



SUMMARY OF DISCUSSION AND RECOMMENDATIONS

A SUMMIT FOR ACTION

The Health of Women and Girls Beyond 2010

Prepared For

HHS Coordinating Committee on Women's Health

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EXECUTIVE SUMMARY

In September 2008, the U.S. Department of Health and Human Services Coordinating Committee on Women's Health (CCWH) embarked on a year-long multi-phase initiative to identify opportunities and strategies to advance the status of the health of women and girls beyond 2010. The process included getting feedback from more than 1,000 key informants including experts from government, academia, health services, consumers, research, and advocacy groups. The culmination of this year-long initiative was a *Summit for Action: The Health of Women and Girls Beyond 2010*. On July 16 and 17, 2009, an invitational Summit of 100 national, state, and community leaders were brought together to develop the framework for a nationwide action agenda focused on the health, wellness, and safety of women and girls. This report provides a summary of the Summit discussion and recommendations.

REPORT AND DISCUSSION: PRIORITIES

The participants provided commentary on nine domain areas and identified two to four priority recommendations per area. Priorities are summarized below. *Italics* indicate the main topic of the statement.

Eliminate Access Barriers

- ◆ Produce and train an *interdisciplinary, diverse workforce*, in adequate numbers to meet health care needs.
- ◆ Provide affordable, high quality *long-term care for the elderly and disabled*.

Deliver Prevention

- ◆ Incorporate *mental health and behavioral health screening, treatment and follow-up* into all primary health care & OB/GYN visits.
- ◆ Provide evidence-based, community and school based *preventive services*.
- ◆ Provide *preventive screenings, treatment and follow-up for women*.

Mobilize Knowledge for Health

- ◆ Develop and teach girls and women skills to *promote sexual health*.
- ◆ Educate girls and women about *mental health* prevention and treatment options.
- ◆ Ensure that health care professionals apply unbiased and evidence-based *gender and culturally specific knowledge*.
- ◆ Educate providers to meet the health care needs of an *aging population*.

Teach Healthy Lifestyle Skills

- ◆ Adopt proven programs that *empower young women* to complete the highest level of school and aspire to meaningful *self-chosen pursuits* that lead to *future social and emotional stability*.
- ◆ Address the impact of *violence on women and girls* across the lifespan.

Promote Wellness

- ◆ Reduce *risks* in communities, promoting physical activity and safer neighborhoods.
- ◆ Improve local access to *nutritious food*.
- ◆ Provide *empowerment tools* to women and girls on *violence* and other risks.
- ◆ Define and *support healthy lifestyle habits* that include behavioral and social elements.

Marshal Collective Action

- ♦ Address the *availability of healthy foods* in socio-economically depressed neighborhoods.
- ♦ Enhance *physical activity* through safe neighborhoods and urban planning.
- ♦ Increase *financial literacy* for all women and girls.

Communicate Informed Policies

- ♦ Address the impact of *poverty and education* on girls and women.
- ♦ Develop *policies* to address *social and interpersonal violence and other risks* through a gendered perspective.
- ♦ Develop and use a *gender informed evidence-based policy framework* to integrate health concerns into related programs and systems.

Conduct, Translate, and Apply Research

- ♦ Research the *effectiveness of health education* to develop best practices for girls and teens.
- ♦ Research methods to achieve *Healthy People 2020 goals* for which limited or no evidence exists.
- ♦ Conduct systematic evidence-based review of best practices to *ensure standards of care* for reproductive health.
- ♦ Conduct research regarding language translation and *communication methods*.

Integrate Health System and Services

- ♦ Target financial and other services for prevention, early detection, and intervention of *disproportionately prevalent chronic diseases*.
- ♦ Fund an *accessible system* of prevention, education, and treatment that *addresses physical risk and violence* against women and girls.
- ♦ Integrate the fragmented elements of the *mental and physical health care systems* to eliminate health care disparities and promote prevention.

Additional topics that emerged were *Workforce, Funding and Resources, and Health Care Reform*.

ELEMENTS OF A MEANINGFUL ACTION AGENDA

The recommendations for creating an Action Agenda included the following:

- ♦ Seek the Administration's recognition of women's health as a critical aspect of health care reform, and as a permanent presence at the Administration or Cabinet level.
- ♦ Pay attention to opportunities and barriers to successful partnerships across governmental agencies, across professional and research fields related to women's health, and across community and advocacy groups.
- ♦ Develop the Action Agenda by using relevant research tools, like environmental scans, network analyses of relevant programs and partners and ensure a gender-informed perspective.
- ♦ Focus on the economic imperative of action and change in relation to women's health and health reform.
- ♦ Develop assessment and measurement strategies during the Agenda development stage.

Principles for Action

Principles for the Action Agenda stated through this part of the process included:

- ♦ Public health should be recognized as work that contributes to social justice.
- ♦ Women's health is key to the nation's health. Prevention and wellness are the driving elements of the nation's health.
- ♦ Public health will fulfill its commitment when families are well and communities are healthy.

FIRST ACTION STEPS: THE WOMEN'S HEALTH ACTION TASK FORCE

Summit participants expressed interest in supporting the development of an Action Agenda for policy and program change. They recommended developing measurable milestones during the Action Agenda planning stages.

Following the submission of this report, the CCWH will form an action-oriented Task Force to select and focus on specific priorities that may emerge as first-tier for the Action Agenda. Work Groups consisting of Task Force members and invited experts will develop the Agenda over the course of the next six to eight months.

INTRODUCTION

In September 2008, the U.S. Department of Health and Human Services Coordinating Committee on Women's Health (CCWH) embarked on a year-long multi-phase initiative to identify opportunities and strategies to advance the status of the health of women and girls beyond 2010. Chaired by the Office on Women's Health (OWH), the CCWH engaged more than 1,000 key informants in the process; including experts from government, academia, health services, consumers, research, and advocacy groups.

The broad goal of this project was to commit relevant parties to a strong, action-oriented agenda to ensure that the conditions and status of the health of women and girls in the U.S. are measurably improved. The initiative coincides with the development of *Healthy People 2020*, so that the work of this initiative can be considered in the context of the nation's public health goals.

Phase I of this three-phase project invited key informants to participate in a concept mapping process, including experts from government, academia, health services, consumers, and advocacy groups. Phase I yielded a well-informed, current-state conceptual framework identifying the topics, issues and concerns of most relevance to those working in fields related to the health of women and girls. Figure 1 represents the conceptual framework.

Phase II focused on a greater depth of understanding and attention to the emergent themes in the conceptual framework and included three targeted inquiry approaches that validated, confirmed, and further defined the conceptual framework. The three inquiry approaches included:

1. High-level interviews with twelve well-regarded leaders in fields related to women's and girls' health;
2. Web-based facilitated discussions with women's health experts throughout the United States and its territories; and
3. Review of selected documents and recent relevant literature to produce an annotated bibliography.

A list of reports from Phases I and II are included in Appendix 3.

Phase III convened *A Summit for Action: The Health of Women & Girls Beyond 2010*. The Summit was the culmination of the structured assessment conducted in Phases I and II, as well as a catalyst for action. Summit attendees worked together to lay the groundwork for a comprehensive, compelling, and forward-driven Action Agenda to improve the health of women and girls. Appendix 1 is the Summit agenda.

This report includes a summary of the discussion and recommendations identified during the Summit as having the highest priority on each domain of the conceptual framework referenced in Figure 1.

The report is organized as follows:

- ♦ Specific recommendations and related comments that focus on achieving action. Recommendations are program or policy related and most are deemed to be possible in five years or less.
- ♦ Themes that emerged across the domains, representing higher-order considerations for the development and implementation of the recommendations.
- ♦ Statements from participants that might be considered principles upon which action on the health, wellness and safety of women and girls should be based.
- ♦ Elements of a meaningful Action Agenda.
- ♦ First action steps: The Women’s Health Action Task Force

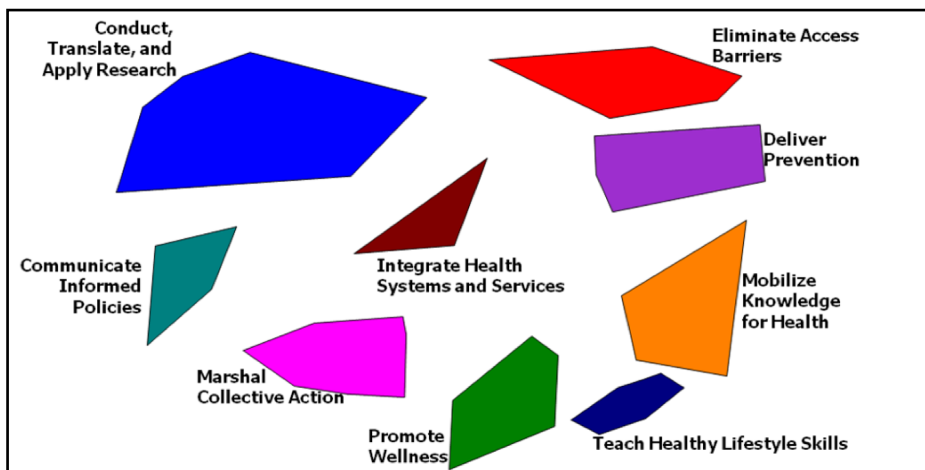


Figure 1. Action Agenda for the Health of Women and Girls Conceptual Framework

OBJECTIVES FOR THE SUMMIT

The invitational Summit brought together 100 national, State, and community leaders to develop an Action Agenda focused on the health, wellness, and safety of women and girls. Audience members were leaders who were chosen to:

- ♦ bring multiple perspectives, including health, evidence-based research, high level knowledge in related fields or systems, and from multiple specific populations.
- ♦ provide expertise at community, national, and other program or policy levels.
- ♦ contribute knowledge of the needs of consumers, professionals and advocates.

The list of attendees is included as Appendix 4. Members of the CCWH served on Facilitation Teams and are identified in the list of attendees.

Specific objectives of the Summit, according to the Project Planning Group, included the following:

- ♦ Validate the work of the Action Agenda initiative thus far.
- ♦ Articulate, understand and agree upon expectations for change in women's and girl's health.
- ♦ Present a message of creating something "beyond the norm"
 - ♦ Set the tone; raise the sights of those working in this field; this initiative should send the message that we are creating something different.
 - ♦ Identify how the role of each person or agency will specifically benefit the work of the Summit.
- ♦ Identify strategies to affect perceived barriers to action.
- ♦ Create a set of "do able" actions informed by current state reporting from participants.
- ♦ Articulate roles and assess participants' interest and ability to contribute.
- ♦ Create a sense of ownership from participants and awareness of their own roles.
- ♦ Propose plan elements & structure emerging framework.

SUMMIT STRUCTURE AND ACTIVITIES

Summit Agenda

Participants were first introduced to a general conceptual overview, and then reviewed specific action priorities described within the conceptual framework. Summit attendees had opportunities to meet both formally and informally, and contribute to the Summit's objectives, while at the same time taking into account the expectation that the Summit would yield specific results. See Appendix 1 for the Summit agenda.

Special Guests and Speakers

The Summit agenda included the following speakers and special guests:

Speaker	Department/Company	Topic
The Honorable Kathleen Sebelius, Secretary for Health and Human Services	US Department of Health and Human Services	Welcome Remarks (Day 2)
Howard Koh, M.D., M.P.H., Assistant Secretary for Health	US Department of Health and Human Services	Closing Remarks (Day 2)
Wanda K. Jones, Dr.PH. Deputy Assistant Secretary for Health (Women’s Health)	US Department of Health and Human Services	Presentation: “Circles, Cycles, and Treadmills” (Day 1)
Eva Moya, PhD (c) Interdisciplinary Health Services	University of Texas El Paso (UTEP)	Presentation: “Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020” (Day 1)
Mary Kane, M.S. CEO & President	Concept Systems, Inc.	Presentations: “Call to Concerted Action” (Day 1) “Action & Accountability” (Day 2) Panel Moderator (Day 2)
Mirtha Beadle, M.P.A. Deputy Director	HHS Office of Minority Health	Panel Speaker (Day 2)
Sabrina Matoff-Stepp, Ph.D. Office of Women’s Health Director	Health Resources and Services Administration (HRSA)	Panel Speaker (Day 2)

See Appendix 3 for information on how to access the project-related reports and presentations.

DISCUSSION: PRIORITIES AND RELATED COMMENTS

One of the major objectives of the Summit was to produce a limited set of recommendations for action that would be considered priorities at this time and for the next ten years. This section contains the aggregated feedback from small group priority setting discussions and related comments.

The group's feedback yielded 28 specific priorities for action. Each domain area of the conceptual framework yielded two to four priority recommendations. Comments related to the domain topic, from both small group discussions and large group feedback, are listed below each topic's set of suggested priorities. *Italics* indicate the main topic of the statement.

Eliminate Access Barriers

Priority Recommendations

Produce and train an *interdisciplinary, diverse workforce*, in adequate numbers to meet health care needs.

Provide affordable, high quality *long-term care for the elderly and disabled*.

Comments related to this domain:

- ♦ The current state of readiness of the primary care and other provider workforce is not adequate.
- ♦ The relationship between girls and women, and their providers is often a barrier.
- ♦ Gender-blind treatment options, such as cardiovascular prevention approaches, do not serve female patients.
- ♦ Universal health care's future is unknown, and its effects on access to care for specific populations is not clear; this includes the cost of health care compared to current costs and access.
- ♦ In addition to the needs of the elderly and disabled, equitable access is a critical issue for specific populations, such as immigrant girls and women, adolescents, those requiring mental health services, incarcerated females, Native Americans, women serving in the military, and women in the territories.
- ♦ The debilitating effects of the current education system cause barriers for girls.
- ♦ Lack of basic services like transportation to medical care is a barrier.

Consideration for addressing this domain:

- ♦ Consider potential benefits of alternative and complementary medicine methods and practices.

Deliver Prevention

Priority Recommendations

Incorporate *mental health and behavioral health screening, treatment and follow-up* into all primary health care & OB/GYN visits.

Provide evidence-based, community and school based *preventive services*.

Provide *preventive screenings, treatment and follow-up for women*.

Comments related to this domain:

- ♦ A gap exists between the value of prevention and how it is supported in current health care systems.
- ♦ Reimbursement is critical yet not routinely provided for screening and other prevention tools.
- ♦ Efforts to link prevention to health are hampered by lack of data on the costs and potential national savings of prevention; this inhibits prevention adoption.
- ♦ Strategies need to be evaluated to ensure their utility in different environments and with different populations.
- ♦ Disincentives for prevention exist throughout the current social system, especially in areas where girls may be at highest risk. These include juvenile justice, foster care, communities in poverty and other stress-permeated environments.

Considerations for addressing this domain:

- ♦ Focus on mental health as a critical preventive measure.
- ♦ Break down the false distinction between mental health and physical health.
- ♦ Look for multidisciplinary health models that can be tested and applied for girls and women's contexts.
- ♦ Conduct benefit/effectiveness analyses for prevention as a preferred approach.
- ♦ Evaluate strategies to ensure they are useful in different environments and with different populations.
- ♦ Communicate the benefit for health plans to invest in health promotion and disease prevention services.

Mobilize Knowledge for Health

Priority Recommendations

Develop and teach girls and women skills to *promote sexual health*.

Educate girls and women about *mental health* prevention and treatment options.

Ensure that health care professionals apply unbiased and evidence-based *gender and culturally specific knowledge*.

Educate providers to meet the health care needs of an *aging population*.

Comment related to this domain:

- ♦ Communities and community organizations are the logical links between the elimination of barriers and the establishment of wellness as the norm.

Considerations for addressing this domain:

- ♦ Look for innovations and new technology, like cellular and web tools, to reach individual girls and women.
- ♦ Ensure that boys and men are included and educated at the same time.
- ♦ Identify what already exists in communities that can serve as the basis for action on health, using existing channels and developing understanding of their potential impact.
- ♦ At the same time, develop community-level capacity, identify community champions, provide support and training, and develop leadership.

Teach Healthy Lifestyle Skills

Priority Recommendations

Adopt proven programs that *empower young women* to complete the highest level of school and aspire to meaningful *self-chosen pursuits* that lead to *future social and emotional stability*.

Address the impact of *violence on women and girls* across the lifespan.

Comments related to this domain:

- ♦ Women are the health decision makers for virtually every member of their families, and for their communities.
- ♦ The goal is to articulate the relationship of health to self-confidence, a safe environment, and social improvement.
- ♦ Supporting girls in avoiding high risk behaviors is an increasing challenge.
- ♦ Access to mental health supports and services at all stages is needed, but is particularly vital for young girls and women.
- ♦ Culture change is needed to support choices for wellness, since the context includes elements like abuse at all stages, exposure to violence, danger and stress.
- ♦ Being aware of the value of cultural competence in communicating and relating to communities will help to achieve health literacy through many channels.
- ♦ External threats to improved health include those posed by prevalent commercial media messages.

Considerations for addressing this domain:

- ♦ Focus on economic security issues at the forefront, across the lifespan of women.
- ♦ Focus on developing both individual and community “readiness for health.”
- ♦ Increase individuals’ understanding of the impact they can have on the health of their community as well as their own health.

Promote Wellness

Priority Recommendations

- Reduce *risks* in communities to promote physical activity and safer neighborhoods.
- Improve local access to *nutritious food*.
- Provide *empowerment tools* to women and girls on violence and other risks.
- Define and *support healthy lifestyle habits* that include behavioral and social elements.

Comments related to this domain:

- ♦ Engagement of parties outside the health system or health care system is important.
- ♦ Political will to create and enforce healthful food policies is lacking.
- ♦ Food insecurity and consuming mostly low nutrition food has long term effects on capacity to learn, stress, and reproduction.
- ♦ Sustaining wellness is a particular challenge for women once they are beyond the educational system, which is a useful vehicle for wellness support.
- ♦ Threats to establishing and maintaining wellness occur at virtually every life stage, and are prevalent in adolescence and later adult life and end of life.
- ♦ Individual behaviors, choices and opportunities can either support or inhibit wellness.
- ♦ Encouraging girls and women in their own wellness includes being aware of nutrition, the risk of obesity, the use of vitamins and stress management strategies.
- ♦ Emphasizing wellness will require changing the culture of disease to a culture of health and wellness.

Considerations for addressing this domain:

- ♦ Include local government and other Federal government agencies with related interests in promoting wellness.
- ♦ Organize and fund resources around the lives of women rather than only through disease or organ-based models.
- ♦ Emphasize the relationship of mind and body and increase women's awareness of good choices.

Marshal Collective Action

Priority Recommendations

Address the *availability of healthy foods* in socio-economically depressed neighborhoods.

Enhance *physical activity* through safe neighborhoods and urban planning.

Increase *financial literacy* for all women and girls.

Comments related to this domain:

- ♦ Barriers in some areas are due to States' policies or approaches, which diminish the ability of local communities to serve their members' health.
- ♦ The community is a vital resource and existing models can be used in conjunction with policy change.
- ♦ Non-traditional partners in communities, such as business, electronic and other media, schools at all levels can provide strong connections to communities and their needs.

Considerations for addressing this domain:

- ♦ Identify existing innovative programs to reduce the need to reinvent promising programs.
- ♦ Identify a direct path from the Federal policy and program decisions to the capacity of the community to connect to the people on health.

Communicate Informed Policies

Priority Recommendations

Address the impact of *poverty and education* on girls and women.

Develop *policies* to address *social and interpersonal violence and other risks* through a gendered perspective.

Develop and use a *gender informed evidence-based policy framework* to integrate health concerns into related programs and systems.

Comment related to this domain:

- ♦ None

Considerations for addressing this domain:

- ♦ Use the “empowerment zone” program to highlight community behavior and provide incentives for community health.
- ♦ Focus on the cost declines associated with an increasingly educated and healthy workforce.
- ♦ Review the priorities for all conceptual domains and consider what policies should be changed or modified to support each domain.

Conduct, Translate, and Apply Research

Priority Recommendations

Research the *effectiveness of health education* to develop best practices for girls and teens.

Research methods to achieve *Healthy People 2020 goals* for which limited or no evidence exists.

Conduct systematic evidence-based review of best practices to *ensure standards of care* for reproductive health.

Conduct research regarding language translation and *communication methods*.

Comments related to this domain:

- ♦ Sex and gender-based research are fundamental to improving women's health. This includes access to research on gender differences in conditions and treatment.
- ♦ Existing data is useful only to the degree that sex and gender differences in results are examined.
- ♦ Effective research requires the dissolution of silos and special interests in research arenas.

Considerations for addressing this domain:

- ♦ Use existing evidence to improve health now.
- ♦ Identify hidden or understudied topics that would have an impact on health.
- ♦ Seek innovations in research, beyond current best practices, and make a commitment to speedy translation and access of results for policy formation and provider use.
- ♦ Identify barriers to research improvement and effectiveness, including systemic, economic barriers, and the rapidity of change.
- ♦ Encourage the Federal government to focus NIH and other research entities on both conducting and translating behavioral research.
- ♦ Develop norms for women's health, and define terms as well as metrics for evaluating change in health.
- ♦ Use technology to communicate standards for women's health.
- ♦ Apply pathways research, linking medical, social, behavioral and environmental elements in a life stage structure to predict and to enhance ability to prevent illness.

Integrate Health System and Services

Priority Recommendations

Target financial and other services for the prevention, early detection, and intervention of *disproportionately prevalent chronic diseases*.

Fund an *accessible system* of prevention, education, and treatment that *addresses physical risk and violence* against women and girls.

Integrate the fragmented elements of the *mental and physical health care systems* to eliminate health care disparities and promote prevention.

Comments related to this domain:

- ♦ Specific risks in the present system include pregnancy risks, disaster preparedness for women and girls, and mental health support access and integration.
- ♦ The logistical burdens of the current system include costs, regulatory confusion, patient lack of understanding, high levels of waste and lack of effective cost controls.
- ♦ It is likely that systems will need to cut services in order to contain costs of service.
- ♦ The connection between public health and the medical care delivery system is weak.
- ♦ The goal in health systems should be to produce health rather than treat disease.
- ♦ Getting the leadership needed for this ambitious goal is a central concern.
- ♦ Medicine and public health share common purposes, and can collaboratively develop innovative approaches to overcoming the financial incentive to the prevailing health care structure.

Considerations for addressing the above priorities:

- ♦ Emphasize patient-centered health approaches, comprehensive care integrating physical and mental wellness and prevention with medical and mental health care.
- ♦ Integrate health care and service delivery across conditions, populations and delivery mechanisms.
- ♦ Strengthen the relationship between public health and the medical care delivery system.
- ♦ To break down the barriers between public health and the private provider system, emphasize greater Federal and citizen expectations and regulation of the delivery system.
- ♦ Increase access points for care, and integrate coordinated service, looking at health achievement as a cross-cutting, multiple factored goal.

DISCUSSION: SYSTEMS THAT AFFECT ACTION

In addition to the above referenced participant comments linked to the conceptual framework, three additional topics of interest emerged: Workforce, Funding and Resources, and Health Care Reform.

Workforce

Participant Comments:

- Recruitment, readiness and retention of a qualified workforce to enhance and enforce a vital health care system are critical at this time.
- The current state of professional readiness is unacceptable.
- Support for choosing a range of health careers is missing. It is currently difficult to ensure equitable and quality service in areas of poverty, whether urban, suburban or rural.

Recommended Actions:

- Continue professional development for providers, including clinicians, nurses, support personnel, educators, trainers and lay or volunteer support personnel.
- Align workforce development with reimbursement and standards.
- Support interdisciplinary training for health professionals in all training environments.

Funding and Resource Systems

Participant Comments:

- Unfunded health mandates and their costs to the States and local governments present barriers to community health.
- The burden on individuals to address even the minimum expected expenses for maintaining health is a major barrier.

Recommended Actions:

- Federal agencies in the Department of Health and Human Services should use stimulus funding to support this initiative.
- State funds should be used for children's health programs.

Health Care Reform

Participant Comments:

- Discussion of health care reform fuels speculation, concern and hope among the providers, advocates and policy makers.
- State governments are perceived as barriers to health care reform.
- It will be important for professionals to understand reform's implications for public health. The current misinformation in the press that reform will lead to diminished coverage and health in certain populations is distracting from the key components of reform.

Recommended Actions:

- Re-evaluate and re-incentivize the current system, and leverage other systems to create a more robust approach.
- Reduce health care costs by enlarging the conversation to include business and communities.

DISCUSSION: ELEMENTS OF A MEANINGFUL ACTION AGENDA

Participants recognized and affirmed the need to follow the Summit with a strong Action Agenda for Women and Girls' Health that could be presented for adoption and use as soon as possible. Some suggestions for the development of the Action Agenda include the following:

Structure and Engagement

- The Action Agenda development and implementation must be a cross-government (and other partner) initiative, involving all relevant Federal entities. The results must be both strategic and concrete.
- The Action Agenda should support the White House Council on Women and Girls.
- The Action Agenda development must include national leadership in medicine and related fields as well as public health.
- The Action Agenda should use existing or re-energized national networks to move quickly and with minimal cost, connecting to other networks for systemic coverage.
- This effort will succeed only if it seeks innovation through engagement of existing and new partners. This will require a multi-sector, cross-sector approach including Federal and local, public health and private, business and community interests.
- There is tremendous power from Summit participants because they can support and shape health care reform.

Process Guidance

The group responsible for the Agenda development should:

- Consider all priority statements through the lenses of gender-informed approaches and life-stage approaches as related to the female life course.
- Consider and adopt an argument for the economic imperative of action and change in relation to women's health and health reform.
- Set specific measures, metrics and milestones, linking to *Healthy People 2020*.
- Because of budget constraints, focus on the priorities where programs or actions that are measurably successful already exist. These programs may then be higher priorities than the starting of new programs.
- Use research whenever possible, supporting action recommendations with evidence or promising approaches.
- Allow innovative opportunities beyond best practices, to pilot new approaches and test their potential utility. Identify and enhance the effectiveness of early adopters/innovators in all relevant sectors of science and health delivery and policy.
- Conduct an environmental review of existing initiatives related to the stated priorities. Conduct a network analysis of entities/agencies that should be considered as potential value-adding partners in the Action Agenda.
- Expect territoriality among partner entities, who may exhibit "the silo mindsets of traditional agencies that have a right to work in (specific) areas."

Principles for Action

The open comments produced some principles for the Action Agenda to consider adding to those developed thus far in the project. They included the following:

- ♦ The Action Agenda should recognize the work of public health as work that contributes to social justice.
- ♦ Women’s health is key to the nation’s health. Prevention and wellness are the driving elements of the nation’s health.
- ♦ Public health will fulfill its commitment when families are well and communities are healthy.

FIRST ACTION STEPS: THE WOMEN’S HEALTH ACTION TASK FORCE

Summit participants expressed interest in supporting the development of an Action Agenda for policy and program change, while also encouraging the CCWH to build in measurable milestones at the planning stages. Comments emphasized the expectation that the Summit results will guide the Action Agenda, that benchmarks will be developed, and that the Action Agenda will relate to Healthy People 2020.

Following the submission of this report to the Coordinating Committee, the Planning Group will assess the next steps required. It is anticipated that the Coordinating Committee will form an action-oriented Task Force to select and focus on specific priorities that may emerge as the first tier for the Action Agenda at this time. Work groups consisting of Task Force members and invited experts will craft the Agenda over the next six to eight months.

APPENDICES

Appendix 1: Summit Agenda

DAY ONE THEME: CALL TO CONCERTED ACTION

Time	Event	Location	Speaker	Format
7:45 AM	Registration & Continental Breakfast	<i>Foyer</i>		
8:30	WELCOME	<i>Ballroom</i>	<i>Wanda K. Jones, Dr.Ph.H.</i>	<i>Large Group Presentation</i>
8:45	SPEAKER: HEALTHY PEOPLE 2020	<i>Ballroom</i>	<i>Eva Moya, LMSW, PhD(c)</i>	<i>Large Group Presentation</i>
9:30	DAY 1 THEME: CALL TO CONCERTED ACTION EXPECTATIONS & DESIRED OUTCOMES	<i>Ballroom</i>	<i>Mary Kane, M.S.</i>	<i>Large Group Presentation</i>
10:25	Break	<i>Foyer</i>		
10:40	REFLECTING ON VALUES, FOCUSING ON ACTION	<i>Discussion Rooms</i>	<i>Facilitation Teams</i>	<i>Discussion Groups</i>
Noon	Lunch is Served	<i>Ballroom</i>		
12:35 PM	SPEAKER: CIRCLES, CYCLES, AND TREADMILLS	<i>Ballroom</i>	<i>Wanda K. Jones, Dr.Ph.H.</i>	<i>Large Group Presentation</i>
1:20	PRIORITIES FOR ACTION	<i>Discussion Rooms</i>	<i>Facilitation Teams</i>	<i>Discussion Groups</i>
2:30	THE WHOLE PICTURE	<i>Discussion Rooms</i>	<i>Facilitation Teams</i>	<i>Discussion Groups</i>
3:30	Break			
3:40	MARKETPLACE OF IDEAS	<i>Ballroom</i>	<i>Mary Kane, M.S.</i>	<i>Large Group Interaction</i>
4:30	DAY 1 REVIEW & CHARGE	<i>Ballroom</i>	<i>Wanda K. Jones, Dr.P.H.</i>	<i>Large Group Discussion</i>
5:00	Adjourn			

DAY TWO THEME: ACTION AND ACCOUNTABILITY

Time	Event	Location	Speaker	Format
8:00 AM	Continental Breakfast	<i>Ballroom</i>		
8:45	WELCOME	<i>Ballroom</i>	<i>The Hon. Kathleen Sebelius Secretary US Department of Health and Human Services</i>	<i>Large Group Presentation</i>
9:00	THEME: ACTION AND ACCOUNTABILITY	<i>Ballroom</i>	<i>Mary Kane, M.S.</i>	<i>Large Group Presentation</i>
9:30	Discussion: Questions for the Secretary	<i>Discussion Rooms</i>	<i>Facilitation Teams</i>	<i>Discussion Groups</i>
10:30	Break	<i>Foyer</i>		
10:50	EMPHASIS ON POLICY, PROGRAM, PARTNERS	<i>Ballroom</i>	<i>Mary Kane, M.S., Facilitation Teams</i>	<i>Large Group Discussion</i>
11:45	PANEL: FOCUS ON ACCOUNTABILITY	<i>Ballroom</i>	<i>Moderator: Mary Kane, M.S. Invited Discussants: Mirtha Beadle, M.P.A. Sabrina Matoff-Stepp, Ph.D.</i>	<i>Large Group Discussion</i>
12:30 PM	SUMMIT CLOSE	<i>Ballroom</i>	<i>Howard Koh, M.D., M.P.H. Assistant Secretary for Health US Department of Health and Human Services</i>	<i>Large Group Discussion</i>
12:45	WHAT'S NEXT	<i>Ballroom</i>	<i>Wanda K. Jones, Dr.P.H.</i>	<i>Large Group Discussion</i>
1:00	Adjourn			

Appendix 2: Project Planning Group and Advisory Group

Advisory Group Members

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CAPT Carolyn Aoyama, CNM, MPH, Indian Health Service

*Anita Broadus, HHS Office on Women's Health

Frances E. Ashe-Goins, RN, MPH, HHS Office on Women's Health

Kathleen Connors De Laguna, BSN, MSPH, Centers for Medicare and Medicaid Services

Dianne A. Freeman, Administration on Aging

Rosalyn Correa-de-Araujo, MD, MSc, PhD, HHS Office on Disability

Charlotte Gish, CNM, MSN, HHS Office on Women's Health

Miryam Gerdine, MPH, HHS Office on Minority Health

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*Ledia I. Martinez, MD, MPH, HHS Office on Women's Health

*Sabrina Matoff-Stepp, PhD, HRSA, Office of Women's Health

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Kimberly Thomas, MPH, Food and Drug Administration, Office of Women's Health

Charles A. Wells, PhD, NIH Office of Research on Women's Health

* = Indicates Planning Group member

Appendix 3: Project-Related Reports

Reports	Status
Précis	Available for download at www.conceptsystems.com/content/view/SummitforAction.html
Phase I Executive Summary and Report: Concept Mapping the Action Agenda Framework	Available for download at www.conceptsystems.com/content/view/SummitforAction.html
Phase II Executive Summary and Report Including: <ul style="list-style-type: none">• Leadership Interview Results• Facilitated Discussions Summary• Annotated Bibliography	Available for download at www.conceptsystems.com/content/view/SummitforAction.html
Summit Presentation: “Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020” presented by Eva Moya, LMSW, PhD (c)	Available for download at www.conceptsystems.com/content/view/SummitforAction.html
Summit Presentation: “Circles, Cycles, and Treadmills” presented by Wanda K. Jones, Dr.PH	Available for download at www.conceptsystems.com/content/view/SummitforAction.html
Summit Prose: “Action” Written and read by Sabrina Matoff-Stepp, Ph.D.	Available upon request. Contact Concept Systems, Inc.
Summit Workshop Assessment Report	Under US HHS Review

Appendix 4: Summit Attendees

Ms. Rene Andersen
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Charlottesville, VA

Ms. Vivian Berryhill
National Coalition of Pastor's Spouses
Memphis, TN

Dr. Sonja Boone
American Medical Association
Physician Health & Healthcare Disparities
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