

Healthy People 2030 Webinar Series March 19, 2024







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Speakers: Paul Reed, Carter Blakey, David Huang, Megan DeNubila-Griffin

Moderators: Carter Blakey

Planning Committee Members:

- Yen Lin
- Elizabeth Dee
- Paul Reed
- Malorie Polster
- Naomi Aspaas







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Healthy People 2030 Webinar Series

- Provides accurate, timely, and accessible data that can drive action.
- Provides tools for the public, programs, policymakers, and others to implement action toward improving health and well-being.
- Shares and supports the implementation of evidence-based programs and policies that are replicable, scalable, and sustainable.



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Today's Speakers

<u>Carter Blakey</u> Deputy Director, Office of Disease Prevention and Health Promotion Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services

RDML Paul Reed, MD Director, Office of Disease Prevention and Health Promotion Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services

HEALTHY PEOPLE 2030

CDR David Huang, PhD, MPH, CPH Branch Chief, Health Promotion Statistics Branch National Center for Health Statistics, Centers for Disease Control and Prevention

Megan DeNubila-Griffin, MPH Assistant Director, Chronic Disease and Health Improvement, Association of State and Territorial Health Officials

Healthy People 2030 Workgroup Subject Matter Experts

Adrienne Gill, MPH, Public Health Advisor, Centers for Disease Control and Prevention

Bob McNellis, MPH, PA, Senior Advisor, National Institutes of Health







RDML Paul Reed, MD

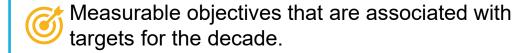
Director, Office of Disease Prevention and Health Promotion U.S. Department of Health and Human Services



Healthy People 2030 Featured Objectives

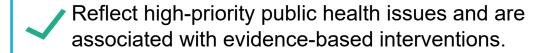
- 1. AHS-01: Increase the proportion of people with health insurance *LHI
- 2. PHI-04: Increase the proportion of <u>state and territorial jurisdictions</u> that have a health improvement plan
- 3. PHI-05: Increase the proportion of <u>local jurisdictions</u> that have a health improvement plan
- 4. PHI-08: Increase the proportion of tribal communities that have a health improvement plan

What are core objectives?





Have valid, reliable, nationally representative data, including baseline data from no earlier than 2015.





Data will be provided for core objectives for at least 3 time periods throughout the decade



Leading Health Indicators (LHIs) are a subset of high-priority, core objectives







Healthy People 2030 Featured Objective

AHS-01: Increase the proportion of people with health insurance



- Access to health care is a key determinant of physical and behavioral health outcomes.
- Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.



Healthy People 2030 Access to Health Services Workgroup-Submitted Resources

- The National Academies of Sciences Engineering Medicine's Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care Payment Reform Policy Brief: https://nap.nationalacademies.org/resource/25983/High%20Quality%20Primary%20Care%20Policy%20Brief%201%20Payment.pdf
- 2. The National Academies of Sciences Engineering Medicine's *Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care* Ensure Access Policy Brief https://nap.nationalacademies.org/resource/25983/High%20Quality%20Primary%20Care%20Policy%20Brief%202%20Access.pdf
- 3. Healthcare.gov







Healthy People 2030 Featured Objectives

- PHI-04: Increase the proportion of <u>state and territorial</u> <u>jurisdictions</u> that have a health improvement plan
- PHI-05: Increase the proportion of <u>local</u> <u>jurisdictions</u> that have a health improvement plan
- PHI-08: Increase the proportion of <u>tribal</u>
 <u>communities</u> that have a health improvement plan









Healthy People 2030 Public Health Infrastructure Workgroup-Submitted Resources

- 1. The Community Guide's Maricopa County, *Journey Toward Public Health Accreditation*: https://www.thecommunityguide.org/stories/maricopa-countys-journey-toward-public-health-accreditation
- 2. The Community Guide, *Nebraska Panhandle Uses the Community Guide for Public Health Planning*: https://www.thecommunityguide.org/stories/nebraska-panhandle-uses-community-guide-public-health-planning
- 3. Agency for Toxic Substances and Disease Registry, *Principles of Community Engagement Second Edition*: https://www.atsdr.cdc.gov/communityengagement/index.html







Centers for Disease Control and Prevention



Planning for Individual and Community Health: Data from Healthy People 2030

David T. Huang, PhD, MPH, CPH

CDR, U.S. Public Health Service

Chief, Health Promotion Statistics Branch

Division of Analysis and Epidemiology

National Center for Health Statistics

Centers for Disease Control and Prevention

Healthy People 2030 Webinar Series

March 19, 2024

Presentation Overview

- Persons with medical insurance
- States and territorial jurisdictions with a health improvement plan
- Local jurisdictions with a health improvement plan
- Tribal communities with a health improvement plan
- Key takeaways

AHS-01: Persons with Medical Insurance

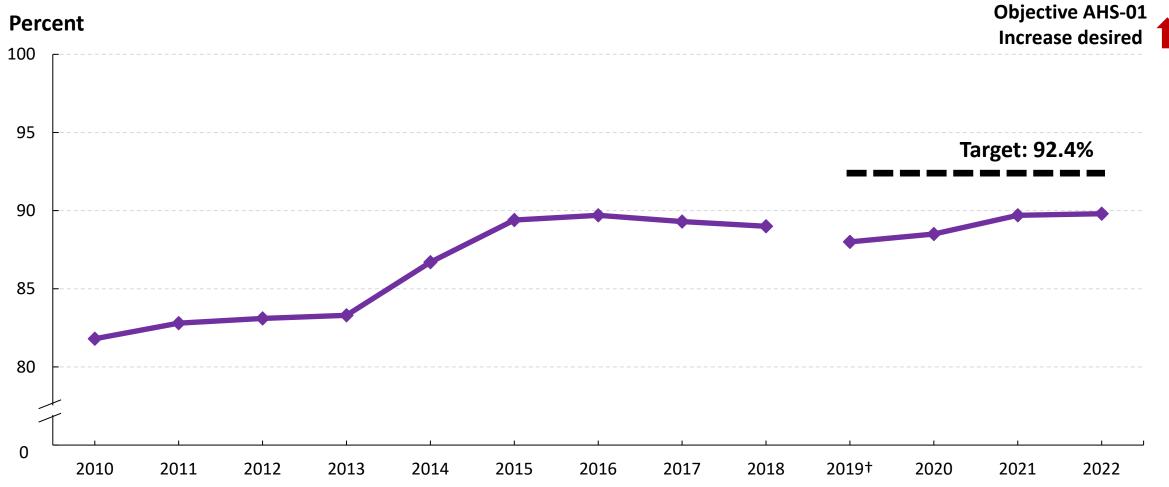


Persons Under 65 Years with Medical Insurance Coverage

- Healthy People 2030 Objective AHS-01: Increase the proportion of persons with medical insurance
- Data source: National Health Interview Survey (NHIS), CDC/NCHS
- Periodicity: Annual
- Baseline: 88.0 percent of persons under 65 years had medical insurance in 2019
- Target‡: 92.4 percent
- Target-setting method: Projection
- Objective progress status*: Improving
- **Definition:** Noninstitutionalized persons under 65 years who report coverage by any type of public or private medical insurance.

[‡] Target is calculated based on the total population covered by the objective. * Progress categories for Healthy People 2030 were calculated using the same methodology as for Healthy People 2020. See https://www.cdc.gov/nchs/data/statnt/statnt27.pdf.

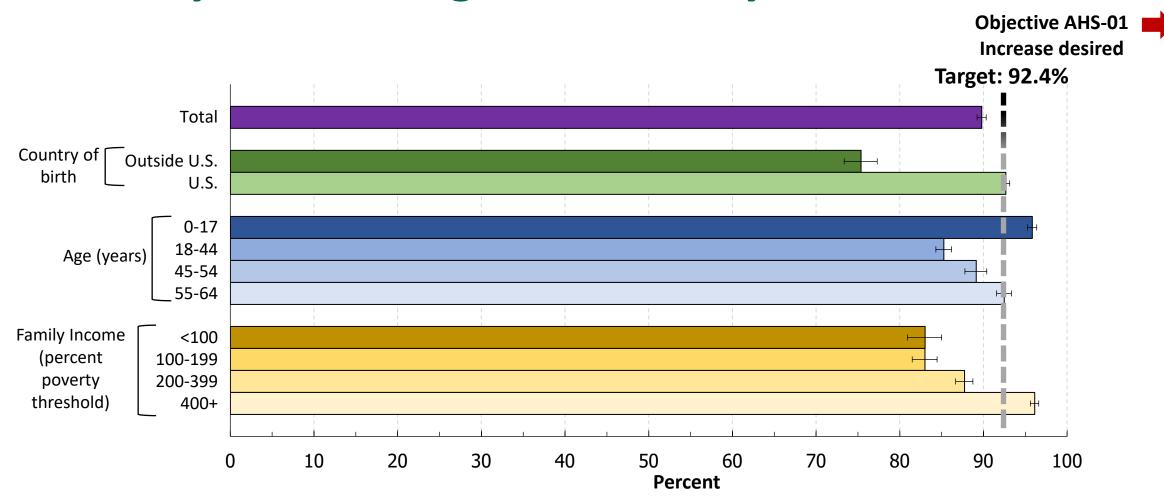
Persons Under 65 Years with Medical Insurance, 2010–2022



NOTES: †2019 = Healthy People 2030 baseline. Data are for noninstitutionalized persons under 65 years who reported any type of public or private medical insurance. The target is calculated based on the total population covered by the objective. Data prior to 2019 may not be comparable with data for later years due to the 2019 NHIS questionnaire redesign and updated weighting approach.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

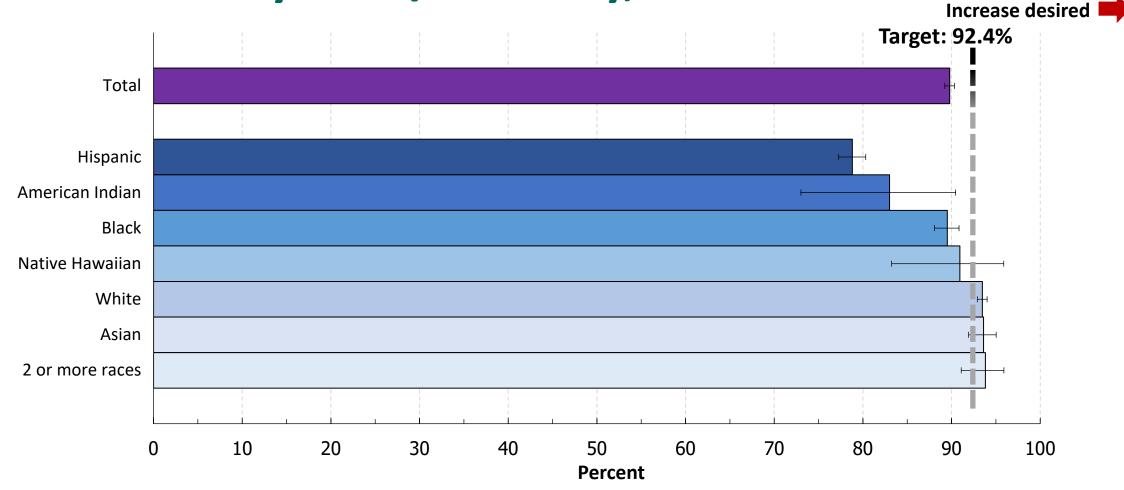
Persons Under 65 Years with Medical Insurance by Country of Birth, Age, and Family Income, 2022



NOTES: \mapsto = 95% confidence interval. Data are for noninstitutionalized persons under 65 years who reported any type of public or private medical insurance. Target is calculated based on the total population covered by the objective.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

Persons Under 65 Years with Medical Insurance by Race/Ethnicity, 2022 Objective AHS-01



NOTES: \mapsto = 95% confidence interval. Data are for noninstitutionalized persons under 65 years who reported any type of public or private medical insurance. Race groups are single race (except 2 or more races) and non-Hispanic. American Indian includes Alaska Native. Native Hawaiian includes Other Pacific Islander. Target is calculated based on the total population covered by the objective.

SOURCE: National Health Interview Survey (NHIS), CDC/NCHS.

PHI-04: State and Territorial Jurisdictions with a Health Improvement Plan

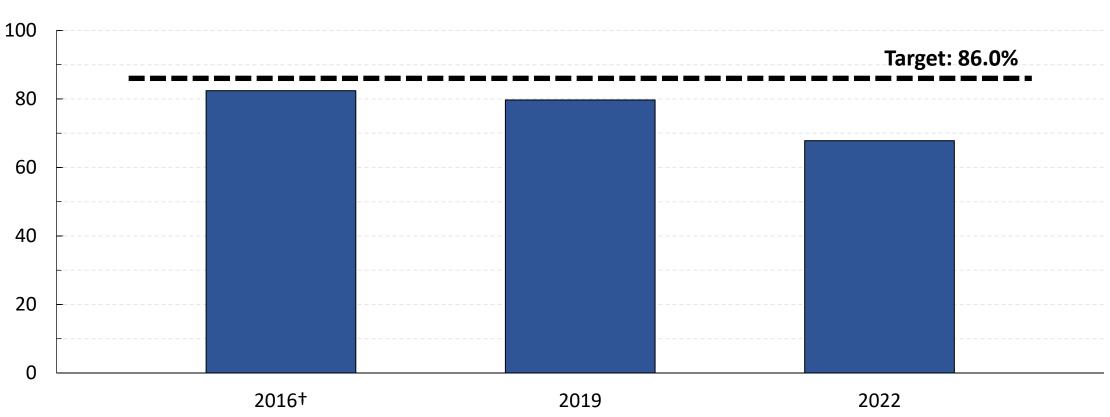
State and Territorial Jurisdictions with a Health Improvement Plan

- Healthy People 2030 Objective PHI-04: Increase the proportion of state and territorial jurisdictions that have developed a health improvement plan
- Data source: ASTHO Profile of State and Territorial Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO)
- **Periodicity:** Periodic
- **Baseline:** 82.4 percent of state and territorial public health jurisdictions had developed or participated in developing a health improvement plan in 2016
- **Target:** 86.0 percent
- Target-setting method: Percentage point improvement
- Objective progress status*: Getting worse
- **Definition:** States and territories that have developed a health improvement plan within the last 5 years. Health improvement plans are long-term systematic efforts to address health problems on the basis of the results of a community health assessment.

^{*} Progress categories for Healthy People 2030 were calculated using the same methodology as for Healthy People 2020. See https://www.cdc.gov/nchs/data/statnt/statnt27.pdf.

State and Territorial Jurisdictions with a Health Improvement Plan, 2016–2022





NOTES: 2016[†] = Healthy People 2030 baseline. Data are for state and territorial jurisdictions that have developed a health improvement plan within the last five years. Health improvement plans are long-term systematic efforts to address health problems on the basis of the results of a community health assessment.

SOURCE: ASTHO Profile of State and Territorial Public Health (ASTHO Profile), Association of State and Territorial Health Officials (ASTHO).

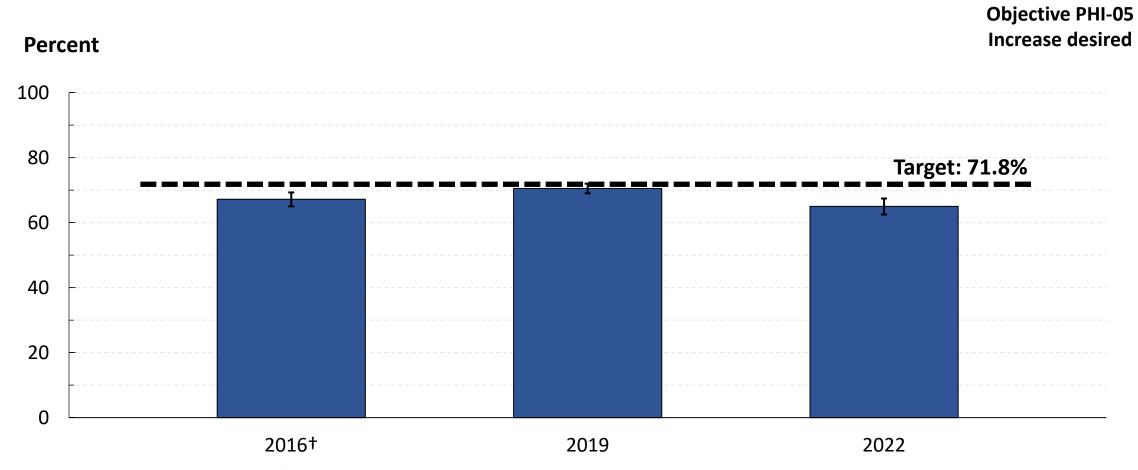
PHI-05: Local Jurisdictions with a Health Improvement Plan

Local Jurisdictions with a Health Improvement Plan

- **Healthy People 2030 Objective PHI-05:** Increase the proportion of local public health jurisdictions that have developed a community health improvement plan
- **Data source:** National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO)
- Periodicity: Approximately every three years
- Baseline: 67.2 percent of local public health jurisdictions had developed or participated in developing a health improvement plan in 2016
- Target: 71.8 percent
- Target-setting method: Percentage point improvement
- Objective progress status*: Little or no detectable change
- **Definition:** Local public health agencies with a health improvement plan created within the last 5 years. Health improvement plans are long-term systematic efforts to address health problems on the basis of the results of a community health assessment.

^{*} Progress categories for Healthy People 2030 were calculated using the same methodology as for Healthy People 2020. See https://www.cdc.gov/nchs/data/statnt/statnt27.pdf.

Local Jurisdictions with a Health Improvement Plan, 2016–2022



NOTES: I = 95% confidence interval. 2016^{\dagger} = Healthy People 2030 baseline. Data are for local jurisdictions that have developed a health improvement plan within the last five years. Health improvement plans are long-term systematic efforts to address health problems on the basis of the results of a community health assessment.

SOURCE: National Profile of Local Health Departments (NACCHO Profile), National Association of County and City Health Officials (NACCHO).

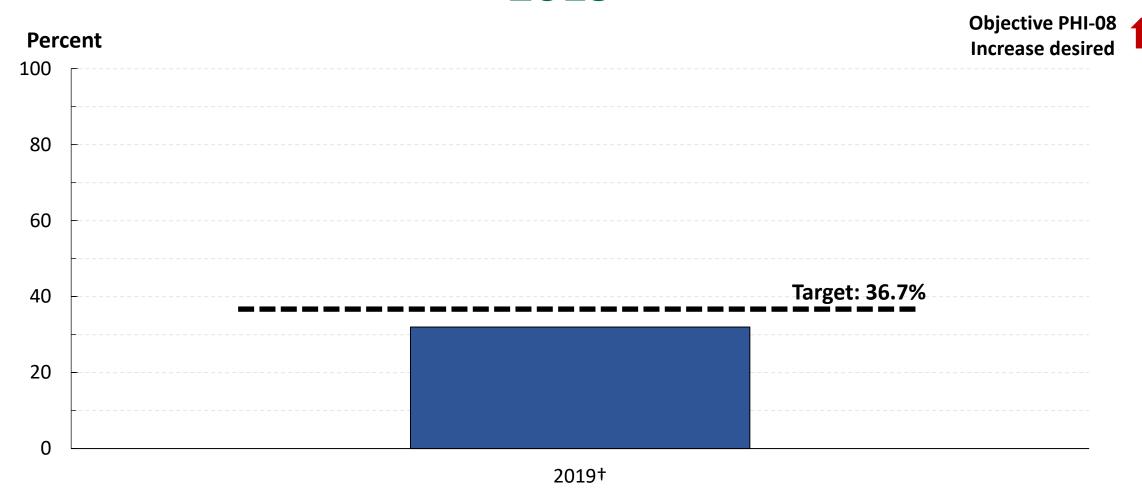
PHI-08: Tribal Communities with a Health Improvement Plan

Tribal Communities with a Health Improvement Plan

- Healthy People 2030 Objective PHI-08: Increase the proportion of tribal communities that have developed a health improvement plan
- Data source: Public Health in Indian Country Capacity Scan (PHICCS), National Indian Health Board (NIHB)
- Periodicity: Approximately every three years
- Baseline: 32 percent of tribal health organizations had developed a community health improvement plan within the last five years in 2019
- **Target:** 36.7 percent
- **Target-setting method:** Percentage point improvement
- Objective progress status*: Baseline only
- **Definition:** Tribal health organizations with a health improvement plan created within the last 5 years. Health improvement plans are long-term systematic efforts to address health problems on the basis of the results of a community health assessment.

^{*} Progress categories for Healthy People 2030 were calculated using the same methodology as for Healthy People 2020. See https://www.cdc.gov/nchs/data/statnt/statnt27.pdf.

Tribal Communities with a Health Improvement Plan, 2019



NOTES: 2019[†] = Healthy People 2030 baseline. Data are for tribal communities that have developed a community health improvement plan within the last five years. Health improvement plans are long-term systematic efforts to address health problems on the basis of the results of a community health assessment. SOURCE: Public Health in Indian Country Capacity Scan (PHICCS), National Indian Health Board (NIHB).

Key Takeaways

Key Takeaways

- Medical insurance coverage rates for persons younger than 65 years increased between 2010 and 2022, but disparities exist among population groups. In 2022, persons born outside the U.S., adults ages 18-44 years, persons with family income 100-199% of the poverty threshold, and Hispanic persons, had the lowest coverage rates, compared to their respective counterparts.
- The proportion of state and territories that had developed a health improvement plan within the last five years decreased from 2016 to 2022.
- The proportion of local health jurisdictions that had developed a health improvement plan within the last five years showed little or no detectable change from 2016 to 2022.
- In 2019, 32% of tribal health organizations had developed a health improvement plan within the last five years.

Thank You!

- We would like to thank the following parties for their contributions and expertise:
 - The Access to Health Services Workgroup
 - The Public Health Infrastructure Workgroup
 - NCHS contributors: Johanna Alfier, Jonathan Aram, Irma Arispe, Leda Gurley, LaJeana Hawkins, Sibeso Joyner, Cheryl Rose, Asel Ryskulova, and Ritu Tuteja
 - ODPHP contributors: Elizabeth Dee, Deborah Hoyer, and Yen Lin

For more information, contact CDC 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the

official position of the Centers for Disease Control and Prevention.



Healthy People 2030 and Public Health Infrastructure: *A State-Level Perspective*

Megan DeNubila-Griffin, MPH Assistant Director, Chronic Disease and Health Improvement

March 19, 2024



Association of State and Territorial Health Officials (ASTHO)

ASTHO is a nonpartisan organization and the collective voice of the nation's health officials. Its members are the chief health officials of the 59 states, territories, and Freely Associated States, as well as Washington, D.C.

ASTHO's members are responsible for:

- Formulating and influencing public health policy within their jurisdictions, in collaboration with the state legislature, governor, and other public health professionals.
- Assuring excellence in state and territorial based public health practice.
- Providing public health and health expertise to their elected officials.
- Advancing health equity and optimal health for all.



About ASTHO

Mission: To support, equip, and advocate for state and territorial health officials in their work of advancing the public's health and well-being.

Vision: State and territorial health agencies advancing health equity and optimal health for all.





Our Connection to Healthy People

Funding from Office of Disease
 Prevention and Health Promotion
 (ODPHP) to provide capacity
 building and technical assistance
 around the implementation of
 Healthy People 2030

Healthy People Champion





Objectives



Increase the proportion of state and territorial jurisdictions that have a health improvement plan — PHIO4

Increase the proportion of tribal communities that have a health improvement plan — PHI08

Increase the proportion of local jurisdictions that have a health improvement plan – PHI05

*Increase the proportion of people with health insurance — AHS01

Multisector collaborations

High quality data from diverse sources

Broad and diverse objectives

Strong Health Improvement Plans

Evaluation and quality improvement

Transparency and community engagement

Evidence-based interventions/innovative practices

Profile Survey and Dashboard





Profile Survey

Question 1

What best describes your use of Healthy People in assessment and planning efforts (e.g., strategic plan, state health assessment, or state health improvement plan)?

- We are using Healthy People 2020
- We are using Healthy People 2030
- We are using both Healthy People 2020 and 2030
- We are not currently using Healthy People

Question 2

Are you planning to use Healthy People 2030 in your assessment and planning efforts?

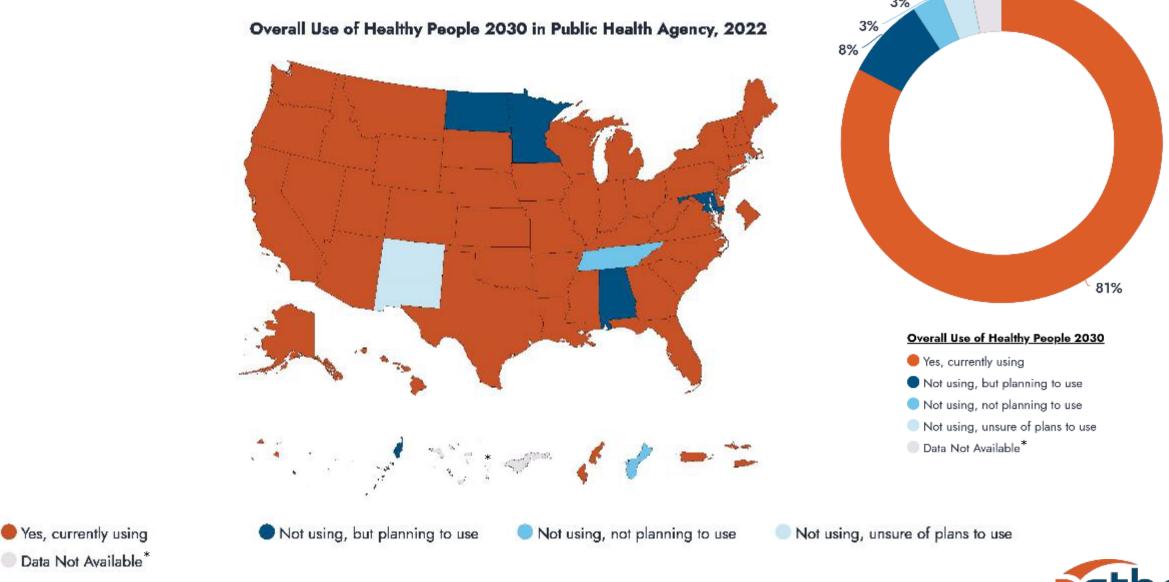
- Yes
- No
- I don't know

Question 3

In which of the following efforts does your public health agency use Healthy People? (select all that apply)

- State Health Assessment
- State Health Improvement Plan
- Strategic Plan
- Other assessment and plans (e.g., PHHS Block Grant, maternal and child health plans, environmental assessments, or tobacco control plans)
- I don't know

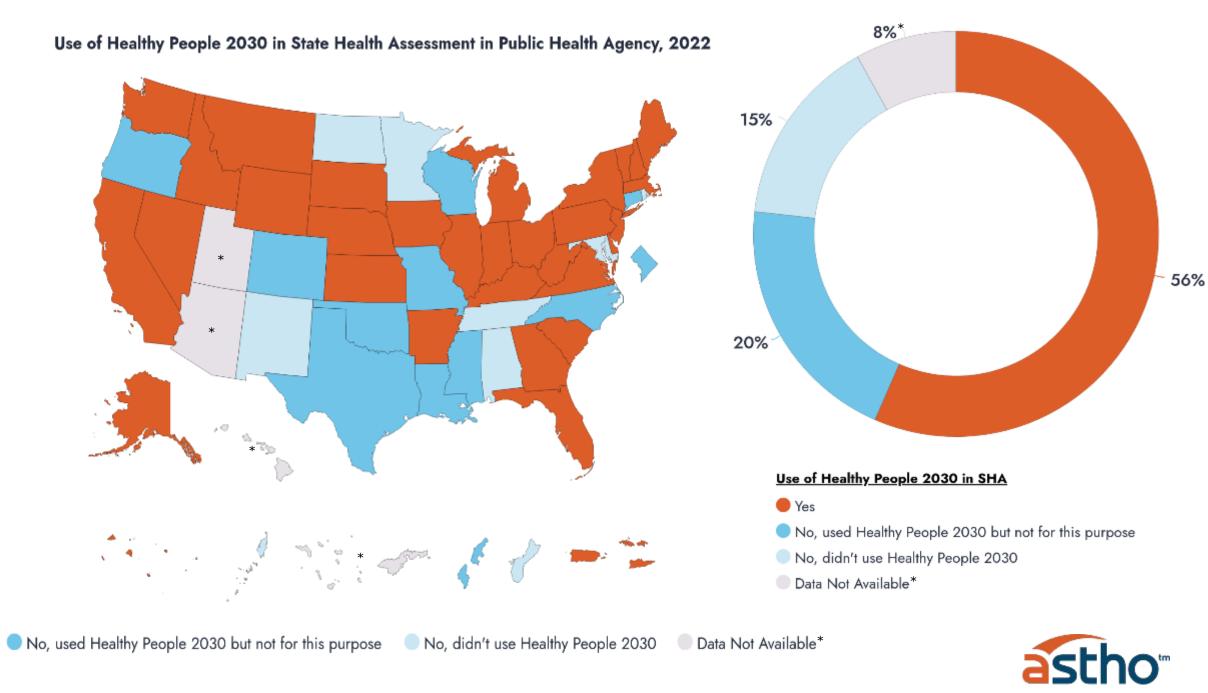




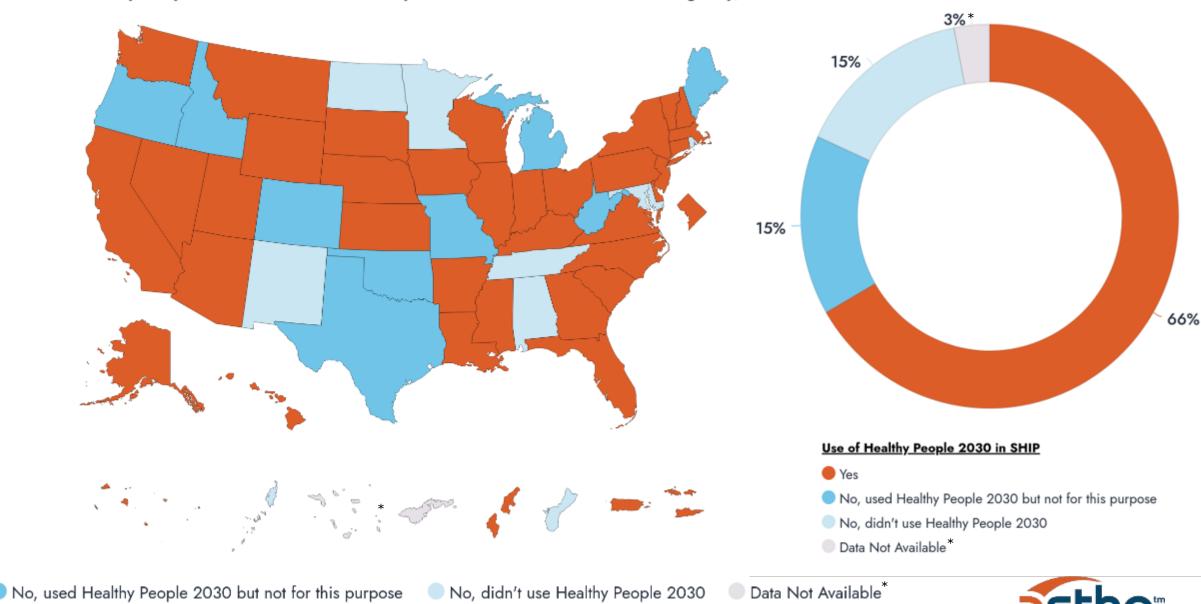
Source: Association of State and Territorial Health Officials (ASTHO) Profile of State and Territorial Public Health Survey.

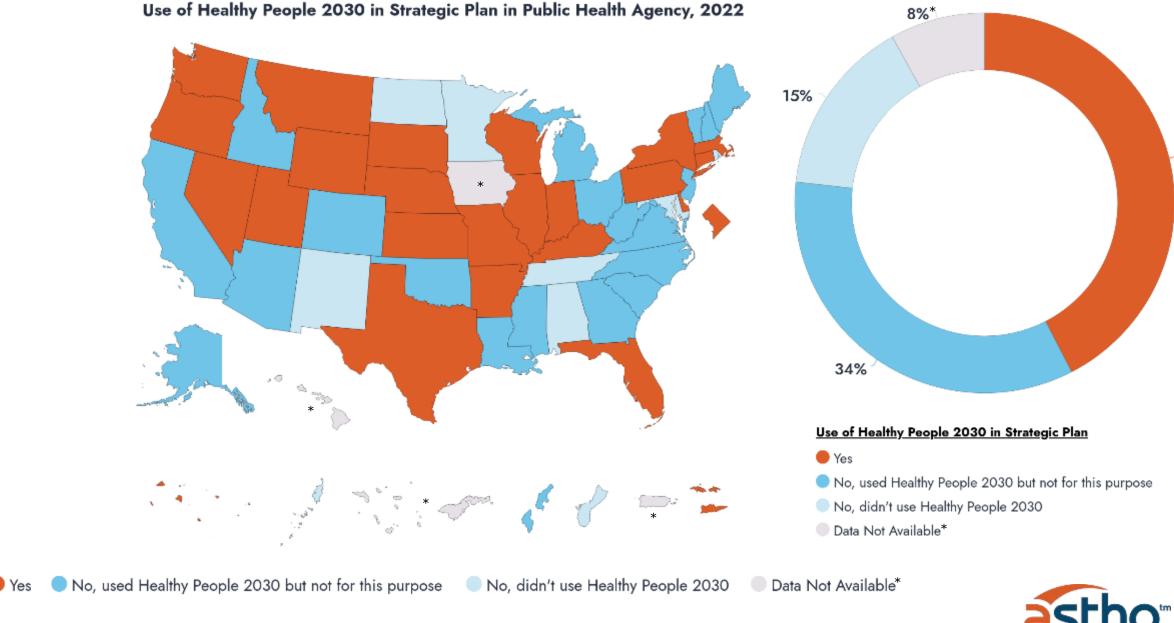
Note: Overall use of Healthy People 2030 was asked separately from individual uses of Healthy People 2030. Responses in this map reflect agencies' response to this question alone.

3%*



Use of Healthy People 2030 in State Health Improvement Plan in Public Health Agency, 2022



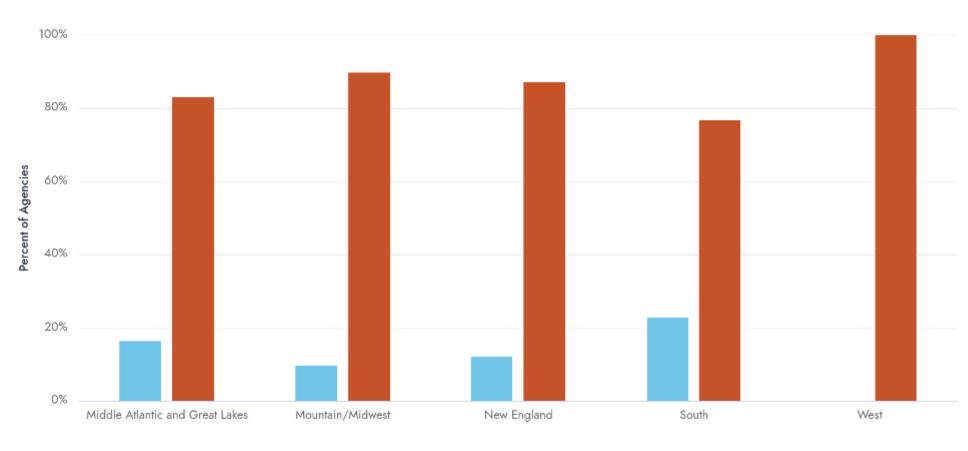




42%

Healthy People 2030 Data Story

Percent of State Public Health Agencies that use Healthy People 2030 by Region







Key Partnerships

Local

- National Association of City and County Health Officials (NACCHO) publishes <u>National Profile of Local Health</u>
 <u>Departments</u>, which complements the state and island area level data produced by ASTHO
- Mobilizing for Action through Planning and Partnerships (MAPP) 2.0

Tribal

- A few jurisdictions intentionally trying to partner with tribal communities or lift-up tribal health improvement priorities
- Example with our Healthy Heart, Healthy Brain resource





Environmental Scan

ASTHO's annual Environmental Scan of Current and Emerging Public Health Priorities tracks public health priorities and trends using select health agency data sources and health official feedback:

State/Community Health Improvement Plans (S/CHIPs) **Strategic Plans** S/THO Environmental Scan Survey Health Equity Plans or Goals – <u>States</u> ASTHO's Profile Survey – *Islands* Insular Affairs Committee to the ASTHO Board – *Islands* Conversations between health officials and ASTHO staff — Islands 2023 Environmental Scan of Current and Emerging **Public Health Priorities**



Note: The Research Team utilized two different methodologies to conduct the state and island scans, as the availability of certain health agency materials often differs between the states and island jurisdictions.

Infrastructural Priorities

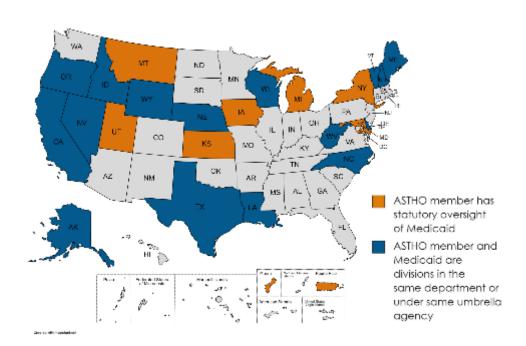
States	Island Jurisdictions
Workforce Development	
Organizational Competencies	Organizational Competencies
Accountability, Performance Management, Quality Improvement	Emergency Response and Preparedness
Data Modernization and Informatics	Data Modernization and Informatics/Workforce Development
Equity	



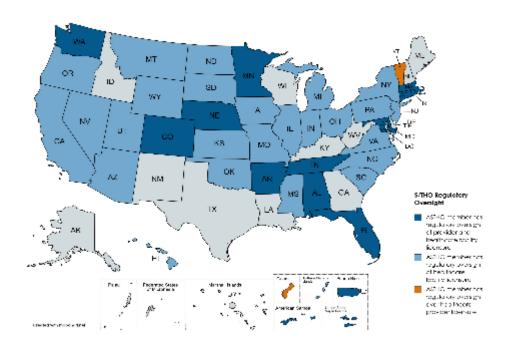
Healthcare Access

State Health Officials are key leaders in managing and maintaining the nation's safety net and facilitating access to care policy and programs.

Medicaid Oversight



Healthcare Facility & Provider Licensure Oversight





Healthcare Access



Access to and Linkage with Care: **TOP THREE** Programmatic and Service Area Priority for states and islands.



Access to and Linkage with Care appeared in **81%** of states' SHIPs and strategic plans reviewed by ASTHO.



Healthcare workforce shortage showed up in response to the question "In the past 6 months, what events or trends have impacted your agency's priorities, and how?"



Key Take-Aways

Best practices related to developing and implementing a health improvement plan and healthcare access



Partnerships

DisaggregatedData

UpstreamFactors





Key ASTHO Public Health Infrastructure Resources

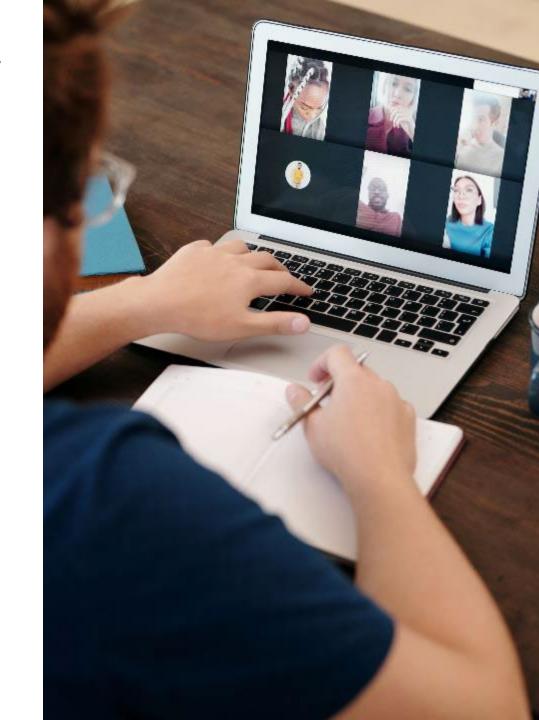
- State and Territorial public health agency Administrative Readiness (STAR) Center
- Public Health Hope, Equity, Resilience, and Opportunity (PH-HERO)
- Public Health Careers website
- Developing State Health Improvement Plans Guidance and Resources
- Video: Healthy People 2030 Informing State Health Improvement Plans

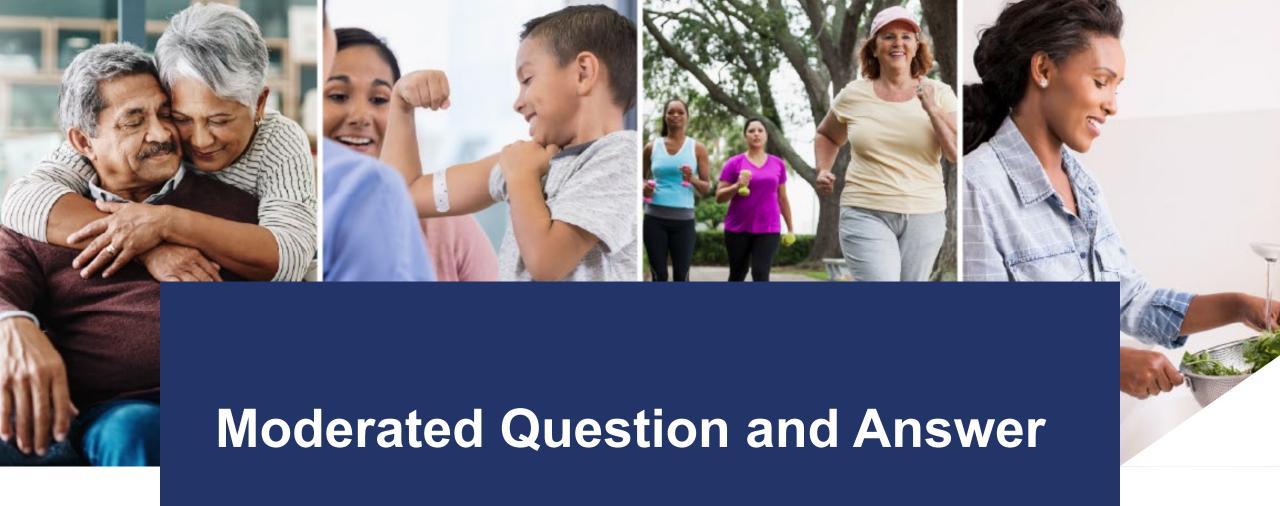


Thank You!

Questions?

Megan DeNubila-Griffin mdenubila@astho.org











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Thank you!



