Office of the President and CEO

September 26, 2017

The Honorable Tom Price
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: Request for public comment on the Healthy People 2030 Proposed Framework

Dear Mr. Secretary:

The Robert Wood Johnson Foundation (RWJF) is pleased to provide comments on the Healthy People 2030 Proposed Framework. The Framework builds on nearly 40 years of successes and lessons learned from the Healthy People Initiative, which, on a decennial basis, has produced a roadmap, monitoring tool, and rallying point for bettering the health of the nation. Leaders at the federal, state, and local levels have leveraged Healthy People to prioritize, implement, and evaluate actions across a broad range of health concerns. For the next decade, we support the Framework’s inclusion of additional historical context, foundational principles—many of which are aligned with our Culture of Health Action Framework, and enhanced plans for measuring and reporting on progress. Moreover, we see critical opportunities for magnifying Healthy People 2030’s impact on advancing health equity, addressing the social determinants of health (SDOH), and leveraging the power of policy change. Within each of these areas, we offer recommendations and point towards RWJF-supported resources that could enrich Healthy People 2030 development and implementation.

Alignment between Healthy People 2030 Proposed Framework and Culture of Health Action Framework

RWJF is the nation’s largest philanthropy dedicated to improving health and health care. Since 1972, we have worked with public and private sector partners to advance the science of disease prevention and health promotion; train the next generation of health leaders; and support the development and implementation of policies and programs to foster better health across the country. In the last several years, we have embarked on a journey to build a Culture of Health in the United States—creating a society in which everybody, no matter who they are or where they live, has an opportunity to live out his or her full health potential.

RWJF, in collaboration with the RAND Corporation, developed an Action Framework and underlying principles to spur dialogue and collective action on a Culture of Health. These were informed by federal health agenda-setting and benchmarking efforts like the Healthy People Initiative and, in turn, helped to
inform Healthy People, as noted in the 2030 Proposed Framework. Therefore, the two frameworks are in close alignment as shown in the Table 1. However, the major distinction between the frameworks might be summed up by these two questions: Is the nation’s health improving (Healthy People)? Does the nation increasingly value and pursue improved health as a societal imperative (Culture of Health)?

Table 1: Crosswalk between Healthy People and Culture of Health frameworks

<table>
<thead>
<tr>
<th>Healthy People 2030 principles</th>
<th>Culture of Health principles*</th>
<th>Culture of Health Action Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health and well-being of the population and communities are essential to a fully functioning, equitable society.</td>
<td>Attaining the best health possible is valued by our entire society. Americans understand that we are all in this together.</td>
<td>Making health a shared value</td>
</tr>
<tr>
<td>Achieving the full potential for health and well-being for all provides valuable benefits to society, including lower health care costs and more prosperous and engaged individuals and communities.</td>
<td>Good health flourishes across geographic, demographic, and social sectors.</td>
<td>Making health a shared value Strengthening health services/systems integration</td>
</tr>
<tr>
<td>Achieving health and well-being requires eliminating health disparities, achieving health equity, and attaining health literacy.</td>
<td>No one is excluded.</td>
<td>Making health a shared value Creating healthier, more equitable communities</td>
</tr>
<tr>
<td>Healthy physical, social and economic environments strengthen the potential to achieve health and well-being.</td>
<td>Individuals and families have the means and the opportunity to make choices that lead to the healthiest lives possible.</td>
<td>Fostering cross-sector collaboration Creating healthier, more equitable communities</td>
</tr>
<tr>
<td>Promoting and achieving the nation’s health and well-being is a shared responsibility that is distributed among all stakeholders at the national, state, and local levels, including the public, profit, and not-for-profit sectors.</td>
<td>Business, government, individuals, and organizations work together to build healthy communities and lifestyles.</td>
<td>Making health a shared value Fostering cross-sector collaboration Strengthening health services/systems integration</td>
</tr>
<tr>
<td>Working to attain the full potential for health and well-being of the population is a component of decision-making and policy formulation across all sectors.</td>
<td>Keeping everyone as healthy as possible guides public and private decision-making.</td>
<td>Making health a shared value Fostering cross-sector collaboration</td>
</tr>
<tr>
<td>Investing to maximize health and well-being for the nation is a critical and efficient use of resources.</td>
<td>The economy is less burdened by excessive and unwarranted health care spending.</td>
<td>Making health a shared value Strengthening health services/systems integration</td>
</tr>
</tbody>
</table>

*Two Culture of Health principles don’t have clear Healthy People parallels: 1) Everyone has access to affordable, quality health care because it is essential to maintain, or reclaim, health. 2) Health care is efficient and equitable.

Key commonalities of the frameworks’ include: their broad socioecological view of health; the central importance of health equity; the co-benefits of, and significant returns on, investments in health; the value of considering the health impacts of “non-health” decisions; and the need to work across sectors and systems with shared accountability. Both frameworks take a long-term perspective (Healthy People, 10 years; Culture of Health, 20 years) and allow for new measures and course corrections along the way. These similarities will enable the frameworks to co-evolve and collaboratively benefit the nation’s health.

Differences in the frameworks reveal their distinct, but complementary, purposes. Healthy People includes 10-year targets, enabling ongoing monitoring and assessment of the nation’s progress at midcourse and decade’s end. Culture of Health emphasizes social change, so evaluating progress is more nuanced, requiring qualitative and quantitative approaches. Healthy People focuses on health behaviors, disease prevention, and clinical and public health services, while Culture of Health emphasizes upstream social, economic, and environmental determinants. Culture of Health principles also specifically call out
the need for affordable, high-quality, efficient, and equitable health care. In this time of continued uncertainty about the nation’s health care system and the critical role of health insurance in assuring good health, we recommend that the Healthy People 2030 foundational principles specifically call out the importance of health care coverage and access.

Advancing health equity
Since Healthy People 2000, reducing health disparities has been among the overarching goals of the Healthy People Initiative, and, over time, disparity reduction and equity promotion have only grown in importance. (See Table 2 on page 3.) We applaud this sustained commitment to health equity, for it “is fundamental to the idea of living a good life and building a vibrant society” as described in an RWJF-funded National Academy of Medicine report, Communities in Action: Pathways to Health. What follows are several ideas for enhancing the Healthy People 2030’s impact on health equity.

<table>
<thead>
<tr>
<th>Decade</th>
<th>Equity-related goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2000</td>
<td>Reduce health disparities.</td>
</tr>
<tr>
<td>Healthy People 2010</td>
<td>Eliminate health disparities among different segments of the population.</td>
</tr>
<tr>
<td>Healthy People 2020</td>
<td>Achieve health equity, eliminate disparities, and improve the health of all groups.</td>
</tr>
<tr>
<td>Healthy People 2030 (proposed)</td>
<td>Attain health literacy, achieve health equity, eliminate disparities, and improve the health and well-being of all populations.</td>
</tr>
</tbody>
</table>

First, Healthy People 2020 provides detailed disparities data for most indicators (by race/ethnicity, gender, income, and education), but progress reports have not routinely reported on whether gaps are closing or widening. For example, the mid-course review on Leading Health Indicators (LHIs) reported only on overall trends. And while the full mid-course review provided more detailed disparities data, the relative changes in indicators for socially disadvantaged versus advantaged groups were not available. Therefore, Healthy People 2030 should explore ways to regularly and systematically report on whether disparities are narrowing or growing. The United Kingdom’s National Health Service offers a strong model for such reporting and accountability.

Second, when recommending interventions, Healthy People 2030 should include information about their likely impact on disparities. This should become more feasible as the U.S. Community Preventive Services Taskforce and the U.S. Preventive Services Taskforce continue to explore subgroup effects in their evidence reviews.

Third, definitions matter. As stated in a recent RWJF report, “Clarity is particularly important in the case of health equity because pursuing equity often involves a long uphill struggle that must strategically engage diverse stakeholders, each with their own agenda. Under those circumstances, if we are unclear about where we are going and why, we can more easily be detoured from a path toward greater equity; our efforts and resources can be co-opted, and we can become lost along the way.” Therefore, Healthy People 2030 should define health equity clearly and comprehensively—in a manner that acknowledges the historical and structural underpinnings of inequities in health and the need for societal change. As per RWJF’s definition, health equity means that “everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.” Other key RWJF-defined principles include:

- Opportunities to be healthy depend on the living and working conditions and other resources that enable people to be as healthy as possible;
- Health equity is the ethical and human rights principle or value that motivates us to eliminate health disparities;
- Health equity can be viewed as a process and an outcome;
A commitment to health equity requires constant monitoring, routinely comparing how more and less advantaged groups within that population are faring on those indicators; Social exclusion, marginalization, discrimination, and disadvantage can be measured; and Discrimination is not necessarily conscious, intentional or personal; often it is built into institutional policies and practices.

Addressing the social determinants of health

The Healthy People 2030 Proposed Framework carries forward Healthy People 2020’s commitment to the SDOH. It includes as a principle, “Healthy physical, social and economic environments strengthen the potential to achieve health and well-being,” and as an overarching goal, “Create social and physical environments that promote attaining full potential for health and well-being for all.” We offer five recommendations on addressing SDOH in Healthy People 2030.

First, engage experts from federal agencies beyond those involved in the Healthy People 2020 Federal Interagency Workgroup (FIW), which already includes the Departments of Education and Agriculture. Consider adding representative from the Departments of Housing and Urban Development, Transportation, Commerce, Treasury, and Interior. This would enhance the Workgroup’s ability to identify compelling SDOH objectives and leverage networks and resources across the federal government to spur action. Second, seek broad input on the best SDOH indicators to include in Healthy People 2030. Measures such as pre-school participation, access to green/open space, households headed by single parents, social mobility, and social cohesion were not included in Healthy People 2020. Third, consider adding another SDOH measure to the LHIs, particularly one focused on early childhood to acknowledge the critical importance of the first years of life to long-term health and health disparities. Fourth, consider adding objectives related to the ratio of health to social spending in the U.S. and our national health status compared to other developed nations. The Proposed Framework notes, “A challenge for Healthy People 2030 is to guide the United States in achieving our population’s full potential for health and well-being so that we are second to none among developed countries. Although much progress has been made, the United States lags behind other Organisation for Economic Co-operation and Development (OECD) countries on key measures of health and well-being, including life expectancy, infant mortality, and obesity, despite having the highest percentage of GDP spent on health.” A significant driver of our relatively poor health performance as a nation is our inefficient and excessive spending in the health sector. While more research on this topic is needed, inclusion of such measures in Healthy People 2030 would stimulate critical dialogue, evidence-building, and action.

Fifth, expand the availability of resources for addressing SDOH through specific social, economic, and educational interventions. In Healthy People 2020, many general resources were referenced but information about specific policies and programs was limited. This stands in contrast to the recommended interventions for more traditional topics, such as access to care or heart disease and stroke. While this discrepancy may reflect the relative lack of scientific evidence on addressing SDOH, the field has progressed significantly in the past decade. In addition to the Community Guide and Cochrane Collaboration, Healthy People 2030 could draw from other evidence repositories—such as the Campbell Collaboration, What Works for Health, Health Impact Project, and Pew-MacArthur Results First Clearinghouse—for rigorous reviews of interventions in fields as diverse as transportation, housing, and criminal justice. What Works for Health was created by the University of Wisconsin Population Health Institute as part of the RWJF County Health Rankings and Roadmaps initiative. It contains evidence reviews for more than 400 policies and programs, including a determination of their impact on disparities, along with implementation examples and resources. RWJF is also sponsoring the next-generation of research addressing SDOH through Policies for Action.
Leveraging the power of policy change

The Proposed Framework notes, “...we have learned that significant changes (e.g., reduced rates of smoking) may be difficult, but are achievable through persistent effort.” Using the nation’s successes with tobacco control as an example, we can see that persistent effort must include policy change to have lasting, meaningful effects on population health. Efforts at the federal, state, and local levels to regulate tobacco sales and marketing, limit the use of tobacco in public places, and increase the price of tobacco products were all crucial to the declines in smoking seen over the last 50 years. As such, RWJF focused its tobacco control efforts on supporting the passage of clean indoor air laws, increasing taxes on tobacco products, and enhancing funding for comprehensive tobacco control programs. Policy change has also proved critical to the nation’s and RWJF’s strategies for reversing childhood obesity and increasing access to health care. We provide several recommendations for elevating the role of policy in Healthy People 2030.

First, selectively include policy-related objectives to additional topic areas when scientific evidence demonstrates clear and strong associations between policy enactment and health improvements. Currently, the vast majority of policy-related objectives fall in the Tobacco Use topic area. Examples from this topic area and other areas include: Tobacco Use, objective 17, Increase the Federal and State tax on tobacco products; Environmental Health, objective 16, Increase the proportion of the nation’s elementary, middle, and high schools that have official school policies and engage in practices that promote a healthy and safe physical school environment; Nutrition and Weight Status, objective 3, Increase the number of states that have state-level policies that incentivize food retail outlets to provide foods that are encouraged by the Dietary Guidelines for Americans. Examples of potential new policy-related objectives are: the number of states with state-level earned income tax credits (SDOH); the number of states and cities with alcohol outlet density restrictions (injury and violence prevention); and the number of states with laws permitting expedited partner therapy for sexually transmitted disease prevention (sexually transmitted diseases).

Second, consider prioritizing objectives and interventions based on their population health impact. While Healthy People must be comprehensive, it should also guide health decision-makers on how best to allocate limited financial, human, and political resources for bettering health. Under such a system, policy-related strategies would, in many cases, rise to the top. Third, leverage Healthy People 2030 to support research on the health effects of policies across diverse sectors and conduct surveillance on the degree to which effective policies have spread across states and cities. Fourth, enhance the understanding of health care leaders, policymakers, and the public of the importance of policy and law in advancing health. Since 2013, RWJF—via a grant to the CDC Foundation— has supported the integration of evidence-based policy and legal tools into Healthy People 2020. Accomplishments include the establishment of a Law and Health Policy Workgroup as part of the FIW and the development of more than 20 national presentations and 7 reports (in progress) on the role of policy and law in achieving Healthy People 2020 objectives. Report topics include: Nutrition and Weight Status, Substance Abuse, Oral Health, Mental Health and Mental Disorders, Maternal, Infant and Child Health, Disability and Health, and Health Care Associated Infections. We look forward to the completion and wide dissemination of these reports in the next year. Lastly, we are greatly encouraged that the 2030 Advisory Committee includes a public health attorney for the first time in Healthy People’s history.

Conclusion

The Healthy People 2030 Proposed Framework builds on nearly four decades of efforts to envision, measure, and galvanize action towards a healthier nation. Its vision, principles, and goals resonate with those laid out in our Culture of Health Action Framework, presenting numerous opportunities for shared learning, stakeholder engagement, and assessment. And, as detailed above, we believe Healthy People 2030 holds great promise for advancing health equity, addressing the social determinants of health, and leveraging the power of policy change to create a society in which everyone can live out his or her full
potential. RWJF stands ready to work with the Department of Health and Human Services, the Federal Interagency Workgroup, the Secretary’s Advisory Committee, and public and private sectors partners across the country to make this vision a reality.

Sincerely,

Richard E. Besser, MD
President and CEO

References

11 In Healthy People 2020, on-time high school graduation was the only SDOH measure included among the LHIs.
14 Bradley ET et al. Health and social services expenditures: associations with health outcomes. BMJ Qual Saf 2011;20:826-831. qualitysafety.bmj.com/content/20/10/826
15 Bradley EH et al. Variation In Health Outcomes: The Role Of Spending On Social Services, Public Health, And Health Care, 2000–09. Health Affairs, May 2016 vol. 35 no. 5:760-768. content.healthaffairs.org/content/35/5/760.abstract
16 Healthy People 2020 Evidence Based Resources. www.healthypeople.gov/2020/tools-resources/Evidence-Based-Resources?f%5B%5D=field_ebr_topic_area%3A3499&pop=&ci=&se

19 50 years of Tobacco Control, Robert Wood Johnson Foundation. www.rwjf.org/maketobaccohistory


