Secretary's Council on
National Health Promotion and Disease Prevention
Objectives for 2010

September 12, 2000

Minutes of the Meeting

David Satcher, Vice Chair of the Council, called the meeting to order at 9:00 a.m. in the Stonehenge conference room of the Humphrey Building headquarters of the Department of Health and Human Services (DHHS). Secretary Shalala, the Chair, was unable to attend the meeting because it conflicted with her official visit to Australia. Of the other members of the Council, four former Assistant Secretaries for Health, Julius Richmond, James Mason, Edward Brandt, Jr., and Robert Windom, were present. Philip Lee joined the meeting by telephone. Representation on the Council by the HHS operating divisions was as follows: National Institutes of Health (NIH), Ruth Kirschstein and William Harlan; Administration on Aging, Jeanette Takamura; Administration for Children and Families, Mary Ann Mackenzie; Health Care Financing Administration, Jeffrey Kang and David Arday; Indian Health Service, Eric Broderick; Centers for Disease Control and Prevention (CDC), David Fleming; Health Resources and Services Administration (HRSA), Paul Nannis; Agency for Healthcare Research and Quality, Douglas Kamerow; Food and Drug Administration, Linda Suydam; Substance Abuse and Mental Health Services Administration, Joseph Autry, III and Judith Braslow.

After welcoming the Council members and asking them to introduce themselves, Dr. Satcher gave a short reprise of the Council's involvement in the development of the 2010 objectives, a process which reached fulfillment with the launch of Healthy People 2010 at the January 2000 conference, "Partnerships for Health in the New Millennium." This day's meeting would be concerned principally with implementation of the objectives through their propagation into all sectors of society, he stated.

Before moving on to the main part of the agenda, Dr. Satcher asked the former Assistant Secretaries for Health to reflect on the Healthy People initiative as it had developed during their time in office and since then. Dr. Mason stated that the success of Healthy People coincided with a dramatic drop in the infant mortality rate and owed much to bipartisan political support, coupled with planning from the ground up by agencies closest to the people. To continue to make advances in improving the Nation's health will require an improved database and greater involvement of citizens from all sectors of society. Dr. Richmond recounted the history of public health successes and failures in the twentieth century. Dr. Brandt gave strong support to the institution of the ten Leading Health Indicators (LHI's) and discussed efforts to disseminate Healthy People to the state, county and municipal levels. Dr. Windom stressed the importance of communication, especially

in messages designed to reach out to younger people. He cited the increased involvement of the American Medical Association in these efforts. Dr. Lee emphasized the importance of the Healthy People 2010 goal of eliminating health disparities and urged that the LHI's allow consideration for the effects of socioeconomic status. He also discussed the need to redress structural and social problems by investing in biotechnology, the national health information infrastructure, and amelioration of degraded environmental settings.

Dr. Satcher then asked Dr. Randolph Wykoff, Deputy Assistant Secretary for Health, Disease Prevention and Health Promotion, to explain the purpose of the Council meeting. Dr. Wykoff stated that the principal task ahead, now that Healthy People 2010 is in place, is to engage the energies of as many collaborators as possible to work toward achieving the objectives for the decade. He said the day's proceedings would focus on specific sectors of society and highlight particular types of organizations which are natural allies in this effort and whose successful programs can serve as examples for others in their field. There is a special need to partner with community-based organizations, Dr. Wykoff stated, and to exploit the LHI's to maximum advantage. One strategy for helping to reach the targets, he said, will be to encourage organizations to adopt a focus area or set of objectives for which they have a special affinity.

Dr. David Fleming, CDC Deputy Director for Science and Public Health, moderated the first panel on the meeting agenda, "Translating Healthy People 2010 into State and Local Action." The lead-off presenter was Dr. Elaine O'Keefe, Director, Stratford (CT) Health Department, who also serves as the current President of the National Association of County and City Health Officials (NACCHO). She stated that the 2010 focus area on public health infrastructure has particular relevance to local priorities for health improvement. NACCHO will work with local health officials to further refine data collection and analysis to enable better assessment of the needs of local public health systems. From a state perspective, Ms. Christine Grant, Commissioner, New Jersey Department of Health and Senior Services, spoke about the development of Healthy New Jersey 2010 through an integrated approach which utilized five departments of the state government, focus groups, a survey, and public hearings. A major emphasis of the plan is on building community support and cultural competency for addressing the multiple factors contributing to racial disparities in health outcomes, the elimination of which is a prime objective of the state plan. Reducing the rate of infant mortality among Blacks has received special attention. Dr. Georges Benjamin, Secretary, Maryland Department of Health and Mental Hygiene, said that his state's response to the national initiative, Healthy Maryland Project 2010, had been developed from the local level upward and included 17 statewide focus areas. While Maryland ranks high among the states in many socioeconomic indicators, there are a number of areas in which it falls short, e.g., heart disease, infant and child care, and influenza and pneumonia immunizations. These are particular targets of the state 2010 plan. As in New Jersey, tobacco settlement funds have been used to good effect in strengthening health promotion and disease prevention programs.

Dr. Ruth Kirschstein, Principal Deputy Director of NIH, moderated the second panel, "Extending Healthy People State and Local Plans to Embrace Substance Abuse, Mental Health, and the Environment." These three areas are ones in which Healthy People 2000 was relatively weak with respect to the development of complementary state plans. Addressing issues centering on the environment, Dr. Elaine O'Keefe of NACCHO cited a number of barriers to implementation of the initiative in this sphere. These include the persistence in many jurisdictions of the separation of public health and environmental responsibilities, gaps in data collection and analysis, inadequate workforce development, and environmental deficiencies which disproportionately impact poor and minority communities. She called for increased efforts to aid the most severely affected localities. Carolyn Givens, Chief Policy Advisor, Ohio Department of Alcohol and Drug Addiction Services, described efforts to curb binge drinking among youth in her state as an example of a successful program which could be emulated in other states. She noted that activities to reduce alcohol and drug abuse provide a gateway for addressing concomitant societal concerns, including teen pregnancy, domestic abuse and other forms of violence, and suicide. Dr. Oscar Morgan, Director, Maryland Mental Hygiene Administration, discussed the three focus areas for enhancing mental health under the Maryland Health Improvement Plan. These are–the development of a statewide comprehensive crisis services system, improvement of the Public Mental Health System that serves individuals whose psychiatric condition requires treatment and support services, and proactive treatment of depression. He noted that Maryland stresses the importance of community sign-offs in planning mental health projects with local impacts.

The moderator of the third Panel, "Use of the 2010 Objectives by the Business Community," was Garry Lindsay, Director of Business Partnerships, Partnership for Prevention. He remarked that, by investing in health promotion and disease prevention, companies can gain a range of short- and long-term benefits, including reduced medical expenses, increased productivity, longer employee retention, and a positive corporate image. However, businesses often do not recognize the connection between Healthy People objectives and the benefits they can deliver to the employer. He directed attention to the set of Leading Health Objectives for Employers, which Partnership for Prevention had chosen from among the Healthy People 2010 objectives. The first panelist, Dr. D.W. Edington, Health Management Research Center, University of Michigan, discussed the Center's many years of research on employee lifestyle behaviors and the relation between high-risk behaviors and increased costs. From this background, he urged that the Healthy People objectives be drawn with outcome measures and shorter-term, achievable targets relevant to the corporate world. There should also be a concentration on the LHI's and consideration given to cost-effective strategies for achieving the objectives, he stated. Pam Witting, Health Services Manager, Honeywell Corporation, spoke from the perspective of large businesses. In her experience, many of these find that the Healthy People objectives do not comport well with corporate strategies, which are often restricted financially from instituting comprehensive health promotion programs. She recommended that:

businesses become partners with local health departments and health plans; grant programs be established from tobacco settlement funds for which businesses would be eligible; and incentives be provided for businesses to support on-site health promotion activities. Representing the perspective of small business, Kenneth Holtyn, of Holtyn and Associates Health Promotion Consultants, noted that 60 percent of private-sector employees work for small companies, of which only 25 percent offer health promotion services. As an example of what is needed to redress this situation, he cited Michigan's Worksite and Community Health Promotion Program, a comprehensive cardiovascular disease prevention program targeted at small businesses which incorporates the Healthy People objectives. He recommended establishment of a national program along these lines that would make grants of 3-5 years duration, as well as institution of a system of tax incentives for companies to achieve target rates of risk reduction among participating employees.

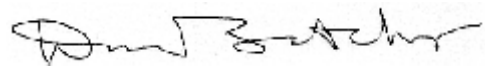
In the second half of the Council meeting, Paul Nannis of HRSA moderated the fourth panel, "Use and Support of the 2010 Objectives by Schools and Civic, Voluntary and Faith-Based Organizations." Dr. Rose Marie Robertson, President, American Heart Association (AHA), spoke about that organization's campaign to reduce the rate of deaths and disability from coronary heart disease and stroke by focusing on prevention and the enhancement of acute care capabilities. To help in achieving these ends, AHA has set up a network of strategic partnerships at the community level, embracing schools, places of worship, workplaces, grocery stores, the media, health care facilities, and physicians' offices. Addressing the need to include faith-based organizations as Healthy People partners, Mimi Kiser, Interfaith Health Program, Emory University, noted that 156 million people in the United States attend worship services regularly and make up 300-400,000 congregations. Increasingly, these congregations are becoming involved in health promotion, e.g., by way of health ministries, parish nurses, and lay-people designated to serve in health outreach activities. Ms. Kiser called for wider recognition of the assets of the faith-based community for fostering improvements in health status, especially in applying their communicants' understanding of justice toward the elimination of health disparities. She recommended that the 2010 objectives be reframed in nonmedical terms and that the faith-based community be provided with the tools for building skills in health promotion and disease prevention.

In the absence of panelist Michael Thompson, Assistant Superintendent, Wisconsin Department of Public Instruction, whose family misfortune prevented him from attending the meeting, Mr. Nannis discussed the model Wisconsin Comprehensive School Health Program. The state has used CDC funds to strengthen its school health infrastructure in many areas that address Healthy People 2010 objectives, including those related to oral health, violence, teen pregnancy, nutrition, physical activity, mental health, tobacco, and substance abuse. He stressed the importance of having school boards work in concert with public health departments, teachers, and community residents.

In the final presentation of the day, Dr. Mohammad Akhter, Executive Director, American Public Health Association (APHA), addressed disparities in health. He noted that increasing immigration and population growth would soon lead to additional population groups being at a disadvantage with respect to achieved health status, as Blacks are now. By the year 2030, he estimated that 40 percent of all Americans would be of ethnic descent. For its part, the APHA will devote the next ten years principally to the issue of eliminating health disparities. The plan of action for doing so was developed after four years of consensus-building among partner organizations from all sectors of society, with HHS playing a principal role. This combined effort was launched on October 6 as the Call to the Nation to Eliminate Health Disparities.

Following a period of general discussion among the Council members, Dr. Satcher asked Dr. Wykoff to sum up the recommendations for actions to further implementation of the 2010 initiative. Dr. Wykoff grouped these under four headings: (1) Extend outreach to new partners–Legislatures, Governors, and agencies of the states, with special attention to those concerned with the environment, mental health, and substance abuse; faith-based organizations; health care practitioners; businesses; national voluntary and professional organizations with local resources (e.g., the American Heart Association). (2) Provide needed skills/resources to existing partners–to enhance collection of community-based data; to provide for exchange of information about best practices, including a model national plan; to build on experience gained from the Michigan Comprehensive School Health Program; to enhance the capabilities of non-traditional leaders. (3) Explore new methods of communications/
outreach, including–use of the Internet and other new technologies, enlisting of youth leaders and other community spokesmen to disseminate health messages, support for training of journalists with expertise in public health, and featuring the LHI's for maximum impact in health promotion messages. (4) Develop new information–
including state- and community-based data; data on small population groups, socio-economic status, and cost-effectiveness of worksite health promotion programs; follow-up studies using these data to evaluate the effectiveness of community-based health intervention activities and of tax incentives for worksite health promotion programs.

After opening the floor for public comments (one received), Dr. Satcher thanked the participants and declared the meeting in adjournment at 4:15 p.m.



David Satcher, M.D., Ph.D.
Vice Chair

November 8, 2000