

DataSpeak - Healthy People 2020: the Next Generation of MCH-related Focus Areas

February 25, 2011

2:00 – 3:00 pm ET

Program Transcript

Mary Kay Kenney – Maternal & Child Health Bureau – Health Statistician

Good afternoon. Welcome to today's program on Healthy People 2020: The Next Generation of MCH-related Focus Areas. My name is Dr. Mary Kay Kenney and I'm a Health Statistician in the Maternal and Child Health Bureau's Office of Epidemiology, Policy and Evaluation. The DataSpeak series is sponsored through the offices of Maternal and Child Health Information Resource Center. Today we're excited to have with us speakers representing three different MCH-related Healthy People topic areas.

Our first speaker today will be Dr. Reem Ghandour, who is a Public Health Analyst with the Office of Epidemiology, Policy and Evaluation. Dr. Ghandour will provide an overview of Healthy People 2020 and will discuss the planning, process and changes in objectives and targets for the Maternal and Child Health topic area. Our second speaker will be Beth Stevenson, who is a Senior Policy Advisor in the Office of the Associate Director for Policy at the Centers for Disease Control and Prevention. Ms. Stevenson will discuss the early and middle childhood topic area, which is new to this cycle of Healthy People. Our final speaker will be Dr. Trina Anglin, who is the Director of Adolescent Health for the Maternal and Child Health Bureau. Dr. Anglin will describe the Adolescent Health Workgroup, how Healthy People 2020 addresses the needs of young people and the important next steps for this focus area.

Now, before we begin, I'd like to introduce Gretchen Noonan, the Moderator for today's program.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Before we begin I'd like to welcome our presenters and everyone who is in the audience today. Thank you for joining us. Before we begin our presentations I have just some brief technical guidance for everyone. First, please know that your phone line will be muted during the presentation. At the completion of the program, we'll be having a question and answer session and we will provide instructions for asking questions over the telephone at that time. If you'd like to post a question on-line you can do so at any time during the program. Just use the Q&A area at the bottom of your screen. Type the question at the very bottom of that box and hit Enter. Second, I'd like to point out that you're able to download today's PowerPoint presentations directly from the screen that you're seeing right now. On the left under Downloads simply click on Presentation Materials and click Save to My Computer.

Finally, I would like to call your attention to the DataSpeak Web site, which we hope you'll visit after today's program. There you will find resources on today's topic, including some that our speakers will

highlight in their presentations. On the Web site you will also find archives of all of the DataSpeak programs going back to 2000. The slide on your screen shows some of the most recent programs that are available and the address you can use to access them.

Now, I'd like to turn our first speaker. As Mary Kay said, that is Dr. Reem Ghandour. She is a Public Health Analyst with MCHB's Office of Epidemiology, Policy and Evaluation. Good afternoon, Reem.

Reem Ghandour – MCHB – Public Health Analyst, Office of Epidemiology, Policy & Evaluation

Thank you so much, Gretchen, and thank you to all of you for joining us today. For the first part of my presentation I'm going to provide a brief definition of Healthy People before honing in on some of the defining features of Healthy People 2020, including the mission and goals. I'll also spend a little bit of time walking through the development process in an effort to illustrate some of the key forces that influence the selection of topic areas, objectives and targets for 2020. We will also take a look at what's new for 2020, including the Web site. This is important because Healthy People is now entirely Web based. Finally, we will briefly discuss where we're headed over the next few months.

What is Healthy People? Well, it is a national agenda that communicates a vision for improving health and achieving health equity. It is comprised of a set of measurable objectives and these objectives are organized within topic areas, some of which are disease and condition focused, like HIV or cancer and others, which are focused on specific segments of the population, like those you're going to hear about today.

We are now in our fourth iteration of Healthy People and, as you can see from the slide, the number of objectives has increased with each decade. While Healthy People 1990 set forth 226 objectives in 15 topic areas, Healthy People 2020 has nearly 600 objectives in 39 topic areas. As you can also see, the goals have evolved over time, from a focus on decreasing mortality in 1990 to reducing health disparities in 2000 and finally, to eliminating health disparities in 2010. Today we also have ... promoting healthy behaviors and creating health promoting social and physical environments.

The vision of Healthy People 2020 is a society in which all people live long and healthy lives and its mission is comprised of five components, including identifying priorities for health improvement; increasing public awareness and understanding of both, health determinants and disease pathways; providing measurable goals applicable at multiple geographic levels; engaging stakeholders; and identifying data and research needs. One of the important features of Healthy People 2020 is an emphasis on the determinants of health as illustrated in the graphic on this slide. This new or reframed focus on all of the determinants of health is clear in the four overarching goals for Healthy People 2020 that you see on the right side of your screen.

I'm going to shift now to a couple of slides illustrating how we got to 2020. This slide is designed to illustrate the who behind the development of Healthy People 2020. There were five bodies or groups of individuals or organizations that provided input into the development process. First, we had the FIW or the Federal Interagency Workgroup, which led the Healthy People 2020 development effort. FIW

members included representatives from throughout the U.S. Department of Health and Human Services, as well as the Departments of Agriculture, Education, Housing and Urban Development, Justice and the EPA. We also had a Secretary's Advisory Committee, which produced the recommendations for the Healthy People format, framework and implementation and it was comprised of 12 nationally known experts in public health.

There were actually two streams of public input into the Healthy People 2020 development process. First we had a consortium, which is really a diverse group of agencies and organizations that provided input throughout the development process. Members of the consortium ranged from the American Medical Association all of the way down to local high schools. There was also a concerted effort to get public input from individuals, as well as organizations through nine regional meetings that were held across the country in 2008 and 2009. We also had a public comment Web site, which was up for three months, to garner the public's input on our individual objectives.

Last, but I would argue not least, we had topic area workgroups that were comprised of representatives from the co-lead agencies for each topic area, as well as the National Center for Health Statistics. In terms of the objective selection process, all of the existing 2010 objectives, as well as newly proposed objectives were reviewed with an eye to the following eight criteria. Individually, some of these might be viewed as somewhat subjective, but taken as a whole they really did provide a useful lens through which those of us in the workgroups could evaluate and prioritize our objectives for 2020.

In developing the target setting methodology for 2020 the Federal Interagency Workgroup considered guidance not only from the Secretary's Advisory Committee, but also our historical experience from Healthy People 2010. As you can see, in 2010 the preferred target setting method was the better than the best approach and almost half of our targets were set using this approach. This was used to support the goal of eliminating health disparities that I referenced earlier. While this certainly worked for some of our objectives, unfortunately, it often resulted in targets that were far too ambitious and, frankly, unrealistic for the rest of us in some senses. As you can see, in 2009 only about 11% of Healthy People 2010 targets that used this particular methodology had been met. Of course, hind sight is always 20/20, but when we went back and looked at this, assuming we had used a 10% improvement strategy across the board, we found that approximately 50% of the targets for 2010 would have been met.

Given this experience, we determined and the FIW and the Secretary's Advisory Committee determined that Healthy People 2020 targets really needed to be more realistic, systematic and transparent than those that were used for 2010. So what you see here now on the slide is the methodology that was used to set targets for 2020.

In terms of the timeline for this work, you can see that much of the work to research, review and develop objectives took place between December 2008 and September 2009. I should emphasize that this was really not true for all workgroups, especially for those that were newly formed, like the Early and Middle Childhood Group that you're going to hear from today. This period was followed by a public comment period between October and December of 2009. Overall, almost 8,000 comments were received from the public on Healthy People objectives for 2020. We spent the early part of 2010

responding to these public comments and revising objectives as needed before moving on to the development of the topic area narratives and other supporting documents and then ultimately finalizing our targets.

What's new for 2020? Well, as you saw previously, there is a new focus on ecological and social determinants of health. We also have 13 new topic areas, 2 of which we'll be discussing today. Finally, we've replaced the old print-based system with an entirely Web-based system, which is designed to be much more flexible and to better support users' needs.

If you go to the URL on the bottom of the last slide this is what you'll see. In the interest of time I can't go through each of the pages to show you the real depth of the site, but I'm going to just draw your attention to a couple of key features. First, for those of you still getting familiar with Healthy People, there is an About Healthy People tab. The next tab will take you to a list of all of the topic areas with links to a separate home page for each. There is a How to Use feature, which will provide additional orientation to the site itself. Lastly, there are multiple links to social networking systems so you can keep abreast of any changes or updates.

What you see on the left side of this slide details in broad strokes the work that was accomplished over the last two years or so. In terms of where we are today and where we're going, well obviously, we had our launch last December, but we still have a number of close-out activities for Healthy People 2010, as well as new activities for 2020, including the selection of implementation strategies to tackle some of the objectives, as well as ongoing maintenance for the topic areas. Finally, there will also be some planning starting for the Healthy People 2020 conference scheduled for the spring of 2012.

I would say our best advice at this point in terms of using Healthy People is to go on-line and to see how the new framework, goals and individual objectives might be useful in agenda building and program planning for your organization or agency. I would say you also might want to take a look at the consortium member list as a way of identifying new or potential partners in the work that you do.

We also have a new data tool, which is still being developed, but it is live at this point. This is the Health Indicators Warehouse. It's a collection of health indicators from multiple health and human services resources and includes population health measures and measures related to the determinants of health and healthcare access. You can search it by Healthy People objectives. Finally, and I didn't have a chance to put this on my slide because I just became aware of it, but there is a new RFP that was just announced for states, territories and tribes to integrate Healthy People 2020 into their health improvement planning activities. Information about this is available on the site and the deadline for submission, I believe, is April 1st.

So I'm going to switch gears now and talk more specifically about the Maternal, Infant and Child Health topic area, which we, at the Maternal and Child Health Bureau co-lead with two offices in the CDC, the Division of Reproductive Health and the National Center for Birth Defects and Developmental Disabilities. My goals for this half of the presentation are three-fold. First, I want to take a quick look at where we've been, specifically, the progress that was made on MICH objectives in the last decade. Second, I'll describe how MICH has been framed for 2020, including the portfolio of objectives and

targets set for the next decade. Finally, I'll highlight some of the major changes in objectives and targets that you'll see in 2020.

Focus Area 16, as we were known under Healthy People 2010, included 23 objectives, but this represented only a portion of the objectives focused on the health of mothers and children for the decade. In fact, about 40% of all Healthy People 2010 objectives were related to this population. Overall, we found mixed results for these objectives and related sub-objectives. As you can see on the slide, we met or exceeded our target for 3 measures and at least moved in the right direction for 21 others. Unfortunately, the same cannot be said for 18 of our measures.

In general, I would say we carry a couple of themes forward with us into the next decade. First is that successes can and should be celebrated, particularly when there are lessons to be learned regarding the impact of public awareness campaigns, for example. Some of the progress we saw related to SIDS and neural tube defects might be examples of this. Second, there remain troubling trends related to low birth weight and pre-term birth, among others. Third and finally, there are racial and ethnic disparities that persist across the objectives in our topic area and these need to be carefully tracked throughout the decade.

Turning now to 2020, as you can see, the topic area goal hasn't changed much since the last decade. We still want to improve the health and well being of women, infants, children and families. The content of the topic area in terms of the breadth of our objectives is very similar to that of 2010 as well; specifically, our topic area includes objectives on conditions, as well as behaviors and health systems indicators. NICHD has 33 objectives for 2020 compared to the 23 that we had last decade, including 52 sub-objectives for a total of 73 data points that we will be tracking throughout the decade. Of the 33 objectives for 2020, 12 were retained directly as is from the last decade; 13 were modified; and 8 are brand new. We also had one objective, hospitalization among children with sickle cell disease, which was moved since we now have a dedicated topic area for blood disorders.

Our 33 objectives are organized into 7 broad categories, which I'm going to review quickly here, but I'll note that I'm going to address some of the changes in more detail shortly. The first category is morbidity and mortality, which is comprised entirely of objectives that should be familiar to you from 2010. The second is pregnancy health and behaviors, also comprised of retained objectives. Preconception health and behaviors includes two new objectives, preconception care services and behaviors, and a new objective focused on impaired ... in addition to retained objectives for prenatal care and substance use during pregnancy. Postpartum health and behaviors includes two new objectives. Infant care includes retained objectives related to sleep position and breast feeding initiations and timing, as well as three new objectives related to support for breast feeding practices.

The section on disability and other impairments probably reflects our greatest modification to Healthy People 2010. We've reframed objectives related to developmental delay, Cerebral Palsy and an expanded objective related to autism spectrum disorder or ASD. Finally, objectives under health services: The health services category should look familiar with the exception of newborn blood spot

screening, which has been modified to better reflect the data source and medical home, which has now been extended to track access for all kids in addition to children with special healthcare needs.

My next two slides focus on the changes, both modifications and additions, to the MICH objectives. In general, modifications were made for three reasons: One, to reflect changes in the science; two, to reflect changes in our approach or our thinking about an issue; and three, to better fit the data. The first two bullets are an example of this first type of modification. We added a sub-objective to track infant death attributed to SUID, or sudden and unexplained infant death, separately from SIDS. We added a sub-objective to track late pre-term birth or infants born at 34 to 36 weeks.

The third bullet is an example of the second type of modification. We took what had been the developmental disability objective; this was number 14 in 2010; focused on reducing the occurrence of mental retardation, cerebral palsy, ASD and epilepsy and reframed it to focus on consequences of or treatment for those conditions rather than the conditions themselves. This resulted in three new objectives, which you can see on the slide. Examples of the third type of modification are listed at the bottom of the slide. These are pretty straight forward, but if you have any questions about them I'd be happy to answer them after the program.

We also had eight additions, the seven that you see on the slide, as well as a new objective to reduce infant mortality among children with Down's Syndrome. The seven that I've listed on the slide fall into three general buckets and I'm just going to say a few words about each one of these. Objective 16 has 6 sub-objectives focusing on topics ranging from the receipt of a preconception health visit and use of contraception to multivitamin use and tobacco and alcohol use prior to pregnancy. All of these will be tracked using PRAMs.

Objective 17 has 2 sub-objectives, one for males and one for females and these will be tracked using the National Survey of Family Growth. Eighteen and nineteen are singular, as you see them on the slide, so no sub-objectives, but they will be tracked using PRAMs. Objectives 22 through 24 are all related to breast feeding support. Twenty-two will be tracked using the employee benefit survey, while 23 and 24 will be tracked using the National Immunization Survey and the CDC's Breast Feeding Report Card, respectively. In addition to the changes in objectives I wanted to touch on some of the changes that we made to our targets. If you recall, there were three target setting methods approved for 2020, default, primary and alternative. MICH applied these methods in the ways that you see here on the left side of the slide.

In addition to these over arching directives regarding target setting, our workgroup also approached the process with an eye to improving the following; achievability, consistency, clarity and accuracy. So as just an example of one of these, in 2010 the low birth weight targets were based on the default method of better than the best, which, unfortunately for us, resulted in largely unachievable targets for low birth weight and very low birth weight. Rather than simply using the default again for 2020 we decided to set the targets based on a 5% improvement, which we believe will be more realistic targets based on the trend data that we were seeing.

We also made a similar judgment call for medical home. In 2010 the target for medical home was set at total coverage or 100% of children with special healthcare needs. We chose to go with something more achievable for 2020 and we based the target on a 10% improvement methodology. There are examples of these types of decisions that we made throughout the target setting process. I'm not going to go through all of them now, but certainly, as you dig into the objectives and the targets and if you have questions I'd be happy to answer after the program and any time in the future as well.

In terms of our next steps, I think all of the workgroups are in very similar position in some senses. We need to identify evidence based opportunities to achieve the targets that have been set and we need to develop resources that support states and localities in their work. Something that you might see coming out of our topic area in particular is support for the development of a companion document, either on special healthcare needs or genetic disorders or some combination thereof. These kinds of companion documents can be used as sort of over arching strategy documents tying together objectives in various topic areas across Healthy People. Finally, we will continue to work to improve our talking systems and to monitor progress throughout the decade.

This is my contact information, as well as some of the resources that I referenced. The last Web site that you see here, the CDC Wonder Site, is a place you can go if you're interested in looking back across last decade and seeing how we measured up across the decade.

I will turn it over to Beth now. Thank you.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

I just want to remind everyone—first, thank you, Reem, of course, but I would like to remind everyone that as you think of questions you certainly can send them in as the speakers are giving their presentations. At the very bottom of that Q&A box there you can type in your question and hit Enter and we'll get it on this end and we can go over those questions at the end of the program. I also want to remind everyone that, as Reem has resources there on here slide, you can download the slides right now. There is a Download box on the left side of your screen and you can just click on Presentation Materials and hit Save to MY Computer and then you'll have those links later when you like to use them.

Now I will go ahead and turn it over to Beth. Beth Stevenson is a Senior Policy Advisor in the Office of the Associate Director for Policy at the Centers for Disease Control and Prevention. Thank you for joining us, Beth.

Beth Stevenson – CDC – Senior Policy Advisor, Children's Health

Thank you, Gretchen. Thank you very much. I will be talking about the Healthy People 2020 early and middle childhood topic area and objectives and this topic area was co-led by CDC and Maternal and Child Health Bureau. As Reem mentioned, each of these Healthy People topic areas we're talking about today are unique, not just in their focus, but in their maturity as a topic area and their approach. Early and middle childhood is the newest of the three topic areas we're presenting today, so my presentation will focus on the objectives for Healthy People 2020, but will also provide an overview of how we view

this beginning work and the value of starting to clearly identify objectives for this age group. To provide some context, since you've now heard a lot about the maternal, infant and child health topic area, it clearly has a rich history of work in the Healthy People effort.

The early and middle childhood topic area, like the adolescent topic area, is new for Healthy People 2020, but as you'll hear in a moment, the adolescent area also has a creative history I would say during Healthy People 2010. Many of those interested in adolescent health at that time were able to come together and identify priority objectives for adolescents during the last Healthy People 2000 decade for Healthy People 2010. My presentation on the early and middle childhood topic area will focus on the following: First, I want to provide an overview of the topic area, the need for the topic area, the timeline, the variety of people we had involved in the early and middle childhood workgroup and the philosophy and approach we took. Second, I'll spend some time describing the objectives and the targets of this new topic area.

Finally, and I think probably most importantly, we'll talk a little bit about where we are planning to go from here. With an on-line format for Healthy People 2020 I know you all can imagine we have some potential to view this effort as a living document. That idea works especially well for the early and middle childhood topic area as we look for ways to grow our ability to address these children.

Early and middle childhood are critical life stages in the U.S. population with more than 40 million children below the age of 12 in the United States. These children represent over half of the U.S. population who are below the age of 18. This is a unique age group, both vulnerable and dependent of the population and they're highly influenced by a range of factors, including parents, caregivers, schools and media. But as many of you know, they're also incredibly resilient. It is these life stages of early and middle childhood that can set the stage for developmental advances that can impact public health that establish children's self control, sense of identity and allows them to make strides towards adolescence and eventually adulthood by becoming competent, independent, self aware and involved in a world beyond their families.

It's a time, as many of you also know, of dramatic biological and cognitive change, as well as a time when children develop skills for building healthy social relationships and learning roles that will lay the groundwork for a lifetime. These ages, more than any other developmental period, set the stage for health literacy, learning self discipline and the ability to make good decisions about risky situations, eating habits and negotiating conflict.

While Healthy People 2020 workgroups address the early stages, beginning with maternal, infant and child health and the later ages of adolescent health, there's been a historic need to address what I would call these bridging, developmental years of early and middle childhood and to engage in the developmental view across all child life stages from birth to adulthood. The goal we established for this topic area was quite practical; to document and track population based measures of health and well being for early and middle childhood populations over time in the United States. There are some important gaps in population based measures for this age group and in part the Early and Middle

Childhood Workgroup wanted to use Healthy People 2020 to begin to bring attention to those gaps and to help us begin to address them.

I wanted to share a little bit of a timeline. You heard much from Reem. The early and middle childhood topic area was proposed and approved about five months into the ten-month objective development process that you can see in the top bar. This late start and the fact that this topic area had not ever been addressed helped our Early and Middle Childhood Workgroup to really be able to step back and consider what would be the best use of our time and focus for the Healthy People 2020 process.

The Early and Middle Childhood Workgroup moved quickly and pulled together about 30 individuals in just a few weeks to help begin the conversation about this topic area. The workgroup included multiple staff from CDC, HRSA, the U.S. Department of Education and the Administration for Children and Families to name a few. As in other workgroups, it included both, the liaisons, the Office of Disease Prevention and Health Promotion, where the leadership for Healthy People 2020 sits, and the National Center for Health Statistics.

As a new group with a very short timeline the work began by requesting the draft Healthy People 2020 objectives, so we actually reached out to many of the other topic area workgroups. We divided into teams and reviewed the work of other topic areas through an early and middle childhood lens. Topic areas we reviewed included the topic areas addressing disabilities, educational and community based programs, environmental health, injury and violence prevention, nutrition, maternal, infant and child health, mental health, oral health, physical activity and fitness, respiratory diseases, adolescent health and that's just to name a few. We focused on objectives relevant to the early and middle childhood age group that were in draft form or being reviewed from Healthy People 2010 and used our late start to build on the ongoing work of other workgroups. We reviewed in detail and negotiated potential ways to strengthen objectives for the early and middle childhood population. We proposed new objectives directly to a topic area workgroup where we felt gaps existed.

We also identified 15 issues where we would hope for additional work down the road to strengthen the presence of objectives for this early and middle childhood population. These were 15 issues we thought were gaps throughout the Healthy People 2020 process. Over the next few years, we see our job as identifying or really tagging, since we're going to be on-line, all relevant early and middle childhood objectives throughout Healthy People 2020. And modeling a prioritization process, as was done I think very creatively with the adolescent area in Healthy People 2010, which would help create a focus on the most critical objectives for this age group. Currently, of the 600 Healthy People objectives in all topic areas there are about 100 Healthy People 2020 objectives that directly address early and middle childhood ages. About half of the current topic areas include objectives or sub-objectives that specifically mention early and middle childhood ages.

In addition, the Early and Middle Childhood Workgroup proposed eight new objectives. Given our process of building on existing work, the objectives were not comprehensive, but were based on identified gaps. They often struggled with the issues about how to address things like social determinants and/or framed very unique early and middle childhood issues. Of the original eight, two

were transferred to the disabilities topic area. One was transferred to the physical activity and fitness topic area and actually spurred the growth of another objective in that area. One was placed on hold to acquire more data demonstrating need.

The four early and middle childhood objectives you will find on-line, again, not comprehensive, but they include an objective on healthy development for school readiness. This is developmental objective pending measurement systems, but it seems very important for us to begin to address. You will note in the objective a framework for increasing readiness in the five domains of healthy development, including physical development, social/emotional development, approaches to learning, language and cognitive development.

Our second objective, another linked closely to our attempts to look at social determinants of health, addresses positive parenting. Our third objective addresses the quality of sleep in children and is also developmental. The fourth objective on school and health education attempts to build on earlier Healthy People 2010 objectives that address the quantity of health education in schools and to move it to another level to include measures that would address the quality of school health education.

Of the four objectives, two are developmental with identified potential data sources. You can see that on-line in some detail. The positive parenting objective includes several sub-objectives. A number of those sub-objectives are developmental. The sub-objectives on positive communication with the child, reading to the child and learning development information from the doctor are all targeted for 10% improvement, again, the default, as Reem described, from established baselines. Details on all of this can be found on-line. School health education also includes multiple sub-objectives related to the quality of health education taught in schools. The data source is the school health policies and program study. Again, the details can be found on-line, including baseline measures. One correction to the slide: While the first set of sub-objectives are for 10% improvement, the default, the fourth one on there is actually four percentage points' improvement. The baseline is very low and so we wanted to have a little bit more of a stretch target with that.

The Early and Middle Childhood Workgroup is just getting started, as I've mentioned, and we are looking forward to the continued work and development of this topic area within Healthy People 2020. We are in building mode. Our tasks ahead include helping to address the data needs, working with a wide range of people of expertise and the objectives that are still developmental. Using the on-line format to improve the ability to search across the topic areas and quickly identify all 100-plus objectives that are relevant to early and middle childhood and to move from paper to action. Healthy People 2020, as many of the Healthy People documents through the decades, provides a wonderful roadmap, but in many ways its power and how we all use it, the powers and the ability for us all to be on similar pages and implementing policies and programs that can help move us to the targets. So we're looking to tap into the expertise needed to address early and middle childhood and to identify priority objectives from the list of over 100 and to strengthen the resources and tools that help early and middle childhood practitioners actually use Healthy People 2020.

Thank you. You can see my contact information. I would be happy to answer any questions and other thoughts as we move forward. Thank you.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Thank you so much, Beth. Now I would like to turn to our final presenter; that's Dr. Trina Anglin, who is Director of Adolescent Health for MCHB. Welcome, Trina.

Trina Anglin – Maternal & Child Health Bureau – Director, Adolescent Health

Gretchen, thank you. I am Trina Anglin from the Maternal and Child Health Bureau. We're shifting gears now to discuss an older age group, adolescents and young adults.

Why does Healthy People include a focus on adolescent and young adult health? These age groups make up a substantial proportion, one-fifth, of our overall population. A variety of public health problems either start or peak during these years. Some examples include homicide, substance abuse and STDs. Adolescents and young adulthood represent a critical transition period. Youthful behavioral patterns help determine whether future adult years will be healthy or burdened by chronic disease.

This presentation has three goals. We will start by reviewing Healthy People 2010's efforts, where we have been. This history forms a context for our current work. We will next look at our efforts to address adolescent and young adult health as part of Healthy People 2020, our current status. Finally, we will look ahead to future tasks for the adolescent health topic area.

The next three slides provide a historical look at how adolescent health was folded into Healthy People 2010. There were 467 objectives in Healthy People 2010. Of these, 24% or 107, were directly relevant to adolescent and young adult health. Under the leadership of CDC's Division of Adolescent and School Health, a consensus workgroup selected 21 critical adolescent and young adult health objectives from these 107. It's important to recognize that this workgroup did not develop any objectives. It was confined to selecting objectives from those already developed by categorical Healthy People 2010 workgroups.

There were two major criteria for selection. An objective needed to represent a critical outcome or a contributing behavior. For example, one critical objective addressed the rate of homicide among young people, a leading cause of death for adolescents and young adults. This is surely an outcome. Two critical objectives addressed behaviors that contributed to homicide; reduce physical fighting among adolescents and reduce weapon carrying by adolescents on school property. In addition, state level data needed to be available so that states could track their own progress.

The 21 critical health objectives of Healthy People 2010 addressed six areas: Mortality; unintentional injury with an emphasis on motor vehicle crashes and the contribution of alcohol to crashes, interpersonal violence; mental health and substance abuse, including binge drinking and use of marijuana. Critical objectives relevant to reproductive health addressed rates of sexual activity, condom use, teen pregnancy, HIV infection and STDs with a focus on Chlamydia. We linked adolescent health to

the prevention of major adult chronic diseases and grouped together objectives that addressed tobacco use, obesity and level of physical activity. Together this set of objectives is important long-term to the prevention of cancer, chronic lung disease, cardiovascular disease and diabetes.

We recognize that our progress was uneven over the course of the decade in addressing the 21 critical health objectives. Mortality rates did not change significantly for the leading causes of death among adolescents and young adults. Use of marijuana declined modestly. There were significant decreases, both in rates of teen pregnancy and use of tobacco. Although there were no significant changes in levels of physical activity, there was a stabilization quite welcome in the incidence of adolescent overweight and obesity.

We now move to Healthy People 2020. Adolescent health was determined to be a new topic area and its workgroup was asked to develop new objectives to address the needs of adolescents and young adults. The goal of this topic area is to improve the healthy development, health, safety and well being of adolescents and young adults. The workgroup is quite large. It includes 33 members representing experts from both inside and external to the federal government. It is co-led by staff from the Maternal and Child Health Bureau and CDC's Division of Adolescents and School Health and is supported by staff from the National Center for Health Statistics.

This slide lists the many tasks the workgroup completed as part of this charge. It used the same time frame presented by Reem and Beth. The workgroup started meeting in February of 2009 on an intensive basis and by the summer had developed 13 new objectives, some of which had multiple components. In order to develop new objectives the workgroup first reviewed all Healthy People 2010 objectives relevant to adolescent health from across 24 topic areas. They examined each area for gaps and also paid very close attention to the two new goals of Healthy People 2020 that Reem has already stated.

The workgroup enthusiastically embraced Healthy People 2020's recognition of the importance of healthy development and the social determinants of health. These two new goals were perceived as having special significance for adolescent and young adult health, safety and well being. The adolescent health workgroup actively negotiated with other workgroups, asking them to adopt new objectives that melded with their own categorical priorities. The workgroup also invested considerable effort in identifying and exploring national reporting and surveillance systems that could be used as credible data sources for its new objectives. The adolescent health focus area received more public comments than any other focus area.

This slide lists the final objectives developed by the Adolescent Health Workgroup for Healthy People 2020. Remember that they are meant to fill gaps and to address the two new goals of Healthy People 2020. By themselves they do not form a cohesive comprehensive set. There are over 150 objectives directly relevant to adolescent and young adult health contained in Healthy People 2020. A review of this list includes such areas as access to health and provision or clinical preventive services. Healthy development, as measured by enriching activities and connection to a caring adult; educational achievement, which is linked to adult health status; school breakfasts, which help learning and conduct,

as well as prevent eating behaviors associated with overweight and obesity; safety at school; and being affected by crime as a perpetrator or as a victim.

Objective nine recognizes the unique problems encountered by adolescents who are lesbian, gay, bisexual, questioning or transgender. The capital Ds refer to developmental objectives. These objectives still have some minor data issues. For your information, the final three content slides of this presentation provide the data source for each objective. Three adolescent health objectives have sub-objectives. Objective three demonstrates two measureable components of connections between adolescents and important adults.

Objective five, educational achievement, has six components and includes on-time high school graduation and graduation among students served by the Individuals with Disabilities Education Act, or IDEA, many of whom are at risk for dropping out of school. Reading and mathematic skills, which are vital to academic success, as well as engaging in healthy behaviors, the meaningfulness of school work, which is a key component of school engagement and school absenteeism from illness or injury.

Objective 11 has 4 sub-objectives that examine rates of violence and serious property crime perpetration among juveniles and young adults, youth gang activity and rates of victimization by crimes of violence among adolescents and young adults. These issues are important for large groups of young people and the communities in which they live.

This slide emphasizes that Healthy People 2020 as a whole contains many additional objectives directly relevant to adolescent and young adult health. About one quarter of all Healthy People 2020 objectives include these population groups. They are spread across 24 of 39 Healthy People topic areas or about 60% of all topic areas.

Finally, we look at the future. At this time a work team from the Adolescent Health Workgroup is focusing on the selection of a new core set of adolescent and young adult objectives. The small number of objectives selected from all 150 relevant Healthy People 2020 objectives will form a cohesive and compelling set that will assist states, communities and organizations in their strategic efforts to improve the health, safety and well being of adolescents and young adults. It will serve similar functions to the 21 critical adolescent health objectives from Healthy People 2010. We anticipate completing this work in the next three months.

One of the exciting features of Healthy People 2020, as Reem already mentioned, is the opportunity to add to an on-line database of evidence based action items for achieving objectives' targets. The Adolescent Health Workgroup will be taking up this task. We also plan to develop resources for states, communities and organizations that can help their efforts to address both the core set of adolescent objectives and the new objectives developed by the Adolescent Health Workgroup.

The final three slides are for your reference. You can download them or visit the DataSpeak Archive. They present the data source for each objective and sub-objective in the adolescent health focus area.

Please feel free to contact me by mail or telephone if you have any additional questions beyond what we're able to address during this DataSpeak. Thank you.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Thank you so much, Trina, and thank you to Reem and Beth, of course, as well for all of your presentations. It has been a very engaging program and we already have quite a few questions that have come in, so with that I will turn to the question and answer section of the program.

As I mentioned at the beginning, you can post a question on-line at the bottom of the Q&A box at the bottom of the screen there, at the very bottom of the Q&A box you can type your question in and hit Answer. If you are on the telephone, you can go ahead and ask a question over the telephone. While we're waiting for people to queue up on the phone I will go ahead and start with some of the on-line questions. I just want to let our presenters know, feel free to speak up. Most of these aren't directed at any one particular person, so please feel free to just add your comments as you see fit.

I will begin with a question here. Someone would like to know, "Could you please review more concretely how organizations working in these fields," particularly, Reem, they said the maternal, infant and child health field, "Can be sure that their activities within the objectives outlined are included or that they are contributing to the achievement of the objectives?"

Reem Ghandour – MCHB – Public Health Analyst, Office of Epidemiology, Policy & Evaluation

I am trying to think of the best way to answer that. Can you repeat it again, Gretchen? I'm sorry. I think I'm not quite hearing what—

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Not at all. I think it says here, "Could you please review more concretely how organizations working in these fields can be sure that their activities within the objectives outlined are included or that they are contributing to the achievement of the objectives?" So I think perhaps what they're trying to ask is simply how can they have a voice.

Reem Ghandour – MCHB – Public Health Analyst, Office of Epidemiology, Policy & Evaluation

Well that is a great question and I think maybe it gets at sort of a larger attention that I think there might be just in terms of the transition that we've made between Healthy People 2010 and 2020 in that 2020 really has a new emphasis on implementation and working with partners in the field. The way that that has actually been operationalized, at this point I think is primarily through the consortium. At some point, I think the experiences of those organizations and the work that they have done will be tapped as a means of sort of telling the story of Healthy People 2020, but at the moment when you think about the ways that we track these indicators, they're all tracked using national data.

So it's a little hard to sort of show how our progress on a particular indicator from a national level really tracks down to the individual program level, but I think in terms of the concrete steps you can take would probably be, if you haven't already, join the consortium. If you haven't already, go and look at the specific objectives that we do have now for 2020 and see how they align with the specific work that you are doing. So if there's any way to tie those in a little bit more tightly that might be another way to sort of set yourself up to have more of a voice as we continue to track throughout the decade.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Great, thank you Reem. We have another question here. One of our participants would like to know some of your thoughts on how the new measures will be incorporated into the Title Five Block Grant performance measures and other federal grants. I don't know if any of you would like to speak to that.

Reem Ghandour – MCHB – Public Health Analyst, Office of Epidemiology, Policy & Evaluation

I think from the Title Five Block Grant perspective most of the indicators that have already been part of the national performance measures were retained. So not much has changed in terms of sort of the content, but I think the targets certainly are maybe going to be a little bit different just because we globally change the target setting method for 2020. So content wise they're the same. There might be some changes for the specific targets that we track for 2020.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Now, Beth and Trina, I had a question that's primarily for you here. This person asks, "With regards to adolescent health and disparities, considering that a leading cause of death for black, male teens is violent death and the implications of health, developmental wellness and coping intervention at a younger age, what has been the discussion around anti-violence prevention by healthcare clinicians in addition to schools? Are these goals, objectives and activities responsive to this loss of life? What is different, resultant the lack of improvement in violent death data within Healthy People 2020?" I apologize; that was a little long. I hope you caught all of that.

Trina Anglin – Maternal & Child Health Bureau – Director, Adolescent Health

This question raises an absolutely, just extremely, extremely important question for our country, as well as for a population whose needs, quite frankly, have not been well met by our country. It's that probably most people on the telephone know that CDC does have an entire division that looks at injury and violence prevention and that there are some very, very specific activities that have gone on historically, as well as trying to be expanded both currently and in the future specifically to address the prevention of violence amongst populations. This is a real issue.

Clearly it's public health. This has been defined as a public health issue and rightfully so, but public health really needs to engage with a variety of other sectors to be able to be successful. Within Healthy People 2020, they had actually, until the Adolescent Health Workgroup decided that this was a major

area of gap had not really typed in a close look at outcomes of violence amongst young people. That we recognize that we're going to, over the next decade have to be very creative in how we develop partnerships with such sectors as juvenile justice, adult justice, education, Housing and Urban Development, Department of Labor, even the Department of Agriculture through all of its use activities. You can see that this is just a very, very broad spectrum of partners, who need to be able to address this problem.

I hope that that helps partly answer the question. The spear is there. We do have some evidence based strategies, but clearly, a lot more needs to be done in this area.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

I'll go ahead with some more on-line questions. Reem, here's a question about the goals and whether any are still under development. If so, what is the timeline for completion?

Reem Ghandour – MCHB – Public Health Analyst, Office of Epidemiology, Policy & Evaluation

I'm assuming when you mean goals you mean goals—I guess you can't ask this, so I'll back up. The goals for Healthy People overall, which I presented in my overview section, are not under development. Those four goals are set. In terms of the objectives for maternal, infant and child health, we do have four that are developmental and they are only developmental because we are waiting for the initial, baseline data to be provided to us. In most cases we are waiting for PRAMs data and it will be available to us in 2012, so that's kind of the only hiccup that we're waiting for, but we have data sources identified and we know that the data is coming.

Trina Anglin – Maternal & Child Health Bureau – Director, Adolescent Health

Reem, I can't remember whether you included in your presentation the fact that there are three additional focus areas that, at this point, are not yet populated with objectives and so that would be the social and physical determinants of health focus area. There is a workgroup on that. There is a workgroup on Quality of Life and there's also a GLBQT Workgroup.

Beth Stevenson – CDC – Senior Policy Advisor, Children's Health

In addition to that, of course, sort of speaking to the spirit of the question, because we had this on-line system this year I think it opens it up to continued dialogue around many of the topic areas and additional conversation. Some of the topic areas Trina mentioned, for instance, are fairly new additions to the conversation with Healthy People 2020.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Great, thank you so much. Reem, we've had a couple of questions come in, so forgive me as I try to sort of meld them into one, but we had some questions about the rationale for sending the default

methodology to a 10% improvement over baseline. There were some questions about whether it undermines the whole purpose of the process, whether it's worth it to put the emphasis on these being achievable or not. So I don't know if you want to speak to that at all.

Reem Ghandour – MCHB – Public Health Analyst, Office of Epidemiology, Policy & Evaluation

Well, I can speak to it only as a workgroup co-chair and that was a decision that was made much higher on the food chain by the Secretary's Advisory Committee and the Federal Interagency Workgroup. So ultimately, at the workgroup level we didn't really have much of a choice there, but I do think it kind of reflects back to one of the slides that I presented about sort of this hindsight is 20/20. Look back at 2010 and the fact that we really didn't achieve as many of the targets as we would have liked to and so what did that mean and what did that mean for us going forward. I think we all certainly felt some tension around achievability versus aspirational goals and to be honest, I think from a workgroup perspective we sort of followed the direction that was given to us and sort of did our best within that parameter. It's hard to say exactly what went into the overall decision making process, but I do think a lot of it had to do with looking back at 2010 and seeing how we did overall with our objectives.

Beth Stevenson – CDC – Senior Policy Advisor, Children's Health

There is also certainly within our workgroups we had an ability to look at the populations that we were serving and the objectives we were creating and deciding on a higher target than 10%. So that was an option with the need to also explain why certainly. So I think that it was an attempt to sort of create some uniformity that was good and achievable and certainly from a programmatic standpoint the idea of being achievable has a lot of power to it.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Great thank you both Beth and Reem. We're closing in on 3:00, but we do have time for a final question here. Someone would like to know more about how the public might be involved in workgroups or for instance, our youth involved in the workgroups or is there any emphasis on including non-English speaking participants.

Beth Stevenson – CDC – Senior Policy Advisor, Children's Health

I think one of the things to think about right now, certainly the idea of youth being involved and a variety of populations of folks that we know will be critical for actual implementation, we're sort of moving from this moving out with our objectives to applications. What are the evidence based practices that can go up on-line? How do we make this sort of a national conversation about achieving health objectives and certainly, sort of looking at this to be able to say within Healthy People 2020 we've made a huge step by including a lot of other agencies, recognizing health, kind of in all types of work that may be happening across the federal government. Now the operational piece of it certainly can have a lot of power with including a range of diverse folks and the public and community level organizations, sort of

tacking back to these objectives to move forward. I think any of those kinds of comments and suggestions for how to create sort of practical applications with the kinds of people that really are going to be doing the work, need to be part of the audience, need to be part of the creativity to move this forward. That those kinds of suggestions, there are places to put that kind of information on-line and to even e-mail us as individuals and to sort of talk about that and broadening the amount of people and the numbers of people moving forward and making this actually over the next decade something that is as successful as possible.

Trina Anglin – Maternal & Child Health Bureau – Director, Adolescent Health

I'd like to supplement Beth's response with in terms of the development of the objectives themselves, which were the responsibility of the various workgroups is that we have to remember that they really are meant to be grounded in science. That they really are evidenced based and so that, at least for the Adolescent Health Workgroup, everybody who is a member could truly be counted as an expert in the area, but that there are many opportunities within Healthy People 2020. As Beth said, that we need to keep expanding the opportunities that we create for individuals, who are potential stakeholders and real stakeholders to be able to contribute. That, of course, would include young people and members of communities, who themselves perhaps did not think of themselves as public health experts.

Gretchen Noonan – MCHIRC – DataSpeak Moderator

Excellent points. Thank you so much. We've gotten a lot of really great questions today. I'm sorry that we don't have time to get to all of them. I do apologize, but please know that our speakers will provide written answers to your questions, so they will get answered. We will go ahead and post those written answers along with the DataSpeak Archive. When that archive comes out if you've signed up for today's program you will get an e-mail letting you know when the archive is available. That will be on the DataSpeak Web site.

If you think of any further questions you can submit them via e-mail through the end of next week using the e-mail address that will be on your screen in a moment. That is MCHIRC@Altarum.org.

Before you go we'd like to let you know that we will be broadcasting several more DataSpeak programs in the coming months and announcements about these future DataSpeaks will be sent out via e-mail to everyone who registered for our program today. The announcements will also be posted on the DataSpeak Web site.

Finally, before you log out we would really appreciate it if you took a moment to provide us with feedback on today's program. It's a very short survey and it's really important to us that we have your input on the session, as well as recommendations for future programs. To fill out the short survey, simply click on the Evaluation link on your screen now and it will open up in a new window.

Today's program is now complete. Thank you for joining us. Have a great afternoon.

About the MCHIRC

The Maternal and Child Health Information Resource Center (MCHIRC) is dedicated to the goal of helping MCH practitioners on the Federal, State, and local levels to improve their capacity to gather, analyze, and use data for planning and policymaking. The MCHIRC is funded by the Maternal and Child Health Bureau's Office of Data and Program Development under the supervision of Gopal Singh, Ph.D. The Project Director is Renee Schwalberg, MPH.