

**OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION  
AND THE REGIONAL HEALTH ADMINISTRATORS OF THE  
OFFICE OF PUBLIC HEALTH AND SCIENCE**

**EVALUATING THE NATIONAL HEALTH PROMOTION AND DISEASE  
PREVENTION AGENDA FOR THE YEAR 2020 – HEALTHY PEOPLE 2020 –  
THROUGH STATE ACTION**

**FINAL EVALUATION REPORT**

**JOHN SNOW, INC.  
DECEMBER 2010**

## **Executive Summary**

**Purpose:** The Office of Disease Prevention and Health Promotion (ODPHP) and the Regional Health Administrators (RHA), Office of Public Health and Science, Department of Health and Human Services (HHS) contracted with John Snow, Inc. (JSI) to administer the State Action: Evaluating the Healthy People 2020 Agenda project. The purpose of the project was to evaluate processes used by awarded projects to develop health promotion and disease prevention plans based on the Healthy People 2020 framework as well as evaluate the effectiveness of the framework in guiding the awardees.

**Methodology:** States, territories, and tribal health departments were invited to propose and conduct innovative and participatory strategic planning activities and processes that support states' uses of Healthy People 2020 framework components and population health improvement concepts (e.g. social and physical environment determinants of health, and health equity) to improve the health of their communities. A research framework including objectives and associated questions was established by an advisory group consisting of ODPHP staff, RHAs, and JSI staff. Based on this research framework, specific questions were addressed by awardees during a series of three questionnaires and webinars. The responses to the questionnaires were summarized, and the webinars served as opportunities for further exploration and discussion of the questions.

**Results:** The Request for Proposal (RFP) used to solicit relevant projects from the states, territories and tribes yielded 29 applications. The success of this effort was due primarily to the Regional Health Administrators' involvement in disseminating the RFP to eligible entities. A total of 14 projects were awarded, including two to tribal health entities and one to a territory. Most projects addressed health disparities, social determinants of health, data infrastructure, and/or emergency preparedness as part of their efforts relating to the Healthy People 2020 framework. All funded projects completed the evaluation requirements for this project. Awardees cited new partnerships, training, data reports, and most importantly, stakeholder input among the most important outcomes of the project.

**Conclusions:** Overall, states, tribes and territories were able to develop and implement successful projects addressing Healthy People 2020 using only the framework as guidance. They noted that the most resource-intensive as well as the most meaningful activities were building partnerships, and planning, as well as collecting, managing, and reporting data. Emphasizing the need for measurable goals and objectives—particularly for social determinants of health, awardees recommended that the Healthy People 2020 objectives include performance indicators as well as standardized reporting methodologies to enable entities to measure and report on progress. They also recommended development of a mechanism whereby states, territories, and tribes can share best practices and lessons learned.

Awardees expressed their interest in continuing to participate in similar future activities with ODPHP. Some recommended that Healthy People 2020 establish an evaluation workgroup. Awardees agreed that this project enabled them to engage a broader range of stakeholders early in their planning processes—thus strengthening their abilities to address Healthy People 2020.

## **Background**

For nearly three decades, Healthy People has served as an evidence-based foundation for public health agencies and organizations to reach goals related to improving the health status of U.S. residents. As Healthy People has evolved, its use has become more widespread. Public health activities from national to local levels are increasingly aligned with Healthy People goals and objectives. Healthy People serves as a coordinating framework that guides how limited public health resources are optimized to improve the health status of the population.

The Healthy People 2020 framework and goals were disseminated to the public in March 2009. Led and coordinated by the Office of Disease Prevention and Health Promotion (ODPHP), Healthy People 2020 is rooted in a conceptual framework developed by a public member advisory committee and has included numerous opportunities for public comment thus far. Healthy People 2020 objectives are scheduled for release in December 2010.

Upon the release of the Healthy People 2020 framework and goals, ODPHP and the Regional Health Administrators (RHAs), Office of Public Health and Science, Department of Health and Human Services (HHS) contracted with John Snow, Inc. (JSI) to administer the State Action: Evaluating the Healthy People 2020 Agenda (State Action) project. The purpose of this evaluation project was to assess how states, territories, and tribal health organizations have conducted innovative and participatory strategic planning activities and processes that support states' uses of Healthy People 2020 framework components and population health improvement concepts (e.g. social and physical environment determinants of health and health equity) to improve the health of their communities. Through the State Action project, 14 state, territorial and tribal awardees received funding to support activities designed to create a dynamic and flexible approach to operationalizing the Healthy People 2020 framework. ODPHP was particularly interested in evaluating processes used by the awarded projects to develop health promotion and disease prevention plans based on the Healthy People 2020 framework as well as evaluating the effectiveness of the framework in guiding the awardees. This evaluation project was intended to enhance (not substitute) state, territorial, and tribal health department activities to develop a Healthy People 2020 plan based on the national Healthy People 2020 framework and objectives.

JSI's role in the initiative was two-fold: 1) to implement the operational components of managing the Request for Proposal (RFP) and funding process for the state, tribe and territory awardees; and 2) to conduct an evaluation of the initiative. JSI provided both technical and administrative support for the project. The project involved four main components: 1) Conducting formative research to serve as the basis of the funding and evaluation activities; 2) Designing and implementing the evaluation; 3) Coordinating the proposal development, review, and funding process for awardees; and 4) Supporting both web- and tele-conference activities included in the evaluation process.

## **Evaluation Framework**

In support of the overall goal of the project to evaluate the practicable use of the Healthy People 2020 framework by state, territorial and tribal health departments and their state, regional and community partners and stakeholders, JSI, with input from ODPHP and the RHAs, developed an in depth evaluation framework consisting of six research objectives to assess the process and outcomes of the project. The research objectives as well as the analysis tools and data sources used to provide information responding to each respective objective are included in Table 1.

**Table 1. Evaluating Healthy People, Places, and Practices in Communities Evaluation Framework**

**Purpose:** Evaluate processes used by awarded projects to develop health promotion and disease prevention plans based on the Healthy People 2020 framework and the effectiveness of the framework in guiding the awardees.

Research Objective	Analysis tool	Awardees			JSI
		Proposals	Survey	Discussion	
<b>1. Provide a general description of the submissions and awardees participating in this funding</b>					
1a. Describe the proposals meeting review criteria by region.	1a. Descriptive statistics (total/frequency of submissions, activities addressed).				X
1b. Describe the awarded proposals by funding category (i.e. Region, Tribe, Territory).	1bi. Descriptive statistics (total amount awarded, awards by region, activities addressed).				X
	1bii. Listing of deliverables and associated budget, organized by type, proposed by each project	X			
	1biii. Listing of leveraged resources including in-kind contributions, both internal and external	X	X		
	1biv. Narrative description of highlights and common themes among projects funded.			X	X
<b>2. Describe the concepts of Healthy People 2020 supporting the awarded projects.</b>					
2a. How are awardees applying the Healthy People 2020 framework to their activities?	2ai. Analysis of proposals and discussion guide to verify conclusions from proposal review.	X		X	
2b. How are they integrating and accounting for the social determinants of health methodology discussed in the updated framework?	2bi. Analysis of proposals and discussion guide to verify conclusions from proposal review.	X		X	
2c. Have awardees used Healthy People 2020 differently from the way they applied past Healthy People planning activities?	2ci. Discussion guide.			X	
2d. How could be the framework be supplemented to make it more applicable/useful to your planning activities?	2di. Discussion guide		X	X	

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Research Objective	Analysis tool	Awardees			JSI
		Proposals	Survey	Discussion	
<b>3. Describe the implementation process of awardee projects.</b>					
3a. How well have projects been able to follow the proposed work plan?	3ai. Discussion guide. Question posed (Likert scale?) on survey.		X	X	
3b. What has been accomplished thus far?	3bi. Discussion guide. Question posed (fill-in blank) on survey. Comparative analysis to proposals (qualitative).	X	X	X	
3c. What is lacking in terms of data and tracking for addressing Healthy People 2020 goals?	3ci. Discussion guide. Survey question (listing).		X	X	
3d. Did the tools that have been developed in the past get applied to their current work? How?	3di. Discussion guide.			X	
3e. What tools, technical assistance, or resources would help them in implementing Healthy People 2020?	3ei. Discussion guide. Survey checklist (listing possible tools)		X		
3f. What in-kind or leveraged resources/funds contributed toward the project?	3fi. Survey question (listing types and amounts)		X		
3g. What part of the planning process do you think takes the most time, effort and resources (human and financial)?	3gi. Discussion guide.			X	
3h. What are some lessons learned from your planning process?	3hi. Discussion guide. Survey open-ended question.		X	X	
<b>4. Describe the partnerships leveraged for this planning process.</b>					
4a. Who are your partners and what role do they play?	4ai. Survey question (listing partners and roles).		X		
4b. How engaged are community-based groups in the process?	4bi. Discussion guide.			X	
4c. What, if anything, would you have done differently during the planning process to engage other/different partners?	4ci. Discussion guide and survey question (open-ended).		X	X	
4d. What would bring states together to work regionally or across regions to address Healthy People?	4di. Discussion guide.			X	

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Research Objective	Analysis tool	Awardees			JSI
		Proposals	Survey	Discussion	
<b>5. Describe the communications strategies used for this planning process.</b>					
5a. How are awardees communicating internally with partners?	5ai. Discussion guide.			X	
5b. How are awardees communicating externally with partners?	5bi. Discussion guide.			X	
<b>6. Describe the awardee's perspective on the Healthy People 2020 objectives (to be released in late fall 2009).</b>					
6a. What do awardees think are the best ways to evaluate the Healthy People 2020 objectives throughout the decade?	6ai. Discussion guide.			X	
6b. What are some other Healthy People assessment strategies, other than the targets?	6bi. Discussion guide.			X	
6c. What would help awardees assess the progress on and achieving the HP 2020 objectives?	6ci. Discussion guide.			X	
6d. What could awardees contribute to assessing the progress on and achieving the HP 2020 objectives?	6di. Discussion guide.			X	

This evaluation framework served as a guide for JSI's evaluation activities including the design of data collection tools, dissemination of the evaluation tools to the awardees, and analysis of results. The evaluation activities will be addressed in detail in the following section.

## **Methodology**

Input from the 14 awardees was the primary data source for the State Action evaluation project. In addition, there was also a formative research phase of the project that was important in establishing the basis for developing the Request for Proposals (RFPs) for this initiative. At the start of the project period (October 3, 2008) the ODPHP Task Order Officer (TOO) provided JSI with guidance and access to the necessary background materials. Based on the review of relevant documents (Attachment A) including available Healthy People 2010 plans, a series of focus groups were conducted among Healthy People state coordinators. These focus group discussions as well as input provided via the TOO from the Healthy People 2020 steering committee, served as the basis for the RFP. Important to the success of the initiative was "accessibility" of the RFP; the RFP needed to be clearly and concisely written and easy to complete. Proposal submission also had to be as easy as possible (e.g. plain and concise language, eligibility criteria needed to be clear, and the range and type of activities to be funded required flexibility). Sufficient time for responses was also integrated into the RFP with the proposal submission deadline one month from the day of issuance.

Key components of the RFP (Attachment B) included:

- Background information on the initiative,
- Range and type of activities to be funded by the initiative,
- Eligibility criteria,
- Available funding,
- Instructions for responding to the RFP,
- Instructions for submission, and
- Evaluation criteria

Once projects were awarded, and implementation was underway, JSI initiated the State Action evaluation activities. To evaluate the effectiveness of the Healthy People 2020 framework as it informed planning at the state, tribal government, and territorial level, JSI created an on-line Awardee Evaluation Tool that was easy to understand, simple and efficient to complete to avoid a disincentive for awardees to participate. JSI used Survey Monkey to develop the evaluation with all modes of evaluation questions (yes/no responses, true/false, Likert scales, menu responses, and written responses). These results were analyzed based on the evaluation research framework described above.

## **Results**

JSI analyzed and summarized results from the on-line Awardee Evaluation Tool in accordance with the evaluation framework objectives. The findings were as follows:

*Objective 1: Provide a general description of the proposal submissions and awardees participating in this funding initiative.*

Proposals were solicited from state, tribal and territorial health offices in all regions, via an RFP process, for funding that would support innovative activities in using and integrating Healthy People 2020 framework components and population health improvement concepts within an organization’s planning processes. Initially, a maximum of \$40,000 was allocated per project, for a total of 12 projects. In September 2009, additional funding became available to ODPHP to expand the State Action project, allowing JSI to fund two additional awardees, bringing the grand total of awardees to 14.

Selection preference was given to projects that demonstrated collaboration and included other relevant groups (health professionals, consumers, business, community leaders, and stakeholders from multiple sectors), as well as those proposals that demonstrated a broad and diverse target audience, particularly health-disparate populations (e.g. low-income, minority, etc.). Multiple submissions from a single state, territorial, or tribal health office were not accepted.

The RFP yielded 29 proposals from states, tribes, and territories. No submissions were deemed ineligible based on the screening criteria. Only one proposal (not recommended for funding) was received from Region X, and no proposals were received from Region VIII. Table 2 describes the proposals submitted by federal region.

**Table 2. Proposals submitted to the Request for Proposals for the State Action: Evaluating the National Health Promotion and Disease Prevention Agenda for the Year 2020—Healthy People 2020—through State Action project, April 2009.**

Region	SUBMISSION SOURCE			Total
	States	Territories	Tribes	
I	2	0	1	3
II	1	2	1	4
III	3	0	0	3
IV	2	0	0	2
V	5	0	1	6
VI	1	0	1	2
VII	3	0	0	3
VIII	0	0	0	0
IX	3	1	1	5
X	0	0	1	1
<b>Total</b>	<b>20</b>	<b>3</b>	<b>6</b>	<b>29</b>

Region V yielded the highest number of submissions (6) compared to the other regions, including one submission from a tribal epidemiology center. Region II yielded the highest number of submissions (2) from territories. Six of the ten federal regions yielded one proposal from tribes within each region. The successful proposal response was attributed to the RHAs’ commitment to communicating this funding opportunity within their regions. Some applicants noted challenges in meeting the proposal deadline due to the H1NI flu outbreak.



The projects' implementation period commenced on July 1, 2009. Awardees were made aware that this was a one-time funding opportunity. The awardees included the following 14 organizations. A list of projects with corresponding abstracts is included as Attachment C.

- Arkansas Department of Health (Little Rock, AR)
- Arizona Department of Health Services, Arizona Health Disparities Center (Phoenix, AZ)
- Georgia Department of Community Health, Office of Health Improvement (Atlanta, GA)
- Great Lakes Inter-Tribal Epidemiology Center (Lac Du Flambeau, WI)
- Kansas Department of Health and Environment (Topeka, KS)
- Massachusetts Department of Public Health (Boston, MA)
- Minnesota Department of Health (St. Paul, MN)
- Nebraska Division of Public Health (Lincoln, NE)
- New York State Department of Health/Health Research Incorporated (Albany, NY)
- Nevada State Health (Carson City, NV)
- North Carolina Department of Public Health (Raleigh, NC)
- St. Regis Mohawk, Health Services (Hogansburg, NY)
- Virgin Islands Department of Health (St. Croix VI)
- Virginia Department of Health (Richmond, VA)

These awardees implemented a broad range of diverse activities, ranging from those addressing data needs, to engaging stakeholders.

*Objective 2: Describe the concepts of Healthy People 2020 addressed by the awarded projects.*

According to awardees, they were able to apply the Healthy People 2020 framework to their activities in a number of different ways. Some awardees applied Healthy People 2020 concepts described in the framework by putting an emphasis on population health disparities and using risk factors and social determinants of health in the context of an ecological model for their planning processes. For example, Wisconsin is using the framework as a tool for structured and guided discussion, involving community members, public health professionals, and other stakeholders, about alcoholism and substance abuse in Indian Country so that an alcoholism and substance abuse prevention strategy can be developed for tribes in Wisconsin. Additional ways in which awardees integrated the social determinants of health methodology in their planning processes included:

- Planning local community forums to understand and assess social determinants of health in their area, and developing a dialogue among community partners, who already deeply understand social determinants of health, although they may not use that terminology (MA)
- Developing a tool kit with resources to educate and guide on integrating health equity and the social determinants of health into the strategic plans of all state agencies (VA)
- Conducting a public opinion survey addressing health disparities and including questions related to social issues such as housing, education, the economy and access to jobs, social connections within neighborhoods and neighborhood living conditions (KS)
- Developing a life course approach to identify risk and protective factors (i.e., mental health, asthma, obesity and maternal health) across the life span (NE)
- Training and deploying “community ambassadors” who administer questionnaires on social determinants of health in local communities, and conducting telephone interviews with open-ended questions for people to discuss what they consider to be barriers to good health

or resources that support it in the context of social determinants of health at the local level (NC)

Other awardees addressed the Healthy People 2020 framework emphasizing health information technology by assessing data collection infrastructure, quality, and management. Arizona is using its data systems to assess health disparities through a gap analysis. This gap analysis will help form a framework to measure health disparities by providing valuable information on key racial and ethnic populations. This information will assist Arizona in targeting programs and services more effectively. The St. Regis Mohawk tribe developed a video on the importance of Native Americans self-identifying their ethnicity as Native American and the importance of providers collecting this data in order to improve database tracking and reporting of health disparities among Native Americans. One awardee is incorporating the Healthy People 2020 concept of addressing disaster preparedness. The Virgin Islands Department of Health is compiling a VI/Territorial Comprehensive Emergency Management Plan that addresses organization of leadership in time of a disaster.

Compared to past applications of Healthy People, awardees reported that they were more intentional in their efforts, bringing together offices at the state level that are already working on social determinants of health to coordinate their work. Projects were including a wider range of stakeholders and integrating Healthy People goals and objectives with current state plans. Awardees also noted that past efforts have strongly positioned states to address Healthy People 2020 more effectively and implement their efforts more quickly than in the past. Awardees reported new efforts to research evidence-based best practices to address identified issues while integrating both the social determinants and outcomes of health. The Healthy People 2020 framework was considered by awardees to be innovative and involve a greater scope of partners, lending itself to a more universal approach in implementation. Awardees reported using the framework to look more deeply at an ecological model from the perspective of social determinants of health while considering a wider range of policy implications.

In terms of how the framework could be supplemented to make it more applicable/useful to planning activities, awardees discussed their desire to learn more about what national benchmarks are being collected and how they will interface with this project. Because data requirements are critical to how a state chooses to approach the Healthy People process, awardees expressed their eagerness to identify what the data needs will be in order to ensure that information systems are aligned with the updated approach. Awardees were also interested in how their colleagues from other states, territories, and tribes were developing a life course approach. Other awardees expressed a need to identify criteria to select evidenced based strategies for their plans. Awardees also indicated an interest in addressing the scalability of Healthy People 2020, particularly to make it more meaningful and applicable to smaller communities and jurisdictions. One suggestion was for Healthy People 2020 to outline the steps required to reach Healthy People goals in a manner that addresses differences in resources, size of service population, and staff.

*Objective 3: Describe the implementation process of awardees' projects.*

Overall, awardees were able to implement their proposed work plans. Some awardees experienced setbacks in timelines, or they needed to modify their projects to address emergent issues. Other

awardees noted that their projects were delayed due to difficulty in agreeing upon a common definition of social connectedness as it relates to social determinants of health. The U.S. Virgin Islands modified their scope of work to look at other levels of disasters (as classified by the Federal Emergency Management Agency) and the resultant anticipated necessary response. Project implementation in Kansas was delayed due to the HINI outbreak and vaccination; however, the awardee indicated that the delay allowed them more time to plan for a more robust project. Arizona expressed difficulty in identifying appropriate staffing to address the project, which required an epidemiologist to develop data profiles. Nebraska experienced a two month delay in posting their life course models, evidence-based strategies, and other information on social determinants of health on their website. Political changes were cited by Massachusetts and Virginia as reasons for needing to adjust their timeframes and workplans. Internal procedural barriers for subcontracting and procurement delayed implementation for some awardees.

Despite any delays or setbacks the projects experienced, at the time the final evaluation webinar was conducted each awardee was able to report on numerous accomplishments made throughout the project period, including some of the following examples of activities that had taken place in one or more projects:

- Forming partnerships with various state and local agencies
- Training local community ambassadors on health disparities, cultural sensitivity and social marketing
- Collecting and analyzing data for reports
- Conducting best practices research
- Implementing surveys and focus groups among key user groups
- Developing life course models
- Leading discussions regarding having the Healthy People 2020 objectives on the state's web site
- Hosting community events to build understanding of social determinants of health
- Working with various agencies to complete a Comprehensive Emergency Management Plan
- Developing an interactive training/seminar on Healthy People
- Hosting regional Chronic Disease Forums and a State Chronic Disease Forum

Awardees used many tools developed during past Healthy People efforts. Some of these tools included:

- Breakthrough Series Collaborative Methodology (NY)
- Facilitation tools from the Center for Civic Partnership Sustainability Toolkit, Unnatural Causes DVD and Youth FEAST model (MA)
- Past data and presentations from Healthy People to hold training within counties (NC)
- Survey tool used since HP 2000 (KS)
- Past strategic planning products to inform current activities (AZ, MN)

In discussions of what might be lacking in terms of data and tracking for addressing Healthy People 2020 goals, the most commonly cited needs related to access to racial and ethnic data. Awardees also described the need to create more uniformity between data used nationally to track Healthy People goals and data available at the state and local levels. Awardees indicated that

capturing data at the local level is particularly challenging. Another area of need in terms of data and tracking to address Healthy People 2020 goals was in regard to describing social determinants of health in terms of population based data. In particular, awardees suggested development of standard measures and benchmarks to describe and evaluate social determinants of health. Awardees described the need for data-related tools to support them in implementing Healthy People 2020. Suggestions from awardees included SAS algorithms for calculating indicators, an inventory of evidence-based measures and data collection tools, and tools around the social determinants of health and consensus building. Awardees also indicated a need for technical assistance on how to develop effective, non-traditional partnerships and external support to help educate executive management on the urgency and importance of implementing Healthy People 2020. In addition, awardees also noted that additional funds to provide on-site, local assistance such as technical support on how to utilize the framework would be beneficial. Awardees expressed a need for a peer learning network such as a listserv discussion or blog for sharing information across states, territories, and tribes.

Awardees were asked about in-kind contributions to their projects, and the most commonly cited contribution was in-kind staff time. Across the funded projects, many reported contributions of in-kind staff time beneficial in at least one of the following areas:

- Organization and management of the project
- Fiscal management of the project
- Data queries and reports
- Development of life course models
- Research on evidence-based strategies
- Video and presentation development

Projects were also savvy in leveraging other financial resources. For example, the Office of Health Improvement in Georgia utilized funding from its budget (approximately \$4,700) to support production & printing of Georgia's final report. In Arkansas, the Lifestage Health Branch donated \$4,100, the Tobacco Prevention and Cessation Program within the Health Department donated over \$6,200 and Phillips Health sponsored lunch at the State Forum valued at close to \$4,400.

Additional contributed resources, other than time and finances, included community partnerships, data and input from state health agencies, donated space for community events, and general supplies. In New York they also were able to supplement their project with three pilot communities using other state grant funding.

When asked what components of the planning process took the most time, effort and resources (human and financial), three common themes emerged among the responses: 1) Partnerships, 2) Planning, and 3) Data. These themes are discussed in further detail below.

#### Partnerships

Building the relationships that lead to true partnership was considered a resource-intense activity but worth the effort for the amount of benefit it brought to projects. One particular consideration discussed among awardees was that planning a process which allows for adequate feedback from state and local partners was a key element in building a successful

partnership. Awardees also reported on the value of working directly with community members and leaders, as well as devising strategies to reach non-traditional partners.

### Planning

Planning and coordination, developing the project framework and developing online curricula were often cited as taking more time than originally anticipated. Awardees raised this as a consideration that should be factored into future project planning. Some indicated that a one-year project period is very short.

### Data

Data-related tasks such as data collection, data entry, analysis, reporting, sifting through the draft Healthy People 2020 indicators, reviewing corresponding state data, and figuring out how to address the social determinants of health, because many types of data are not available, were all considered to require a great deal of staff time.

Stakeholder engagement was also raised as a particular challenge faced by awardees. For projects working with tribes in the context of historical trauma and cultural differences, building trust took additional time and resources. Convincing leaders and community members of the value in planning around Healthy People 2020 was also a major challenge. Another challenge cited when engaging stakeholders was in regard to overcoming the language of "social determinants," which is not a commonly understood term in local communities. This difference in language can create barriers to effective communication when addressing issues related to social determinants, which are deeply understood by local communities even if they are not applying that particular label. Awardees made extensive efforts to include new partners from multiple sectors. In reaching out to non-traditional partners, awardees were surprised to find that many individuals were willing to serve and also make major contributions. However, successful partnerships were dependent on various parties being open and able to adapt to different ideas, styles, and cultures. Lastly, another important lesson learned was the need to fully understand the scope of work, because for some awardees the work was more resource intensive than anticipated and some felt that the number of indicators of interest could quickly become unwieldy.

### *Objective 4. Outline the partnerships leveraged for the awardees' planning processes.*

Awardees developed a wide variety of partnerships with a broad range of partners. In one project, community partners participated in an interactive training/seminar on how to utilize the HP2020 framework in policy and decision making. Community-based organizations (CBOs) as well as local health departments helped provide local data on health indicators for another project. Local health departments were also involved in promoting, supporting, and planning for Healthy People 2020 strategies. University faculty and programs were tapped to advise, train and provide evaluation assistance. Awardees also partnered with other government agencies and CBOs, such as those addressing housing and commerce, poverty, transportation, crime/justice, and education, as well as other local health authorities, local coalitions and tribal nations.

Most project teams reported very successful engagement with CBOs in the Healthy People 2020 planning process. Partners in the community became involved in focus groups, from hosting to recruiting participants. The focus group process was credited with providing an opportunity for

CBOs to share innovative ideas. In Kansas, several key groups contributed to the success of the HP2020 public opinion survey and in Georgia, 12 different Asian sub-groups helped with conducting data collection through trusted community representatives. In New York, coalitions from 5 counties participated and allocated staff time and resources to assist in the training and data collection. Nebraska reported that their active HP 2020 planning coalition will continue to meet beyond the project period. Nevada felt that while many stakeholders were enthusiastic, they are not yet fully engaged in the process. In Virginia, the most responsive CBOs were the churches, which were instrumental in attracting many people to one place. On the opposite end of the spectrum, Great Lakes Inter Tribal Epidemiology Center described unique challenges to engaging the tribal communities, noting that they were not at all engaged with the Healthy People 2020 process. Their project worked with members of the St. Croix Chippewa tribe to initiate a guided discussion of alcohol and other substance abuse in the community using PhotoVoice. The project provided a meaningful forum for participants to learn more about Healthy People 2020 and fostered a strategic planning process for health improvement. Initially the project faced challenges in recruiting participants, as the community was suspicious about the intentions of the project, which began at the height of local law enforcement investigations into illegal drug activity. Project staff modified their recruiting approach and narrowed the scope of their project to address alcohol only. By recruiting participants face-to-face and by using snowball sampling techniques, they were able to engage participants.

To engage other/different partners, some states offered suggestions as to what they might have done differently during the planning process, such as integrating community leaders to help break down barriers, engaging non-profit HMOs, involving more "civic" partners, encouraging more racial/ethnic minority participation, and making greater efforts to represent the project to tribal leaders. Awardees also suggested that with more time, engagement could have been strengthened in a variety of ways such as allowing more time to develop partnerships. They also indicated that they would have allowed for more time for key informant interviews regarding social determinants of health. They also would have scheduled their stakeholder meetings earlier in order to engage other partners.

In order to successfully bring states together to work regionally or across regions to address Healthy People, the majority of awardees recommended regional conferences and/or face-to-face meetings to share ideas, build trust, and support common interests and shared goals. Awardees also suggested developing regional Healthy People advisory boards composed of leaders, decision makers, and policy makers. For these boards, the HHS Regional Offices could serve as the regional coordinators to engage states and their leaders. Other suggestions were to: 1) recognize communities that are successfully overcoming the greatest health disparities and making the most progress, 2) share successful strategies in engaging non-traditional partners, as well as the system and policy changes states have implemented to impact social determinants of health, 3) share other best practices and resources for implementing and evaluating Healthy People 2020, 4) use the "Breakthrough Series Learning Collaborative," and 5) coordinate efforts between local, regional and national initiatives.

*Objective 5. Outline the communications strategies used for the awardees' planning processes.*



Awardees used a variety of strategies to communicate with partners. Many awardees had an internal communications team in addition to the project team, and an external communications team. Internal communications teams, often referred to as steering committees, were comprised of multidisciplinary staff from different offices within the organization. Externally, regional centers (steering committees, coalitions, advisory groups, etc.) were established throughout target areas to work closely with local community leaders to lead local planning processes. The internal steering committee was responsible for developing a communications plan, which specified modes and frequencies of communications. Some awardees described development of a social marketing plan. Awardees used email, on-line questionnaires, listservs, conference calls, websites, face to face meetings, and conferences to communicate with internal and external partners and stakeholders.

*Objective 6: Describe the awardees' perspectives on the Healthy People 2020 objectives.*

Awardees were primarily concerned with how to assess and evaluate progress on the Healthy People 2020 objectives. Awardees noted that some of the best ways to evaluate the Healthy People 2020 objectives throughout the decade will be related to one of three key elements: 1) Outcome objectives, 2) Process objectives, and/or 3) Data indicators. Awardees were particularly interested in how the objectives emphasizing social determinants of health could be measured or evaluated using empiric data. Some awardees suggested linking objectives related to social determinants of health to specific indicators that can measure progress that can be easily understood by key stakeholders. Some awardees recommended that projects submit data-driven annual and mid-course reports (termed "state scorecards"), identifying baseline statistics for each measure and then reassessing at specified intervals. Standardizing data collection and reporting among programs was also recommended. Finally, awardees recommended implementing a mechanism for programs to share best- and evidence-based practices.

Other Healthy People assessment strategies suggested by awardees, other than the targets, were assessing policy change at the state and local levels; linking health status objectives to policies and broad socio-economic factors; and/or conducting political, economic, and educational assessments. Awardees also noted that assessment of community-level buy-in could be helpful in assessing Healthy People progress.

The most commonly requested support to help awardees assess the progress on and achieve the Healthy People 2020 objectives, were that of data and financial support. Many states felt that web-based, locally relevant, up-to-date data was a critical component, and other suggestions included conducting periodic federal assessments to learn how states are assessing their progress, allocating more funding for survey-based research and tracking information for the Behavioral Risk Factor Surveillance System and the Youth Risk Behavior Survey. Awardees also suggested designating funded positions that work within the state, region and nation to highlight successful models, and establishing grants to support the implementation process.

When asked about what awardees could contribute to assessing the progress on and achieving the Healthy People 2020 objectives, many felt that they could serve in an advisory capacity to other planning-related projects. Awardees offered to participate in follow-up workshops to discuss and showcase progress. They offered to specifically share their perspectives on how Healthy People

can increase its impact on local communities, and communicate lessons learned. They also felt that they could share their data and methodology for assessment and analysis. They suggested developing a communication platform such as a website or social network. Other awardees suggested that they could play a key role in involving grass-roots coalitions to guide data collection and interpretation, particularly with regard to evaluating social connectedness.

### **Conclusions**

Overall, states, tribe and territories were able to develop and implement successful projects addressing Healthy People 2020 initially using only the framework as guidance. The history with Healthy People, the new framework, and the funding from this award provided the opportunity to engage a broad range of stakeholders in addressing Healthy People 2020. Following is a summary of the research objectives and their findings:

#### ***Objective #1: Provide a general description of the proposal submissions and awardees participating in this funding initiative.***

The project yielded 29 applications reflecting every region except for Region VIII. State Health Departments, Tribes, and Territories submitted projects for funding consideration. The success of this effort was due primarily to the Regional Health Administrators' involvement in disseminating the RFP to eligible entities. A total of 14 projects were awarded, including two tribal health entities and one territory. Increased technical assistance to tribes and territories during the application, implementation, and evaluation process would have likely engendered greater participation in the project from tribal and territorial health offices.

#### ***Objective #2: Describe the concepts of Healthy People 2020 addressed by the awarded projects.***

Funded projects implemented innovative approaches to addressing the Healthy People 2020 framework. Many applied the life course approach and engaged organizations that are related to social determinants of health. The Healthy People 2020 framework fostered partners' abilities to integrate Healthy People 2020. The following Healthy People 2020 concepts were the most emphasized among the awardees:

- Addressing population health disparities
- Addressing social determinants of health
- Creating a robust data infrastructure
- Addressing emergency preparedness.

#### ***Objective #3: Describe the implementation process of awardees' projects.***

Overall, awardees were able to successfully implement their projects within the prescribed time period. Some awardees experienced delays in implementation due to issues such as disaster relief, H1N1, staffing issues, political changes, and initial efforts at finding common language around discussing social determinants of health. Following are key successes resulting from implementation of projects:

- New partnerships
- Training on health disparities, cultural sensitivity and social marketing with local community ambassadors
- Data analysis for reports
- Best practices research
- Gathering stakeholder input through surveys and focus groups



- Developing life course models
- Hosting community events and educational conferences
- Development of a website
- Working with various agencies to complete a Comprehensive Emergency Management Plan

Awardees cited past data, data collection tools, facilitation tools, and presentations as resources they leveraged during implementation. They noted that the most resource-intensive activities were building partnerships, and planning, as well as collecting, managing, and reporting data. In addition, some awardees indicated that building trust and engaging stakeholders were major challenges, in addition to prioritizing which Healthy People measures were the most meaningful to their communities. Some lessons learned from implementation of these projects emphasized developing partnerships to address cultural sensitivity and improve buy-in. Other awardees conveyed the need to link Healthy People 2020 to the non-public health community.

***Objective #4: Outline the partnerships leveraged for the awardees' planning process.***

As noted previously, partnerships were the cornerstone to successfully implemented projects.

Projects engaged stakeholders including:

- Community partners (individuals)
- Community-based organizations (CBOs)
- Local health departments
- University faculty and programs
- Other government agencies
- Local coalitions
- Tribal nations

Awardees expressed that this project increased partners' understanding of and interest in addressing Healthy People 2020.

***Objective #5: Outline the communications strategies used for the awardees' planning processes.***

Most awardees employed traditional methods of communications such as through work group meetings, e-mail listservs, and conference calls. Some awardees established multi-disciplinary groups within their agency to enhance communications. For external partners, face-to-face communications were cited as the most beneficial. This was done through meetings with existing coalitions and advisory groups, leading and advising on local planning processes.

***Objective #6: Describe the awardees' perspectives on the Healthy People 2020 objectives.***

Awardees discussed their perspectives on the draft Healthy People 2020 objectives and the framework. Awardees were most interested in how to assess and evaluate progress on Healthy People 2020 objectives. Their primary concern related to *defining and measuring social determinants of health from a data perspective*. They recommended that each Healthy People 2020 goal have measurable process and outcome objectives with clearly defined and standardized performance indicators, particularly those for social determinants of health. They noted the need to obtain uniform data and data analysis tools at the local level. They also recommended development of a mechanism whereby states, territories, and tribes could share best practices and lessons learned.

Awardees expressed their interest in continuing to participate in similar future activities with ODPHP. Some recommended that Healthy People 2020 establish an evaluation workgroup. Awardees agreed that this project enabled them to engage a broader range of stakeholders early in their planning processes—thus strengthening their abilities to address Healthy People 2020.

## ATTACHMENTS

### ATTACHMENT A

Sample Relevant Documents

### ATTACHMENT B

Request For Proposals

### ATTACHMENT C

Project Abstracts

## ATTACHMENT A

### *List of Documents Reviewed:*

Healthy People 2010 Toolkit

Healthy People 2020 Secretary's Advisory Committee – Recommended Vision, Mission and Overarching Goals for Healthy People 2020

Phase I Report: Recommendations for the Framework and Format of Healthy People 2020

*Healthy People 2010 Plans Summary (included in this attachment)*



## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

### **Executive Summary of Healthy People 2010 Plans Matrix**

#### **Background**

In September 2008, John Snow Inc. (JSI) was contracted by the Office of Disease Prevention and Health Promotion (ODPHP) to implement the State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda project.

This program will fund state, territory, and tribal governments to conduct innovative and participatory strategic planning activities with an emphasis on multi-sector collaboration, using the Healthy People 2020 framework and population health improvement concepts (i.e., Healthy People 2020 mission and overarching goals; social, physical, and environmental determinants of health; and health equity). Up to 12 projects, taking place between July 1, 2009 and June 30, 2010, will be funded at a maximum award of \$37,000 each.

The program is intended to enhance existing or planned state, territorial, and tribal activities to develop a Healthy People plan based on the national Healthy People 2020 framework and objectives. The primary purpose of this evaluation project is to evaluate ways these eligible entities apply the Healthy People 2020 framework to their planning activities.

As part of its efforts to conduct formative research, JSI collected Healthy People 2010 plans by using a variety of strategies including internet searches, its internal public health network and research resources, as well as phoning entities that would have information about available plans. In addition, ODPHP requested plans and related reports from state and territories' designated Healthy People State Coordinator or their equivalent. This process led to the collection of 29 plans from states. Unfortunately, no plans were yielded from territories or tribes. Some states did not develop plans specific to Healthy People; however, they incorporated Healthy People goals and objectives into their overall state plans. In these instances, JSI reviewed the plans identified as most closely serving as a Healthy People plan or report.

JSI systematically reviewed past plans and reports to identify key themes, approaches and findings of work related to Healthy People. The information from the review was summarized into a matrix serving as the basis for developing the Healthy People 2020 RFP, evaluation tools and methods. This matrix is included as Attachment A. Organized around the Healthy People toolkit Action Areas, which

identify seven key components to successful plans<sup>1</sup>, the matrix reflects the comprehensiveness of each participating state's plans or their equivalent in the context of these recommended Action Areas:

1. Building the Foundation: Leadership and Structure
2. Identifying and Securing Resources
3. Identifying and Engaging Community Partners
4. Setting Health Priorities and Establishing Objectives
5. Obtaining Baseline Measures, Setting Targets, and Measuring Progress
6. Managing and Sustaining the Process
7. Communicating Health Goals and Objectives

JSI reviewed plans for qualities reflecting these seven Action Areas. The most common component utilized in state plans was Setting Health Priorities and Establishing Objectives. Nineteen of the 29 plans reviewed included this component. The next most common component utilized was Obtaining Baseline Measures, Setting Targets and Measuring Progress with 16 plans including this component.

Most state plans addressed at least one of the Action Areas, with the following states addressing all seven Action Areas in detail: Alaska, the District of Columbia, and North Carolina. Their plans are described below.

### **State Plan Highlights from Alaska, District of Columbia, and North Carolina**

#### **Alaska**

*Healthy Alaskans 2010* reflected a comprehensive planning effort led by a variety of staff at the Alaska Division of Public Health under the advisement of the Alaska Public Health Improvement Process Steering Committee, which, as it diversified over time, became the Healthy Alaskans Partnership Council. This council included a diverse range of stakeholders from across the state. With leadership from the director of the Division, the Data and Evaluation Unit made a large contribution to *Healthy Alaskans 2010*. The initiative built on the work of Healthy People 2000 efforts and included a broad array of partners and contributors.

*Healthy Alaskans 2010* consists of an Executive Summary and two Volumes: *Targets for Improved Health of Alaskans* and *Strategies for Improved Health*. Volume I consists of 26 chapters highlighting epidemiologic and demographic data including baseline and target measures for various public health issues, organized into four sections: Health Promotion, Health Protection, Preventive Services and Access to Health Care, and Public Health Infrastructure. The purpose of Volume I is to inform policy, define indicators and baseline measures, and set targets for improvement. Volume II is crafted as a basis for strategic planning, a compendium of best practices, as well as a resource guide. Eloquently written, Volume II

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<sup>1</sup> The Public Health Foundation (Washington, DC) reviewed both year 2000 and year 2010 initiatives and identified these seven areas as common elements of most health planning and improvement efforts. These Action Areas are further described in the Healthy People 2010 Toolkit: A Field Guide to Health Planning, February 2002: <http://www.healthypeople.gov/state/toolkit/>.

describes effective strategies and interventions through case studies, or “stories” modeled after “talking circles,” commonly used among Native Alaskans. Volume II captures the essence of the state of Alaska by including the voices of its diverse residents while showcasing successful strategies to improve public health.

Another strength of Volume II is that it emphasizes that not all best practices are applicable to all communities and that communities are best at developing their own sustainable approaches to health improvement. One of the core values to the planning process was reliance on community participation as a mechanism for fostering ownership and sustainability. The approach to this planning effort was also strengthened by the perspective that a community-driven plan can be more responsive to emerging needs.

*Healthy Alaskans 2010* combines the strengths of quantitative analysis and tracking mechanisms with the lessons learned from the assets and challenges of the state. In this manner, all seven Action Areas are addressed from the unique perspectives of a diverse group of Alaska residents toward a common purpose.

### **District of Columbia (DC)**

The District of Columbia’s *Healthy People 2010 Plan* is the foundation of its efforts toward improving its residents’ public health using Healthy People 2010 goals and objectives. In addition to this document, the DC Department of Health published progress reports, biennial reports, midcourse revisions, implementation plans, and progress reports.

The DC Department of Health State Center for Health Statistics Administration led the effort to develop the *Healthy People 2010 Plan* under the advisement of a Work Group. Each area of focus had a program liaison. The Department included both public and private partnership with particular attention to the international nature, racial diversity, and diverse subpopulations of the DC community.

The plan describes the major steps taken in its development:

1. Area Profile and Analysis

This component of the planning process included a comprehensive look at demographic, socioeconomic, and health status data to assess needs. The Work Group developed Focus Areas for DC, identifying areas of greatest public health need.

2. Analysis of Federal Guidelines and State Categorical Health Plans and Existing Policies

As part of this step, the Work Group reviewed policies and procedures for Healthy People 2010, including the 1993 Healthy Residents 2000 Plan for the District as it related to public health goals. This Work Group established program liaisons.

3. Community Participation

With the establishment of committees and advisory groups, the Department of Health was able to convene public hearings and revise its plan based on public input from a variety of stakeholders.

4. Plan Implementation

This component of the plan focused on strategies and activities planned to achieve the targets established by the Work Group.

## 5. Monitor and Evaluate Implementation Activities

This step required obtaining approval by each of the programs that contributed to the Focus Areas. In addition, major decision makers including the DC mayor also approved the plan, and it was submitted to the Department of Health and Human Services.

Two of the key strengths of this plan are its inclusion of diverse groups of residents as well as its on-going monitoring processes that were established in order to create a living plan with a process that accounts for future changes based on emerging needs.

### **North Carolina**

The development of *North Carolina Health Objectives 2010* was led by a governor-appointed task force. This group, the Task Force for Healthy Carolinians, was established in 1999 and charged with developing a list of health objectives for the Year 2010. The Task Force was comprised of 38 members who represent public health, health care providers, businesses, academic institutions, religious organizations, councils, commissions, community groups and the legislature. The group was diverse and represented a wide variety of interests and stakeholders. In addition to the North Carolina Health Objectives 2010, the group also conducted a Midcourse Review.

The plan was developed over the course of one year with the intention that the process be collaborative and inclusive. Five committees were established to address: Maternal and Child Health, Children and Adolescent Health, Adult Health, Older Adult Health, and Community Health. These committees included members of a diverse group of stakeholders including those from areas beyond public health and health care service. Committee members were also from academia and other research centers, businesses, churches, and health and human service agencies. These committees developed their recommendations for establishing objectives and presented them to the Task Force in May 2000, which, in turn, posted them for public comment and discussion. Input from the public was also garnered through community forums in four population centers across the state. The Task Force made revisions based on public input and finalized the Objectives in September 2000.

Major focus areas of the plan included: Access to Health Care, Chronic Disease, Community Health, Disability, Environmental Health, Health Promotion, Infant Mortality, Infectious Diseases, Injuries, Mental Health, Older Adult Health, and Oral Health. The Healthy People 2010 effort was sustained by the Office of Healthy Carolinians. This Office administered numerous efforts to recognize and encourage community-based programs and activities that contribute to reaching Healthy People 2010 objectives. One example of the Office's initiatives was its certification process in which communities applied for certification as evidence of having developed broad-based partnerships to address at least two health objectives. Particular emphasis was placed on prevention-based efforts and



addressing the needs of the disadvantaged. The Office of Healthy Carolinians also provided regional health education consultants who were available to provide technical assistance to local Health Educators and Health Directors in their communities' efforts to address Healthy People 2010 objectives.

*North Carolina Health Objectives 2010* was backed by strong leadership and commitment by the Governor of North Carolina. The appointed Task Force represented a diverse group of stakeholders, and they broadened this even further through their committees. Conducting face to face community forums not only garnered valuable input from communities, but they also provided an opportunity to promote the plan and its development. The resulting plan was reflective of the needs of the most vulnerable groups in the state and emphasizes the communities' most pressing needs. The Office of Healthy Carolinians provided the necessary infrastructure to maintain momentum created by the planning process while continuing to innovate and motivate communities to achieve Healthy People 2010 goals and objectives.

## **Conclusion**

The Healthy People 2010 Toolkit identified seven Action Areas which could be reflected in comprehensive state plans. Of the plans that were evaluated as part of the formative research for this project, three plans captured all seven action areas and addressed them fully. Another notable key theme underlying the success of these plans is that they took a community-based approach in which the community provided input and also played a role in implementing the strategies.



**ATTACHMENT A: Executive Summary of Healthy People 2010 Plans Matrix**

Region	State	Leadership and Structure	Identifying and Securing Resources	Identifying and Engaging Community Partners	Setting Health Priorities and Establishing Objectives	Obtaining Baseline Measures, Setting Targets and Measuring Progress	Managing and Sustaining the Process	Communicating Health Goals and Objectives	Status Reports	Notes
4	Tennessee									Not Received
8	South Dakota									Not Received
8	North Dakota	Only have Midpoint Report Available	Only have Midpoint Report Available	Only have Midpoint Report Available	Only have Midpoint Report Available	Only have Midpoint Report Available	Only have Midpoint Report Available	Only have Midpoint Report Available	Midpoint Report	
7	Nebraska	No	No	No	Yes	Yes	No	No	MidCourse Review	
1	Connecticut	No Consolidated Healthy People Plan Made	No Consolidated Healthy People Plan Made	No Consolidated Healthy People Plan Made	No Consolidated Healthy People Plan Made	No Consolidated Healthy People Plan Made	No Consolidated Healthy People Plan Made	No Consolidated Healthy People Plan Made		
3	District of Columbia	Yes	Yes	Yes	Yes	Yes	Via monitoring and evaluation activities	Yes - via education strategies	Mid-Course Revisions Report, Biennial Implementation Plans	
3	Delaware	No	No	Identified roles for each sector, but not specific partners	Yes	No baseline measures in plan, objectives have reduction rates but not target rates	Strategies listed but no detail on how they'll be carried out	No		
4	Florida									Not Received
4	Georgia	No	No	No	No	No	No	No	No	Data points only for annual state health measures in 2007. Response says that other efforts may be in effect but would be in specific programmatic areas.
5	Indiana									Not Received
1	Massachusetts									Not Received
3	Maryland	Yes	No	Statewide partners identified but no discussion about engagement	Yes	Yes	No	Includes as education strategies	2002 Progress Report	

**ATTACHMENT A: Executive Summary of Healthy People 2010 Plans Matrix**

Region	State	Leadership and Structure	Identifying and Securing Resources	Identifying and Engaging Community Partners	Setting Health Priorities and Establishing Objectives	Obtaining Baseline Measures, Setting Targets and Measuring Progress	Managing and Sustaining the Process	Communicating Health Goals and Objectives	Status Reports	Notes
1	Maine	Contributors mentioned but no description of Leadership or Structure, other than workgroup leaders are named for each area and profiles highlighted for specific contributors to initiatives	No	Yes	Yes	Yes	No-except that objectives are presented as primary, secondary, tertiary	No	Updates available online - most through 2004 (some through '05)	
5	Michigan	Yes	Identified the public health insurance programs and HRSA-funded community access grants - no info on how to secure additional resources	No	Yes	Yes	No	No	Health status report was published in 2004	Also published a Prescription for a Health Michigan report which addressed strategic priorities for improving health outcomes, as well as a separate critical health indicator reports comparing MI health indicators to HP2010 targets and rankings of where MI stands relative to other states
4	North Carolina	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Healthy Carolinians 2005 Midcourse Review	
1	New Hampshire	Yes - NH Leadership Council is supported by the NH DHHS	Yes	Collabative alliance makes up the NH Leadership Council	Yes	Lists baseline and target rates, but no reference to how progress will be measured	Lists several ways for people to get involved and help initiate change			
2	New Jersey	Yes	Funding sources identified for data sources	Identified as a next step	Yes	Yes	No	Yes	HNJ2010-Update 2005	
2	New York	No specific plan developed for HP2010, but used a health planning document from 1996 that included 10-yr goals.	No specific plan developed for HP2010, but used a health planning document from 1996 that included 10-yr goals.	No specific plan developed for HP2010, but used a health planning document from 1996 that included 10-yr goals.	No specific plan developed for HP2010, but used a health planning document from 1996 that included 10-yr goals.	No specific plan developed for HP2010, but used a health planning document from 1996 that included 10-yr goals.	No specific plan developed for HP2010, but used a health planning document from 1996 that included 10-yr goals.	No specific plan developed for HP2010, but used a health planning document from 1996 that included 10-yr goals.	Indicators reports are available and updated annually, comparing indicators to state rates and HP2010 indicators.	

**ATTACHMENT A: Executive Summary of Healthy People 2010 Plans Matrix**

Region	State	Leadership and Structure	Identifying and Securing Resources	Identifying and Engaging Community Partners	Setting Health Priorities and Establishing Objectives	Obtaining Baseline Measures, Setting Targets and Measuring Progress	Managing and Sustaining the Process	Communicating Health Goals and Objectives	Status Reports	Notes
5	Ohio									Not Received
3	Pennsylvania	Yes	Yes	Affiliated partners are listed - no discussion of how they were engaged or how future partnerships would be engaged	Yes	Yes	Yes	Weekly newsletters to partners includes some relevant info	In 2002 published a Special Report on the Health Status of Minorities that integrates HP2010 objectives	Has one State Health Improvement Plan (SHIP) for 2001-2005 and another for 2006-2010
1	Rhode Island	Yes	No	Strategic partnerships are identified as policy strategies. Other strategies are designated as community-based, school-based, worksite, or health plan related.	Yes	Yes	No	Educational banners are available to download for each of the ten leading health indicators		
4	South Carolina	Of DOH	Only a pie chart on where funding comes from	Yes for DoH	Yes for DoH	Yes	Yes for DOH	Yes	No	Their report is for the SC Dept of Health, with a small section of indicators specific to HP2010
3	Virginia		No	No	Yes	No				
1	Vermont	No			Yes	Yes			Year by year comparison report as well as county level and hospital service area level updates of BRFSS data	
3	West Virginia									
4	Kentucky	No	No	Yes	Yes	Yes	No	No	Mid-Decade Review	Data resource guide was also provided
9	Hawaii									Not Received
8	Colorado	No	Yes	Yes	Yes	Yes	Yes	Yes	Health Colorado 2010 report published in 2005	



**ATTACHMENT A: Executive Summary of Healthy People 2010 Plans Matrix**

Region	State	Leadership and Structure	Identifying and Securing Resources	Identifying and Engaging Community Partners	Setting Health Priorities and Establishing Objectives	Obtaining Baseline Measures, Setting Targets and Measuring Progress	Managing and Sustaining the Process	Communicating Health Goals and Objectives	Status Reports	Notes
2	Puerto Rico									Not Received

ATTACHMENT B

Request For Proposals



**State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**



**Request for Proposals**

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<b>Time Line for Project:</b>	<b>July 1, 2009 - June 30, 2010</b>
<b>Proposal Forms and Instructions Available</b>	<b>March 12, 2009</b>
<b>Proposals Due</b>	<b>April 27, 2009 by 5:00pm MST <i>Postmarks not accepted</i></b>

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<b>Notification of Intent to Fund or Decline</b>	<b>June 1, 2009</b>
<b>Agree On Project Plan, Budget and Sign Contract</b>	<b>June 1- 26, 2009</b>
<b>Funds disbursed</b>	<b>June 1-26, 2009</b>
<b>Completion of Funded Project Activities</b>	<b>June 30, 2010</b>

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***Proposal forms and additional information are also available at  
[www.healthypeople.gov/stateaction](http://www.healthypeople.gov/stateaction)***

**For help with this proposal:**

**e-mail: [state\\_action@jsi.com](mailto:state_action@jsi.com)**

**or phone: 1.800.839.0934**

## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

### **BACKGROUND**

For three decades, Healthy People has served as an evidence-based foundation for public health agencies and organizations to reach goals related to improving health status in the U.S. As Healthy People has evolved, its use has become more widespread. Public health activities from national to local levels are increasingly aligned with Healthy People goals and objectives.

Coordinated by the U.S. Department of Health and Human Services (HHS), Office of Disease Prevention and Health Promotion (ODPHP), Healthy People 2020 is being developed in 2 phases. Phase 1 includes the framework—vision, mission, and overarching goals. The framework provides a foundation for Healthy People 2020 objectives that will be developed. While general in nature, the framework offers specific, important areas of emphasis where action must be taken if the United States is to achieve better health by the year 2020. In partnership with the many national, federal, state and local stakeholders of the Healthy People initiative, HHS is now in Phase 2, developing specific objectives, targets and considering effective strategies for addressing Healthy People 2020. The full Healthy People 2020 initiative is anticipated to be released in 2010.

The Healthy People 2020 framework was developed by a federal workgroup with advice and consultation from a fully public member expert advisory committee and has included numerous opportunities for public comment. The result is a framework for improving the nation's health which recognizes the multiple and integrated factors that impact health. These factors include social and physical environments as well as disease prevention, health promotion and health care. This change from Healthy People 2010 to Healthy People 2020 is intended to move-away from a "silo" approach to health and promote the notion that health is not the responsibility of the health sector alone; but also includes personal, social, economic, and environmental determinants. In addition, new and emerging issues and influences on health (health equity; health information technology; all hazards preparedness) are highlighted for their significance in promoting and ensuring the nation's health.

### **PURPOSE**

The purpose of this evaluation program is to have state, territory, and tribal governments propose and conduct innovative and participatory strategic planning activities and processes, with an emphasis on multi-sector collaboration, using the Healthy People 2020 framework and population health improvement concepts (i.e., Healthy People 2020 mission and overarching goals; social, physical, and environmental determinants of health; and health equity) to improve the health of their communities. ODPHP is interested in evaluating the utility of the Healthy People 2020 framework in guiding program and policy for eligible entities in addition to their state, regional and community partners and stakeholders. ODPHP is also interested in entities' responses to the revised Healthy People initiative to a more integrated approach to address health determinants and diseases/conditions.

## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

Awardees will receive funding to support activities that create a dynamic and flexible approach to operationalizing the Healthy People 2020 framework to address their specific population health contexts and needs. Since draft Healthy People 2020 objectives are expected during the implementation of projects, awardees should plan to incorporate them into their project design to address state disease prevention and health promotion priorities and needs.

Funding from this evaluation program is intended to enhance existing or planned state, territorial, and tribal activities to develop a Healthy People plan based on the national Healthy People 2020 framework and objectives.

### **FUNDING INFORMATION**

- A maximum of \$37,000 will be awarded per project.
- Up to 12 projects will be funded.
- Multiple submissions representing a single eligible entity will not be reviewed (see below for eligibility criteria).
- Awardees will be chosen to represent geographic diversity as well as a variety of themes and activities.
- Projects will cover the period July 1, 2009 to June 30, 2010.
- This is a one-time funding opportunity.

### **WHO CAN APPLY**

Eligible applicants that can apply for this funding opportunity are listed below:

- State and territory health departments (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the National Government of the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau).
- Federally recognized Indian tribes, tribal organizations, tribal epidemiology centers and urban Indian organizations.

Preference will be given to projects that demonstrate collaboration with and inclusion of other relevant groups. Preference will also be given to proposals that demonstrate a broad and diverse target audience, particularly underserved populations (e.g. low-income, minority, etc.). State Health Departments that have tribal entities within their borders are encouraged to seek the participation of those tribal entities in planning and implementing their project.

### **TYPES OF ACTIVITIES TO BE FUNDED**

Proposed projects should include innovative planning activities—using the Healthy People 2020 framework components and population health improvement concepts—that build upon the organization's existing planning processes and structure. They should also include evidence of collaboration with diverse users and audiences to implement Healthy People 2020 (health professionals, consumers, business, community leaders, and stakeholders from multiple sectors). Examples of possible activities include:

## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

- Facilitated meetings for multi-sectoral decision makers to engender buy-in and support
- Technical assistance in identifying measures around social determinants of health
- Development of products and information media regarding Healthy People 2020 activities
- Web-based applications to support Healthy People 2020 plans

Please note that ongoing operations will not be funded through this project. Funded activities must be completed by June 30, 2010.

### **REVIEW PROCESS**

Proposals will be reviewed by an objective committee comprised of public health experts including Regional Health Administrators with final funding approvals guided by the Office of Disease Prevention and Health Promotion.

Successful proposals will be selected based on their proposed plans and activities, scored based on the qualities described below.

Total available points: 150.

Submitters' abilities to carry out the project and complete deliverables (30 points total)

1. Experience in terms of strength/knowledge of proposed project team; demonstrated project involvement and support of submitting organization's leadership; understanding of state population demographics and health status/needs of the state; and experience in working across sectors (20 points)
2. Readiness for carrying out the project (10 points)

Project description (100 points total)

1. Relevance of the proposed project to the stated purpose of this program (25 points)
2. The degree to which the proposed work plan is robust and reasonable to accomplish the goal(s) and meet deliverables (25 points)
3. Demonstration of innovation and creativity in the project approach (20 points)
4. Evidence of collaborations and partnerships with a diverse group of stakeholders, including federally recognized Indian tribes and other relevant tribal entities (15 points)
5. Relevance of activities to addressing racial and ethnic health disparities and minority and underserved populations (15 points)

Budget (20 points total)

1. Budget showing each item and its cost (10 points)
2. Justification for each item listed in the budget (10 points)

In addition to meeting the selection criteria, the mix of proposals awarded will be geographically diverse and represent a variety of themes and activities.

## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

The submitter must agree to participate in a national evaluation of this project. The national evaluation will include participation in three teleconferences and/or webcasts in addition to completion of an on-line evaluation tool. Please note that 10 percent of awarded funds will be withheld until final completion of the evaluation activities.

### **EVALUATION**

As a condition of the final funds disbursement, funded projects must participate in a national evaluation of the State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda project. They must indicate their commitment to participating in the evaluation by signing the "Agreement to Complete Evaluation" on Form C. The purpose of the evaluation is to report on how funds were used and what was accomplished with the funds.

The evaluation will consist of a survey, three tele- and/or web-conferences, and submission of project products (based on proposal and finalized in contract agreement). The survey will be available on-line. Surveys via postal mail will also be provided if on-line access is limited. Technical assistance will be available from John Snow Inc. for the evaluation component on an as needed basis. Evaluation reports must be submitted during the last month of the project period and no later than June 15, 2010. Ten percent of the project funds will be withheld until the evaluation report is submitted.

### **PROPOSAL INSTRUCTIONS**

Completed proposals should include:

- Cover Page (included as Form A)
- Applicant Description (included as Form B) (maximum number of pages 5)
- Project Description (included as Form C) (maximum number of pages 5)
- Partnerships Description (included as Form D)
- Project Work Plan (included as Form E) (maximum number of pages 5)
- Budget Form (included as Form F)
- Budget Information (included as Form G)

Proposals that are illegible, that use a font size less than 11 point, or are inconsistent with the format provided will not be reviewed.

The submitter is advised prior to developing your proposal to read the following materials:

- DHHS Healthy People 2020 Framework - attached as Healthy People 2020 Framework and Background (Attachment A)
- Background - Excerpts from Healthy People 2010 (determinants of health) (Attachment B)
- Secretary's Advisory Committee Phase 1 Report: Recommendations for the Framework and Format of Healthy People 2020 – available online at <http://www.healthypeople.gov/hp2020/advisory/Phase1/>
- Healthy People 2010 Toolkit – available online at <http://www.healthypeople.gov/state/toolkit/>

## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

- Healthy People in Healthy Communities: A Community Planning Guide Using Healthy People 2010 – available online at <http://www.healthypeople.gov/Publications/HealthyCommunities2001/>
  - Healthy People 2020 Web site - [www.healthypeople.gov/hp2020](http://www.healthypeople.gov/hp2020)
- If you are unable to access these materials, please email [state\\_action@jsi.com](mailto:state_action@jsi.com) or call 1.800.839.0934 for assistance.

### **IMPORTANT INFORMATION ABOUT FUNDING MECHANISM**

The State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda Project will fund organizations to provide a framework for disease prevention and health promotion services in their respective states. The lead contractor for the administration and national evaluation of this project is John Snow, Inc. (JSI). Awardees will become subcontractors of JSI. The proposed activities will serve as deliverables required from the subcontractors and will include completion of required evaluation activities.

### **DATA DISCLAIMER**

The Office of Disease Prevention and Health Promotion (ODPHP) and the Regional Health Administrators, Office of Public Health and Science, Department of Health and Human Services (HHS) has contracted with John Snow, Inc. to administer the State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda project.

All material submitted regarding this project announcement becomes the property of the U.S. Department of Health and Human Services (HHS). HHS has the right to use any or all information/material presented in your proposal, subject to limitations for proprietary or confidential information. Disqualifications or denial of the proposal does not eliminate this right.

It is the responsibility of the applicant to identify proprietary information and request that the information be treated as such. Any additional restrictions on the use or inspection of material contained within the proposal shall be clearly stated in the proposal itself. The privacy policy for John Snow, Inc is available at <http://www.jsi.com/JSIInternet/privacy.cfm>. The HHS privacy policy is available at <http://www.hhs.gov/privacy.html>.

The contents of the proposal will become contractual obligations if the project is funded. ODPHP and the Regional Health Administrators, Office of Public Health and Science, and HHS reserve the right to request revisions to the budget and/or scope of work of any applicant.

## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

### **INSTRUCTIONS FOR SUBMITTING THE PROPOSAL**

Completed proposals must be received in the JSI office before 5pm MST on April 27, 2009. Please note that postmarks will not be accepted. Email is strongly encouraged. Please email one completed copy of the proposal to: [state\\_action@jsi.com](mailto:state_action@jsi.com).

*If email is **not an option**, please mail one copy to:*

John Snow, Inc.  
ATTN: Ann Loeffler  
1860 Blake Street, Suite 320  
Denver, Colorado 80202

***If you email your proposal, please do not mail a hard copy. Hard copy submissions are strongly discouraged.***

**State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

**FORM A**

**COVER PAGE**

Applicant Agency Name:

Eligible Entity Category (please select only one):

1. State Health Department
  2. U.S. Territory Health Department
  3. Federally recognized Indian Tribe, Tribal Organization, Tribal epidemiology center, and/or Urban Indian Organization. *Please specify which type(s) in the space below:*
- 

Address:

City, State:

Zip Code:

Proposal Contact:

Title of Contact :

Email:

Phone Number:

Fax:

TotalAmount Requested:  
(max. \$37,000)

\$

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Briefly provide a project proposal abstract in the space below:



**State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

**FORM B**

**APPLICANT DESCRIPTION PAGE**

**APPLICANT AGENCY NAME** \_\_\_\_\_

*Please limit your response to this form to **5 pages**.*

1. Briefly provide an overview of population health in your state. When appropriate, please include demographics, priority public health and health care statistics and health disparities.
2. What division or component within your agency will have lead responsibility for implementing this project? Describe this division's experience implementing similar projects.
3. List each member of the project team, title, project role, education and experience implementing similar projects.
4. Describe the role of your Healthy People state coordinator in this project, if one has been designated.
5. What other divisions or components within your agency will be involved with this project? Describe their role. What other state, territory or tribal agencies or offices will be involved? Describe their role.
5. Describe your organization's past experience in working across sectors to improve the health of your population and the results of this work.

**State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

**FORM C**

**PROJECT DESCRIPTION PAGE**

**APPLICANT AGENCY NAME** \_\_\_\_\_

*Please limit your response to this form to **5 pages**.*

1. Describe how your agency has used past (Healthy People 1990 and 2000) and is using the current (2010) Healthy People initiative. Please include the successes and challenges your agency has faced. If your agency has not used Healthy People before, please describe a similar strategic planning activity that your agency has engaged in.
  
2. Using the Healthy People 2020 framework and supporting concepts for improving population health, please address the following in a narrative description:
  - Identify each framework component, population health improvement concept, existing Healthy People 2010 focus area topic(s), or topics that address the determinants of health (social and physical environment, biology and genetics, health services, or individual behavior) that your project will address. Explain why you have chosen each component, concept, and/or topic.
  - Describe the activities you will implement under each (or multiple) framework component, concept or topic you have selected. Please support your choice of activities from the public health and/or science literature, planning tools, or based on past success with implementing this activity for strategic planning purposes.
  - If not directly tied to your activity (s), describe how you will involve multi-sectoral and interdisciplinary perspectives and contributions to your project.
  - What products (e.g. meeting summaries, organization strategic plan, timeline, logic model, webpage, community assessment results, agency policies/proposed legislation) will you provide as a deliverable (s) for each of your proposed activities?
  - Describe how this evaluation project will complement your agencies Healthy People 2020 state, territory or tribe(s) planning activities in progress or under consideration, or the use of the national Healthy People 2020 objectives (expected release in 2010)

**AGREEMENT TO COMPLETE EVALUATION (REQUIRED)**

I agree to participate in an evaluation of this project and complete a report of how funds were spent by June 15, 2010.

\_\_\_\_\_  
Name of Responsible Party

\_\_\_\_\_  
Date

Email Address of Responsible Party: \_\_\_\_\_

Phone Number of Responsible Party: \_\_\_\_\_

**State Action: Evaluating the Healthy People 2020 Disease  
Prevention and Health Promotion Agenda**

**FORM D**

**PARTNERSHIPS DESCRIPTION PAGE**

**APPLICANT AGENCY NAME** \_\_\_\_\_

If you are partnering with other external groups on this proposal, please complete this form and submit a signed letter of commitment for each partner organization listed.

<b>Partner Organization Name</b>	<b>Length (years) of relationship with applicant organization</b>	<b>Partner's area of expertise</b>	<b>Role/responsibility in the planning and implementation of this project</b>	<b>Description of resources (financial and in-kind) to be committed to this project</b>

**State Action: Evaluating the Healthy People 2020 Disease  
Prevention and Health Promotion Agenda**

**FORM E**

**PROJECT WORK PLAN PAGE**

**APPLICANT AGENCY NAME** \_\_\_\_\_

Please limit your response to this form to **5 pages**.

**In the table below (or attach your own form), please describe your planned activities.**

**PROJECT GOAL/OBJECTIVE(S):**

<b>Activity</b>	<b>Start Date</b>	<b>End Date</b>	<b>Person Responsible</b>

**State Action: Evaluating the Healthy People 2020 Disease  
Prevention and Health Promotion Agenda**

**FORM F**

**BUDGET FORM**

**APPLICANT AGENCY NAME** \_\_\_\_\_

List each of your expected costs associated with your proposed work plan in the table below (or attach your own form). Please note that indirect costs are not allowable as a percent of total costs. To include indirect costs, please list and justify them in this table. If your project is relying on funds in addition to this award, please also include them on this form.

<b>Item Description</b>	<b>Cost(\$)</b>	<b>Justification</b>	<b>Funding Source</b>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<b>Totals</b>			

**State Action: Evaluating the Healthy People 2020 Disease  
Prevention and Health Promotion Agenda**

**FORM G**

**BUDGET INFORMATION**

**APPLICANT AGENCY NAME** \_\_\_\_\_

**Name of Person responsible for managing the project funds:**

Position with agency:

Address:

Zip Code:

Email:

Telephone:

# State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda

ATTACHMENT A

## *Healthy People 2020 Proposed Framework (3.12.09)*

*The vision, mission and overarching goals provide structure and guidance for achieving the Healthy People 2020 objectives. While general in nature, they offer specific, important areas of emphasis where action must be taken if the United States is to achieve better health by the year 2020. Developed under the leadership of the Federal Interagency Workgroup (FIW), the Healthy People 2020 framework is the product of an exhaustive collaborative process among HHS and other Federal agencies, public stakeholders, and the advisory committee.*

### Vision

A society in which all people live long, healthy lives.

### Mission

Healthy People 2020 strives to:

- Identify nationwide health improvement priorities;
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress;
- Provide measurable objectives and goals that are applicable at the national, state, and local levels;
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge;
- Identify critical research, evaluation, and data collection needs.

### Overarching Goals

- Attain high quality, longer lives free of preventable disease, disability, injury, and premature death.
- Achieve health equity, eliminate disparities, and improve the health of all groups.
- Create social and physical environments that promote good health for all.
- Promote quality of life, healthy development and healthy behaviors across all life stages.

# **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

## ***Framework Background***

For three decades, Healthy People has provided a comprehensive set of national 10-year health promotion and disease prevention objectives aimed at improving the health of all Americans. It is grounded in the notion that establishing objectives and providing benchmarks to track and monitor progress over time can motivate, guide, and focus action. Healthy People 2020 will continue in the tradition of its predecessors to define the vision and strategy for building a healthier Nation.

### **I. Healthy People 2020 Development Process**

The Healthy People 2020 framework consists of a vision, mission, and overarching goals. The framework uses a risk factors and determinants of health approach to inform and guide improvements in health. It builds on past iterations of Healthy People. It is the product of a multi-year process and reflects deliberative input from a diverse array of individuals and organizations, both within and outside the Federal government, with a common interest in improving the Nation's health. The framework constitutes Phase I of the Healthy People 2020 development process and provides the foundation for Phase II, the development of specific objectives and strategies to achieve them. The development process will culminate in 2010 with the launch of the objectives, their baselines and targets, and implementation strategies for achieving the targets.

#### Federal Interagency Workgroup

Within the Federal government, a Federal Interagency Workgroup (FIW) led the development effort. The FIW members include representatives from US Department of Health and Human Service agencies and offices as well as the US Departments of Agriculture, Education, Housing and Urban Development, Justice, Interior and Veterans Affairs, and the Environmental Protection Agency. The participation of other Federal entities is expected to expand throughout the development process. The FIW and its various subgroups met regularly and frequently over an 18-month period to develop the Healthy People 2020 framework. During its deliberations, the FIW drew on the diverse backgrounds and expertise of its member agencies, lessons learned from past Healthy People efforts, broad-based public comment, and the work of the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020.

#### Public Comment

Far reaching public input has been sought through a variety of mechanisms throughout the development process to ensure that Healthy People 2020 will reflect the needs and warrant the commitment of a broad spectrum of stakeholders. Stakeholders range from Federal, state and local government agencies to private sector organizations and businesses to public health professionals and policy makers. Public comment was received during a series of six regional meetings across the country, via a public comment website, during a public meeting of the advisory committee, and through a request for public comment published in the *Federal Register*.



## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

### Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives

HHS convened the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020 to aid in the development of Healthy People 2020. Its 13 members are nationally known experts with diverse expertise on different aspects of public health. The fully public-member advisory committee was charged with providing advice and consultation to the Secretary on the development and implementation of the national objectives. During the first phase of its work (January 2008 – October 2008), the advisory committee and its subcommittees produced recommendations for the Healthy people format, framework, and guidelines for implementation. Over the course of its deliberations, the advisory committee considered the work of the FIW, subject area experts, and public comment.

### **II. The Importance of an Ecological and Determinants Approach to Health Promotion and Disease Prevention**

Health and health behaviors are determined by influences at multiple levels, including personal (i.e., biological, psychological), organizational/institutional, environmental (i.e., both social and physical), and policy levels. Because significant and dynamic inter-relationships exist among these different levels of health determinants, interventions are most likely to be effective when they address determinants at all levels. Historically, many health fields have focused on individual-level health determinants and interventions. Healthy People 2020 should therefore expand its focus to emphasize health-enhancing social and physical environments. Integrating prevention into the continuum of education—from the earliest ages on—is an integral part of this ecological and determinants approach.

### **III. The Role of Health Information Technology and Health Communication**

Health IT and health communication should be encouraged and supported as being an integral part of the implementation and success of Healthy People 2020. Efforts should include building and integrating, where feasible, the public health IT infrastructure in conjunction with the National Health Information Network; extending the ONC-Coordinated Federal Health IT Strategic Plan: 2008-2012 developed by the HHS Office of the National Coordinator; integrating the various aspects of IT to meet the direct needs of Healthy People 2020 for measures and interventions; building on current health literacy and health communication efforts.

### **IV. Addressing "All Hazards" Preparedness as a Public Health Issue**

Since the 2000 launch of Healthy People 2010, the attacks of September 11, 2001, the subsequent anthrax attacks, the devastating effects of natural disasters such as hurricanes Katrina and Ike, and concerns about an Influenza pandemic have added urgency to the importance of preparedness as a public health issue. Being prepared for any emergency must be a high priority for public health in the coming decade, and Healthy People 2020 should

## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

highlight this issue. Because preparedness for all emergencies involves common elements, an "all hazards" approach is necessary.

# State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda

## ATTACHMENT B

### Background - Excerpts from Healthy People 2010 (determinants of health)\*

**Biology** refers to the individual's genetic makeup (those factors with which he or she is born), family history (which may suggest risk for disease), and the physical and mental health problems acquired during life. Aging, diet, physical activity, smoking, stress, alcohol or illicit drug abuse, injury or violence, or an infectious or toxic agent may result in illness or disability and can produce a "new" biology for the individual.

**Behaviors** are individual responses or reactions to internal stimuli and external conditions. Behaviors can have a reciprocal relationship to biology; in other words, each can react to the other. For example, smoking (behavior) can alter the cells in the lung and result in shortness of breath, emphysema, or cancer (biology) that then may lead an individual to stop smoking (behavior). Similarly, a family history that includes heart disease (biology) may motivate an individual to develop good eating habits, avoid tobacco, and maintain an active lifestyle (behaviors), which may prevent his or her own development of heart disease (biology).

Personal choices and the social and physical environments surrounding individuals can shape behaviors. The social and physical environments include all factors that affect the life of individuals, positively or negatively, many of which may not be under their immediate or direct control.

**Social environment** includes interactions with family, friends, coworkers, and others in the community. It also encompasses social institutions, such as law enforcement, the workplace, places of worship, and schools. Housing, public transportation, and the presence or absence of violence in the community are among other components of the social environment. The social environment has a profound effect on individual health, as well as on the health of the larger community, and is unique because of cultural customs; language; and personal, religious, or spiritual beliefs. At the same time, individuals and their behaviors contribute to the quality of the social environment.

**Physical environment** can be thought of as that which can be seen, touched, heard, smelled, and tasted. However, the physical environment also contains less tangible elements, such as radiation and ozone. The physical environment can harm individual and community health, especially when individuals and communities are exposed to toxic substances; irritants; infectious agents; and physical hazards in homes, schools, and worksites. The physical environment also can promote good health, for example, by providing clean and safe places for people to work, exercise, and play.

**Policies and interventions** can have a powerful and positive effect on the health of individuals and the community. Examples include health promotion campaigns to prevent smoking; policies mandating child restraints and safety belt use in automobiles; disease prevention services, such as immunization of children, adolescents, and adults; and clinical services, such as enhanced mental health care. Policies and interventions that promote individual and community health may be implemented by a variety of agencies, such as transportation, education, energy, housing, labor,

## **State Action: Evaluating the Healthy People 2020 Disease Prevention and Health Promotion Agenda**

justice, and other venues, or through places of worship, community-based organizations, civic groups, and businesses.

The health of individuals and communities also depends greatly on **access to quality health care**. Expanding access to quality health care is important to eliminate health disparities and to increase the quality and years of healthy life for all people living in the United States. Health care in the broadest sense not only includes services received through health care providers but also health information and services received through other venues in the community.

\*Source: Healthy People 2010 Volume I. U.S. Department of Health and Human Services. November 2000.

## ATTACHMENT C

### Project Abstracts

Proposals were reviewed based on assignments to different reviewers

Region	Submitter Name	City	State	Proposal Contact	Contact Email	Project Abstract (from proposal)	Amount Requested
1	Massachusetts Department of Public Health	Boston	MA	Catherine O'Connor	<a href="mailto:Cathy.OConnor@state.ma.us">Cathy.OConnor@state.ma.us</a>	The proposed project – Evaluating the Use of a Social Determinants Framework for Local and Regional Health Equity Planning – flows directly from the Healthy People 2000 and 2010 activities. Three Regional Offices of the Department of Public Health will work with three distinct communities, New Bedford, Cambridge/Somerville and Holyoke. The Project will use the Healthy People frameworks of social determinants of health and health equity to address local and regional health concerns across disease categories. The Greater New Bedford Community Health Network Area (CHNA) will engage its community on the social determinants of health in relation to health equity. The Cambridge/ Somerville CHNA will employ a social determinants framework to inform its decisions about how to use community benefit dollars derived from the Determination of Need process when providers agree to set aside community benefit funds as part of their capital projects. The Holyoke CHNA will employ the social determinants framework to inform itself and local policymakers in regard to the local built environment and further they have made to improve physical activity and diet through local gardens and markets.	\$37,000
2	St. Regis Mohawk Health Services	Hogansburg	NY	Debra Martin	<a href="mailto:dterr@regis.nashville.ihs.gov">dterr@regis.nashville.ihs.gov</a>	This project seeks to address two related issues: The Healthy People 2020 framework component of The Role of Health Information Technology and Health Communication and the Healthy People 2010 determinate of health, access to care. This project addresses both if these issues in the form of access to data gathered by the State of New York on AI/AN patients. This project seeks to determine an agreeable method of accessing The Statewide Planning and Research Cooperative System (SPARCS) dataset. As a result of this project a lessons learned document will be created so that other Tribes/States will have a guide to follow for similar negotiations. Also, this project will help to facilitate the importance of data surrounding AI/AN people by producing patient training materials on the importance of AI/AN, as well as producing a training video geared toward hospital and state workers.	\$37,000

Region	Submitter Name	City	State	Proposal Contact	Contact Email	Project Abstract (from proposal)	Amount Requested
	New York State Department of Health/Health Research Incorporated	Albany	NY	Sylvia Pirani	<a href="mailto:Sjp03@health.state.ny.us">Sjp03@health.state.ny.us</a>	The New York State Department of Health's Office of Public Health Practice will collaborate with a diverse collaboration of professionals, consumers and inter-sectoral partners to operationalize the Healthy People 2020 framework to the "nutrition and physical activity" focus area. This focus area is a key priority of the Department's Prevention Agenda toward the Healthiest State. The Institute of Healthcare Improvement's Breakthrough Series Collaborative methodology will be adapted and applied to three local communities. Local communities, experts and the state DOH will collaborate to identify short-term measures, and implement and evaluate strategies to address the nutrition/physical activity focus area. The end products will be: (1) Community assessment and/or health impact assessment reports for the three collaboratives; (2) A publishable paper of three policy changes to improve nutrition/physical activity at the organizational, local or state level with analysis of their successes and failed attempts; and (3) a Blueprint for "spread" to other communities.	\$36,873
	Virgin Islands Department of Health	St. Croix	VI	Julia Sheen-Aaron	<a href="mailto:actingcommissionersheen@usvi-doh.org">actingcommissionersheen@usvi-doh.org</a>	The Virgin Islands Department of Health will use the various services and resources of its programs to Partner with the various Territorial organizations to address the 'entire' aspect of health in the Virgin Islands. We are forming a collaboration to share resources, information, services and to move into service collaboration with emphasis on an organization of preparation in case of a natural disaster. The VIDOH will produce a schematic of collaboration between the various organizations to address the needs of the Virgin Islands.	\$37,000

Region	Submitter Name	City	State	Proposal Contact	Contact Email	Project Abstract (from proposal)	Amount Requested
3	Virginia Department of Health	Richmond	VA	Karen Remley	<a href="mailto:Karen.Remley@vdh.virginia.gov">Karen.Remley@vdh.virginia.gov</a>	<p>The proposed project will position the Commonwealth of Virginia as a best practice site in using Healthy People 2020 (HP 2020) to inform and guide statewide health and public policy decisions in order to promote health and health equity. Products will include a comprehensive HP2020 tool kit that will include resources that educate and provide guidance on integrating health equity and the social determinants of health vision into the strategic plans of all state agencies within the Commonwealth. In addition, Virginia's State Health Commissioner will lead in-person trainings with the Governor, senior agency heads, and key legislators in the Commonwealth. Participants will receive the above referenced materials and will have access to additional training tools through a web-based training resource based on the HP2020 framework. An anticipated outcome of this proposal is that each of Virginia's state agencies will integrate HP2020 objectives into their strategic plans and performance measures. This will lead Virginia to incorporate HP2020 goals and objectives into the state's performance leadership and accountability system Virginia Performs. This will, in turn, enable Virginia to quantify its success in promoting health and eliminating health inequities.</p>	\$37,000



Region	Submitter Name	City	State	Proposal Contact	Contact Email	Project Abstract (from proposal)	Amount Requested
4	GA Department of Community Health, Office of Health Improvement	Atlanta	GA	Kristal L. Ammons	<a href="mailto:kammons@dch.ga.gov">kammons@dch.ga.gov</a>	<p>The Georgia Department of Community Health’s Office of Health Improvement (OHI) and its Minority Health Advisory Council implemented the Georgia Health Equity Initiative in 2006. The initiative began in April 2008, with the development and dissemination of the Georgia Health Disparities Report 2008: <i>A County-Level Look at Health Outcomes for Minorities in Georgia</i>. Detailed racial/ethnic specific data on the health status of Georgia’s minority populations, data and information is available to inform policy and provide information and guidance to health policy makers, healthcare advocates, health systems, practitioners, and the community to eliminate disparities in healthcare and improve health outcomes for Georgia’s minority populations. The report demonstrates an effective method for on-going surveillance of health disparities at the local level. Framing the critical issues presents Georgia with opportunities to work collaboratively with local/regional communities to develop strategies for eliminating disparities. The implementation strategy included a series of 11 Community</p> <p>Conversations in every region of our state and the awarding of 15 health equity grants in response to a request for proposals and over 100 applications were received. The OHI is currently focusing on establishing the Georgia Academy for Health Equity. The OHI and its Minority Health Advisory Council (MHAC) propose to work to mobilize select communities that have expressed a desire to collaborate and form health equity coalitions to reduce health disparities in their local areas/regions. Portions of this project will focus on collecting data developing a supplemental report on Asian Pacific Islander populations that will allow the state to develop tailored initiatives specific to the population’s needs. The outcome of these efforts will support the development of a second iteration of the Georgia Health Disparities report. This will provide an update of data, address community feedback, and further develop data points on populations and areas where more information is needed to address and eliminate racial and ethnic disparities. The office requests \$37,000.00 to fund the “Communities Addressing Racial/Ethnic Health Disparities (CARD) Initiative</p>	\$37,000

Region	Submitter Name	City	State	Proposal Contact	Contact Email	Project Abstract (from proposal)	Amount Requested
4	North Carolina Department of Public Health	Raleigh	NC	Dr. Ruth Peterson/ Debi Nelson	<a href="mailto:Debi.nelson@ncmail.net">Debi.nelson@ncmail.net</a> ; <a href="mailto:Ruth.Petersen@ncmail.net">Ruth.Petersen@ncmail.net</a>	North Carolina proposes a process using community based participatory and social marketing approaches to obtain input from community members, especially those minority or underserved populations at risk of health disparities, in the shaping of 2020 objectives and in the response to meeting those objectives. This will include two parts: 1) preparing individuals to provide input on the development of 2020 objectives given their perspective on health determinants in their community, and 2) helping communities move forward in effectively intervening through evidenced-based policy, programs and interventions so that the improvements in outcomes in their local communities align with reaching the statewide health objectives.	\$37,000
5	Minnesota Department of Health	St. Paul	MN	Debra Burns	<a href="mailto:debra.burns@state.mn.us">debra.burns@state.mn.us</a>	This project addresses several inter-related aspects of the Healthy People 2020 framework-- health equity, eliminating health disparities, and social determinants of health. We will convene a multisectoral partnership to delve into one important aspect of social capital--social connectedness. We will develop and test a model process for working collectively to identify a small set of indicators, review the literature on evidence-based practices, and identify roles, contributions and accountabilities for partner organizations in improving social connectedness, while learning together about how those actions ultimately will improve the health and viability of the whole community and the state. This work will be an important aspect of Healthy Minnesotans 2020 and Minnesota's next phase of work to eliminate health disparities.	\$37,000

Region	Submitter Name	City	State	Proposal Contact	Contact Email	Project Abstract (from proposal)	Amount Requested
	5 Great Lakes Inter-Tribal Epidemiology Center	Lac Du Flam	WI	Kristin Hill	<a href="mailto:khill@qlitc.org">khill@qlitc.org</a>	Emphasizing multi-sector collaboration, and in partnership with local, state, and Tribal organizations in Wisconsin, the Great Lakes Inter-Tribal Epidemiology Center will use the Healthy People 2020 framework, disease prevention and health promotion agenda, and population health improvement concepts, specifically those related to the social determinants of health, in order to have a guided discussion about substance abuse treatment and prevention in Tribal communities. Primary deliverables from the project will include 1) assessment of St. Croix community and general professional knowledge, beliefs, and attitudes around substance abuse in Wisconsin Tribal communities 2) evaluation of Healthy People 2010 and Healthy People 2020 as tools for Tribal community health planning and needs assessment, and 3) Draft strategic plan for addressing substance abuse in St. Croix and potentially other Wisconsin Tribal communities.	\$36,928
	6 Arkansas Department of Health	Little Rock	AR	Namvar Zohoori	<a href="mailto:Namvar.Zohoori@arkansas.gov">Namvar.Zohoori@arkansas.gov</a>	By conducting Regional and State Chronic Disease Forum meetings to plan and develop the 2010 Chronic Disease State Plan with a web-based application, Arkansas will further its integrated approach to chronic disease prevention and management while intersecting our efforts with pertinent Healthy People 2020 goals and objectives. This project will have a strong emphasis on public participation to address the need to be more inclusive and accommodating to other areas of the state, to attract more public engagement, to receive better guidance and direction on establishing strategies to meet the plan's goals and objectives, and to encourage community feedback and participation. Meeting reports and public comments from will be analyzed to ensure Arkansas Chronic Disease Plan goals align with Healthy People 2020 Goals and Objectives. This information will then lead to a more focused and targeted Chronic Disease State Plan with defined metrics. Through the establishment of a website and utilization of an online survey tool, a feedback loop of intervention, assessment, and dissemination of best practices will be used for the identification of effective prevention strategies occurring in the state.	\$35,728

Region	Submitter Name	City	State	Proposal Contact	Contact Email	Project Abstract (from proposal)	Amount Requested
7	Nebraska Division of Public Health	Lincoln	NE	David Palm	<a href="mailto:david.palm@nebraska.gov">david.palm@nebraska.gov</a>	The Nebraska Healthy People 2020 Framework will include several components. The goal is to develop these components so that they are multidimensional and action-oriented, but also allow the users to access the information efficiently. A social-ecological model will be used as the foundation for the 2020 plan, which will allow users to view the objectives and the intervention strategies more broadly and comprehensively. This model forces users to address the major health determinants, racial/ethnic health disparities, and encourages them to apply a multifaceted approach with a mix of policies and programs to achieve changes in behaviors, improve access to care, build a stronger infrastructure, and improve outcomes. A Multisector Coalition will be formed to examine all of the framework components and to develop Nebraska's Healthy People 2020 plan. The coalition will include partners who can contribute varied perspectives to the effort.	\$37,000

Region	Submitter Name	City	State	Proposal Contact	Contact Email	Project Abstract (from proposal)	Amount Requested
7	Kansas Department of Health and Environment	Topeka	KS	Roderick L. Bremby	<a href="mailto:rbremby@kdheks.gov">rbremby@kdheks.gov</a>	The Kansas Department of Health and Environment (KDHE) proposes to participate in ODPHP's evaluation of the utility of the Healthy People 2020 framework as a guide for developing program and policy for state, regional and community partners and stakeholders. The KDHE will utilize past experience and strong partnerships to execute a highly participatory strategic planning process, emphasizing multi-sector collaboration and new technology for consensus building. The process will be inspired by the evolving Healthy People 2020 framework and population health improvement concepts to identify health priorities, resulting in an action plan for improving the health of Kansans. The KDHE and its partners will develop recommendations for systems changes that result in a more integrated approach to address health determinants and diseases/conditions, an approach that was strongly embraced during the state's Healthy Kansans 2010 planning process. The recommendations will form a comprehensive and evaluated approach to addressing Healthy People 2020 at the state level.	\$36,921
8	None						
9	AZ Department of Health Services, Arizona Health Disparities Center	Phoenix	AZ	Zipaty Mendoza	<a href="mailto:Zipaty.mendoza@azdhs.gov">Zipaty.mendoza@azdhs.gov</a>	The Arizona Health Disparities Data Profiles will compare leading indicators of health status and health access for racial and ethnic populations relative to the white population of Arizona. The analyses will be presented in the context of current social and economic conditions affecting health outcomes. The AZ Health Disparities Center supports the national Healthy People 2020 overarching goals. The AZ data profiles will provide a framework for HP 2020 on the measurement and reporting of health disparities in Arizona. The data profiles will be most useful for public health and healthcare practitioners, state and local leaders, researchers, community-based organizations, and others working to identify health priorities to achieve health equity improvements in Arizona.	\$36,825

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9	Nevada State Health Division	Carson City	NV	Alicia Chancellor Hansen	<a href="mailto:ahansen@health.nv.gov">ahansen@health.nv.gov</a>	<p>The Nevada State Health Division (NSHD) is requesting funds to complete the following two activities in order to enhance the existing state activities to develop a Healthy People 2020 plan based on the revised national framework:</p> <ol style="list-style-type: none"> <li>1. Develop a comprehensive Healthy People report that includes the following:                             <ol style="list-style-type: none"> <li>a. Analysis of Nevada’s progress on the Healthy People 2010 objectives,</li> <li>b. An overview of Healthy People 2020 framework,</li> <li>c. For those Healthy People 2020 objectives that may be the greatest challenge for Nevada, an overview of best practices to address those issues, and</li> <li>d. Discussion of health trends in each county/locality in the state and identification of major racial/ethnic disparities.</li> </ol> </li> <li>2. Complete a statewide tour to present the findings of the Healthy People report to various multi-disciplinary stakeholders and share information on the local needs identified.</li> </ol>	\$37,000
10	None						