as loss of productivity and premature death, for the period 2003-2006 were estimated to be more than $1 trillion (in 2008 inflation-adjusted dollars). The Kaiser Family Foundation found that in 2012, 30 percent of direct medical costs for blacks, Hispanics, and Asian Americans were the result of health inequities. These calculations do not take into account decreased societal contributions from people who are ill or the impact these avoidable illnesses have on family members and caregivers. One tool that can help address these issues is the Healthy People 2020 guideline.

The Healthy People 2020 (HP2020) objectives can help make the health equity principles more actionable. The objectives can be broadly organized into topical areas, many of which correspond to themes used in the National Prevention Strategy. Each grouping theme covers individual objectives across diverse topic areas. Many objectives incorporate some, if not all, of the components of the Triple Aim for Health Equity. If an objective concerned a non-medical area or did not involve the healthcare delivery system, it met the criteria for expanding understanding of what creates health. Objectives met criteria for the health in all policies.
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approach if satisfying the objective required change at a level higher than individual behavior. Objectives met the third objective, to increase a community’s capacity to create their own healthy future, if meeting that goal made a community healthier without depending on the action of another sector or entity.

While HP2020 objectives are inherently subjective, this guide can be used to focus state and local efforts around specific areas where health indicators show that significant problems or health disparities exist. For example, childhood obesity is a well-documented concern. Data from the 2011-2012 National Health and Nutrition Examination Survey indicates that nearly 32 percent of children ages 2-19 are overweight or obese. The rate for non-Hispanic white children was 28.5 percent; for non-Hispanic black children, 35.2 percent; for Hispanic children, 38.9 percent; and for non-Hispanic Asian children, 19.5 percent. While increased physical activity can help prevent or reverse this trend in obesity, the protective impact of an active lifestyle extends beyond this narrow outcome. Regular, moderate intensity physical activity can reduce the risk of cardiovascular disease, colon and breast cancer, hip and vertebral fractures, and diabetes. Many of these conditions show significant disparities across race, geographic location, sexual orientation, and socioeconomic status. Thus, improving physical activity outcomes related to HP2020 objectives is likely to improve health equity in the above mentioned areas as well. One concrete example of such work is the Safe Routes to Schools (SRTS) program in Pennsylvania.

Safe Routes to School in Pennsylvania

The SRTS program coincided with local efforts to make Pennsylvania communities more walkable, including:

- A 2008 Comprehensive Traffic Study for Downtown Carlisle, which recommended bicycle lanes, curb extensions, speed cushions, and other improvements
- Implementation of SRTS at three Carlisle middle schools, leading to:
  - The creation and maintenance of walking school bus routes
  - Reduced speed limits near schools
  - Accessible curbs, crosswalks, and traffic-calming signage at key intersections
  - Increased police presence near schools during pick-up and drop-off hours

Large scale efforts contributing to physical activity HP2020 objectives

- **SAFETEA-LU** passed by Congress 2005
  - Established Safe Routes To School (SRTS)
  - Designated $612M in transportation funding for SRTS
  - PA received ~$11M through 2010
- PA focused on pedestrian-friendly and motor vehicle designs in its 2006-2030 mobility plan
- PENNDOT classifies pedestrians and bicycles as traffic in 2007
- The PA and NJ Departments of Transportation collaborated on the Smart Transportation Guidebook for planning and designing highways and streets that support sustainable and livable communities
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The integration of pedestrian and bike safety lessons into physical education classes

SRTS’s convergence with the ASTHO Health Equity challenge

- Expand understanding of what creates health
  - Street infrastructure (sidewalks, curbs, crosswalks, signage)
  - School curriculum (including bike and walking safety)
- Health in All Policies
  - Traffic pattern changes around schools during pick-up and drop-off
  - Assignment of police officers
  - Addition of active commuters to state transportation policies
- Strengthen capacity for community to create its own health future
  - Parent and teacher presence on task force
  - Community members shaping municipal zoning practices

The SRTS program converges with the ASTHO Health Equity challenge in a number of ways by making healthy transportation easier. Since it was carried out at three public schools, the families who benefitted from the initiative are more likely to be those at the lower end of the socioeconomic scale, who could not afford to send their children to a private school. In this way, the SRTS initiative partially addresses the disproportionately heavy burden of obesity borne by the lowest income earning families. The benefits of the SRTS program also extend beyond meeting just one HP2020 physical activity goal. These objectives include:

- Physical Activity 2 and 3: Increase the proportion of adults and adolescents who meet the current federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity
- Environmental Health 2: Increase the use of alternative modes of transportation for work
- Environmental Health 11: Reduce the amount of toxic pollutants released into the environment
- Nutrition and Weight status 10: Reduce the proportion of children and adolescents who are considered obese
- Nutrition and Weight status 11: Prevent inappropriate weight gain in youth and adults
- Injury and Violence Prevention 18: Reduce pedestrian deaths
- Injury and Violence Prevention 19: Reduce nonfatal pedestrian injuries
- Injury and Violence Prevention 20: Reduce pedal cyclist deaths on public roads

Nationally, reducing the miles parents drive to school by just one percent would reduce vehicular travel by 300 million miles and save an estimated $50 million in fuel costs each year.\textsuperscript{xvii} When reductions in obesity-related medical care costs are also factored into savings, a program like SRTS provides a significant return on investment.
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Certified Healthy Oklahoma Programs

The Oklahoma State Department of Health is also doing work that coincides with the Healthy People 2020 objectives and the ASTHO Health Equity challenge. The department has created a collaborative called the Oklahoma Turning Point Coalition that serves to promote grassroots health improvement initiatives. One very successful initiative is the Certified Healthy Oklahoma Program, which recognizes businesses that pass specified ordinances and policies that improve their environments and the health of their populations. It also provides a helpful guide and checklist of evidence-based policies and activities covering nine topic areas that can be implemented and used to score a business.

The first five of these domains cover identical topic areas in the HP2020 guidelines. While the others domains are not formal topics per se, many HP2020 objectives cover these ideas explicitly. The Certified Healthy Business program was so popular that it has been expanded. For instance, House Bill 2774 created the Certified Healthy Schools and Communities Act in 2010. In 2014, the Healthy Early Child Care and Education program and the Healthy Congregation Program were added as well.

In addition to helping Oklahomans eat better, move more, and become tobacco free, this state-wide, voluntary certification program is expected to diminish health inequities. Citizens whose income is at or below the federal poverty line, Native American communities, and other minority populations are less likely to have access to fresh fruits and vegetables, receive regular preventive clinical services, and engage in forms of exercise, and are more likely to smoke than their non-Hispanic white counterparts. Thus, programs that improve any of these areas will benefit many underserved populations. Improving the health of these groups, who often seek medical care in more expensive locations such as emergency departments with more advanced disease states, will also help reduce healthcare costs by maintaining health as opposed to treating illnesses.

Hawai’i Physical Activity and Nutrition Plan 2013-2020 (PAN Plan 2020)

The Hawai’i State Department of Health has also implemented a state plan, PAN Plan 2020, whose targets were specifically set to align with the objectives of Healthy People 2020. The

Topics from the Certified Healthy Oklahoma Program checklist:

- Tobacco Control
- Nutrition
- Physical Activity
- Mental Health
- Occupational Health & Safety
- Chronic Disease Prevention & Management
- Organizational Supports
- Health Promotion
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development of the program came about with a goal to incorporate physical activity and healthy eating into the daily lives of residents throughout the state.

The plan was developed to replace and build upon the first PAN Plan (2007-2012), which demonstrated success in promoting a healthier lifestyle among Hawaiians. Its overarching goals are to reduce the burden of disease, increase years of healthy life, and reduce health disparities through healthy eating and physical exercise among residents. The plan is composed of 22 objectives that are based on best practices and policies that have proven effective in the past. In fact, some of the HP2020 targets were found to have been met or exceeded, and an improvement of 10 percent was set for the new targets that were developed.

One of the convergent objectives for which Hawaii surpassed targets set by both HP2020 and PAN Plan 2020 is increasing the proportion of adults who engage in aerobic physical activity, which is defined as exercising at a moderate intensity level for at least 150 minutes per week, as well as performing muscle strengthening activityxxvi. This is attributed to numerous interventions that involved media campaigns, as well as policy and community infrastructure changes. The allocation of additional federal and state transportation funds facilitated the implementation of complete roads with bicycle and pedestrian plansxxvii. Policies were established to increase the number of employers offering wellness centers, thus promoting physical activity among employeesxxviii. As a result of local interventions, Hawaii also met its target of reducing the number of hours spent watching TV by teens to less than two hours—a habit that evidence suggests is associated with physical inactivityxxix.

The targets set by the Hawai`i PAN Plan 2020 also coincide with goals of the ASTHO Health Equity Challenge, such as bridging the gap in health disparities through the use of a cross-sectorial approach that promotes collaboration and partnerships among various stakeholders, including: city planners, school administrators, community organizations, as well as healthcare professionals. The emphasis on policies and structural changes that back the implementation of the PAN Plan objectives align with the first domain of the Triple Aim for Health Equity, which is to expand the understanding of the determinants of health beyond medical care and personal choices.

GA Alzheimer’s disease and Related Dementia State Registry

Georgia is another state that has implemented successful programs with objectives that align with Healthy People 2020 and the ASTHO Health Equity Challenge. For instance, the

PAN Plan Objectives in alignment with HP2020

- Increase the percentage of adults with a healthy body weight
- Increase the percentage of adults who participate in some form of physical activity on a consistent basis
- Increase the duration of breastfeeding for infants during the first couple of months of being born
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establishment of the Alzheimer’s Disease and Related Dementia State (ADRD) registry aims to collect and disseminate usable data to inform programs and services for the aging populations. This coincides with HP2020’s objective to increase the proportion of adults aged 65 years and older with diagnosed Alzheimer’s disease and other dementias, or their caregiver, who are aware of the diagnosis.

One of the significant outcomes of launching the registry was the facilitation of a data sharing agreement with various data sources such as health insurance plans, as well as government programs such as Medicare and Medicaid. Improved access and use of quality data is a critical strategy to identifying and addressing health disparities within communities, an outcome which aligns with the goals of the ASTHO Healthy Equity Challenge. The process of establishing the registry brought together a wide array of stakeholders and community representatives, which was tremendously valuable in facilitating the development of a platform that addresses the needs of different partners.

Moving forward:

Addressing the social determinants of health will continue to be challenging work. It will require non-traditional multisectoral partnerships, which at times can lead to a diffusion of responsibility and accountability. Therefore, as in the Certified Healthy Oklahoma Program, clear expectations and deliverables must be established and required of all partners. Collectively, public health officials must develop standard measures of success and consistent methods of documenting improvements. Often, studies in the social science and medical literature use different metrics, making comparison and evaluation of efficacy challenging. Similarly, new metrics that focus on population level rather than on the individual are needed. Some HP2020 objects can be used in this way. Data on diverse populations that experience health disparities, such as groups who communicate using American Sign Language and gender identity minorities, must be collected in a more systematic way in order to better understand which initiatives are most effective in which populations.

Public health officials can prioritize health equity by providing incentives for healthier lifestyles and building environmental and social conditions into policies around non-medical, non-healthcare related sectors of life. Strategies such as information interventions (public service announcement and media campaigns), direct and indirect regulation, and economic incentives

Georgia’s ADRD registry goals convergent with the ASTHO Health Equity Challenge

- Increase availability of usable data to inform development of interventions
- Identify disparities and epidemiological trends
- Increase awareness about factors that affect healthy aging
- Provide information that facilitates community involvement in health promotion efforts
and disincentives (such as the cigarette price increases) can improve population health through policy change in every sector. These programs highlight the ways in which public health decision-makers can use the Healthy People 2020 objectives and components of the Health Equity Challenge to target their limited funds to areas that will improve health for disadvantaged populations.

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