Objectives-Setting for Improved Health:
The Public Health Service Healthy People Program

This case study was developed by Ashley Coffield, Deborah Maiese, and Earl Fox in the Office of Disease Prevention and Health Promotion (ODPHP), Office of Public Health and Science, Department of Health and Human Services. ODPHP would like to thank the American Society for Public Administration Task Force on Government Accomplishment and Accountability for the opportunity to participate in this important project of identifying and describing strategic planning and outcome measurement efforts in the Federal government.

The Department of Health and Human Services, U.S. Public Health Service, has been monitoring, tracking, and publicly reporting progress in meeting national health goals and objectives for over 16 years. In collaboration with States, communities, and the private and voluntary sectors, the U.S. Public Health Service (PHS) has established a framework for action based on realistic opportunities to improve the health of the American people. Published in 1979, *Healthy People: the Surgeon General's Report on Health Promotion and Disease Prevention*, laid the foundation to continue the process of seeking improvement in health. In 1990, the PHS established year 2000 targets in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*.

As the Nation's prevention agenda, *Healthy People 2000* lays out a 10-year plan of what is possible for Americans to achieve in improving health and quality of life for all. As overall coordinator of *Healthy People 2000*, the Office of Disease Prevention and Health Promotion (ODPHP), a program office in the Office of Public Health and Science, works with the PHS agencies, other Federal agencies and departments, and members of the *Healthy People 2000* Consortium to reach all Americans with effective disease prevention and health promotion messages and activities. The goals and objectives are unifying in that they provide the Nation with a sense of what can and ought to be achieved in health when we work collectively. In addition they have been used by Federal health agencies to provide direction and measure performance in a variety of program areas.

The key elements of this case study that may be of interest to other Federal agencies include

PHS's collaboration with the private sector and the States in setting the objectives and achieving the targets; the accountability process established within the PHS to help ensure that momentum toward meeting the objectives is maintained; and the methods used to expand interest and participation in *Healthy People 2000* activities. While this case study illustrates the use of strategic planning and outcome measurement, it should be understood that *Healthy People 2000* is not a system for assessing the performance of PHS as a whole or of PHS agencies.

I. Context

Applying private sector objective-setting principles to public health began at the Federal level in 1979 when the PHS set the first national health goals. With the publication of *Healthy People: the Surgeon General's Report on Health Promotion and Disease Prevention*, PHS established national mortality reduction goals for four age groups. Goals to be achieved by 1990 included a 35 percent reduction in infant mortality; a 20 percent reduction in childhood deaths; a 20 percent death rate reduction for adolescents and young adults; and a 25 percent death rate reduction for adults ages 25 to 64 years. For persons over age 65, *Healthy People* set a target in reducing the number of disability days, with the goal of improving the quality of life for older adults.

The development of these broad goals and the subsequent development of specific and quantifiable objectives necessary to attain these goals was precipitated by a recognition in the Department that a "second public health revolution" should be encouraged. While the first revolution in public health controlled many infectious diseases (e.g., eradication of smallpox worldwide), there was a need to move the focus of the Nation's health system away from the costly cures of medical care toward prevention of death and disability from chronic illnesses, such as heart disease, cancer, and stroke. New knowledge from research has increased the capacity of public health officials to develop effective prevention strategies in these areas.

To identify specific objectives for obtaining the goals, the PHS examined factors that determine health status and have the potential to prevent disease and premature death. PHS officials developed analytical background papers on 15 disease prevention/health promotion priority areas, focusing on biological, behavioral, environmental, and social risk factors as well as interventions

and services proven in the scientific literature to reduce morbidity and mortality. These papers were then reviewed by 167 experts, including health care providers, academicians, State and local health officials, and staff of voluntary health associations. These experts participated with PHS officials in a 1979 conference to create the first draft of objectives for 15 priority areas. The papers and draft objectives were published in the *Federal Register* and circulated to more than 2,000 organizations and individuals for review and comment.

The result of this collaboration was *Promoting Health/Preventing Disease: Objectives for the Nation*. This 1980 publication set 226 objectives with targets for achievement by 1990. The objectives addressed: improvement in health status; reduction in risks to health; increases in public and professional awareness; improvement and expansion of health services and protective measures; and enhancement of surveillance measures and research efforts.

II. Strategic Planning and Development of *Healthy People 2000* Goals and Objectives

The 1990 objectives-setting effort laid the foundation for a prevention agenda for the year 2000. Over a three-year period beginning in 1987, a collaboration was launched to develop a prevention agenda for the year 2000. The Institute of Medicine of the National Academy of Sciences (IOM), under a cooperative agreement with the PHS, invited national membership organizations from across the country to join in the development of the Nation's health promotion and disease prevention objectives through participation in the *Healthy People 2000* Consortium. At the outset of this planning process, the Consortium consisted of 157 organizations including all State and Territorial health departments.

Consortium members were invited to present testimony at seven regional hearings hosted by schools of public health in Los Angeles, Birmingham, Houston, Seattle, Denver, Detroit, and New York City. A panel consisting of PHS regional health administrators, other PHS officials, and members of the Association of State and Territorial Health Officials heard the invited testimony and other public comment. Another 18 hearings were held in conjunction with the annual meetings of Consortium member organizations. Through these hearings, the IOM collected some 800 pieces of written and oral testimony.

PHS lead agencies used this testimony to draft the year 2000 prevention objectives. Objectives-development was based on the following principles: the objectives had to be **credible**, reflecting available scientific evidence; it was preferred that they **continued** to track the 1990 objectives; they had to be **compatible** with the goals already adopted by federal agencies and health organizations; they had to be **relevant** and **understandable** to a wide audience; and the primary criterion was that the objectives had to be **measurable**.

A draft of the objectives was released in September 1989. Public comment continued to flow to PHS and was used by the lead agencies to create a consensus document. Released in September 1990, *Healthy People 2000: the National Health Promotion and Disease Prevention Objectives*, launched a 10-year national initiative to improve the health of all Americans. This collaboration of States, academics, private and voluntary organizations, and interested individuals ensured that the goals and objectives of *Healthy People 2000* are not simply those of the Federal government, but are national in scope. The combined efforts of the public and private sectors are requisite to these targets being achieved.

While the construct as a whole has few detractors, there are critics of specific objectives, targets, and measures. Some who were involved in the 1987-1990 objectives development process remember the "battles" over the wording of objectives and claim that staff made modifications over their objections. A comparison of the 1989 draft of the objectives with the final 1990 publication does show that substantial revisions were made based on public comment. The best example of a measurement dispute is with the first goal of *Healthy People 2000*--increase the years of healthy life for all Americans--which is a summary measure of a person's perceived health status and activity limitations juxtaposed with life expectancy data. This measure moves the public health community from measuring mortality and years of potential life lost to a measure of quality of life years. This first attempt to move into the realm of morbidity assessment has been met with skepticism by statisticians who believe that a summary measure masks the details. Continuation of this goal in the next century remains an open question.

III. The *Healthy People 2000* Strategic Plan and Indicators of Outcomes/Results

The three goals of *Healthy People 2000* are to:

- Increase the span of healthy life for all Americans;
- Reduce health disparities among Americans; and
- Achieve access to preventive services for all Americans.

The 300 Healthy People 2000 objectives are organized into 22 priority areas (see Table 1). The order of priority areas and the assignment of numbers does not reflect a ranking or hierarchy. The priority areas are one of three types: health promotion, health protection, or preventive services. Health promotion relates to individual lifestyle choices, such as exercise, diet and other behaviors. Health protection relates to environmental and regulatory measures, such as occupational safety and food and drug safety. Preventive services includes counseling, screening, and other interventions in a clinical setting. Surveillance and data systems, priority area 22, monitors the ongoing efforts to track the objectives and provides the foundation for knowledge about all of the priority areas.

The age-related mortality objectives for children, adolescents and young adults, and adults set in 1979 continued to be tracked. For older adults, a new measure seeks to preserve independence by reducing the proportion of people aged 65 and older who have difficulty in performing two or more personal care activities.

Table 1

Healthy People 2000 Priority Areas

Health Promotion

1. Physical Activity
2. Nutrition
3. Tobacco
4. Substance Abuse: Alcohol and Other Drugs
5. Family Planning
6. Mental Health and Mental Disorders
7. Violent and Abusive Behavior
8. Education and Community-Based Programs

Health Protection

9. Unintentional Injuries
10. Occupational Safety and Health
11. Environmental Health
12. Food and Drug Safety
13. Oral Health

Preventive Services

14. Maternal and Infant Health
15. Heart Disease and Stroke
16. Cancer
17. Diabetes and Chronic and Disabling Conditions
18. HIV Infection
19. Sexually Transmitted Diseases
20. Immunization and Infectious Diseases
21. Clinical Preventive Services

Surveillance and Data Systems

22. Surveillance and Data Systems

Healthy People 2000 explicitly recognizes that "progress toward a healthier America will depend substantially on improvements for certain populations that are at especially high risk." High risk is defined in terms of worse rates or a differing trend than for the overall population. Racial, ethnic, gender, and age-specific special population targets ("subobjectives") were set to focus the attention of the Nation on eliminating disparities and thereby move the country toward achieving the second goal of *Healthy People 2000*. Targets for people with low-income and people with disabilities were also established. An example of a special population target can be found in the Maternal and Infant health priority area addressing infant mortality (see Figure 2).

Table 2 - Special Population Targets - Sample

Maternal and Infant Health

14.1 Reduce the infant mortality rate to no more than 7 per 1,000 live births.
(Baseline: 10.1 per 1,000 live births in 1987)

Special Population Targets

Infant Mortality (per 1,000 live births)	*1987 Baseline*	*2000 Target*
14.1a Blacks	18.8	11.0
14.1b American Indians/Alaskan Natives	13.4	8.5
14.1c Puerto Ricans	12.9	8.0

The third goal of *Healthy People 2000* is monitored with the objectives in priority area 21, Clinical Preventive Services. These objectives monitor the number of Americans with health insurance coverage as well as the number receiving preventive health services at intervals recommended by the U.S. Preventive Services Task Force.

Because *Healthy People 2000* is a national plan and not just a Federal one, the plan explicitly recognizes that it will require collaboration between the public and private sectors and levels of government to achieve the objectives. Many factors contribute to the outcomes identified in the plan (e.g., teenage pregnancy is affected by a multitude of social and behavioral factors in addition to Federally-funded interventions). Progress in meeting the objectives does not translate directly

to Federal *credit* for successes, but to the Federal *contribution* to health improvement.

IV. Use and Impact of Strategic Planning and Information on Outcomes/Results

To coordinate the tracking and attainment of the 1990 objectives, the Assistant Secretary for Health assigned an agency of the Public Health Service with lead responsibility for each of the 15 priority areas and required them to report regularly on their efforts to achieve the 1990 targets. With overall guidance provided by ODPHP, lead agencies in the PHS continue to coordinate each *Healthy People 2000* priority area, presenting a progress review on each priority area to the Assistant Secretary for Health (ASH) approximately every three to four years.

Most lead agencies have formed work groups for each priority area with representatives from other Federal agencies and departments, State governments, and private and voluntary agencies. In collaboration with the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS), the work groups explore data sources, assuring that surveillance systems are in place to track the objectives. The Office of Minority Health has also designated lead staff for each priority area and cross cutting group to ensure that special population targets are appropriately addressed. In preparation for the progress reviews, the work groups identify problem areas and strategies for improving prevention efforts. At the progress reviews, the lead agency head reports to the ASH on the status of the objectives and is available to answer questions regarding the agency's current efforts. The baseline data are presented as well as the most current information available to show whether progress is being made or whether the Nation is losing ground. Interagency and interdepartmental representation at the progress review ensures that the lead agency collaborates with others at the Federal level. The private sector and State and local representatives are in attendance as further assurance that problems will be addressed and collaborative strategies identified.

Following each progress review, the ASH sends a memo to the PHS agency head outlining strategies identified in the progress review and deadlines for actions. The lead agency head addresses the specific steps they will take to pursue the strategies and meet the deadlines. Issues addressed in the ASH's memo include programmatic initiatives, surveillance improvements, and interagency and programmatic collaborations. Ideally, these memos serve as platforms for action

and direction in planning next steps toward achieving the objectives. A Progress Report summarizing the meeting with the ASH is prepared and publicly distributed. Progress Reports give the current data on the objectives and the strategies PHS and its partners will pursue to overcome barriers and make progress in reaching the targets (see sample in Exhibit I).

Although critical to maintaining the relevance and usefulness of *Healthy People 2000*, the engagement of lead agencies in this process varies, with some agencies investing higher levels of effort in the process than others. While preparation for a progress review is the only motivation for convening a work group meeting for some agencies, others use the work groups to collaborate on an on-going basis on prevention efforts. For example, some agencies engage only their own employees in the process, while others go to great lengths to include other Federal, State, and local government agencies and the private sector making use the work group a forum for communication and action.

In addition to managing the progress reviews, ODPHP convenes quarterly meetings of the *Healthy People 2000* Steering Committee. Originally made up of representatives from each of the lead PHS agencies, the membership was expanded in 1995 to include representatives from the Health Care Financing Administration, the Administration on Children and Families, and the Administration on Aging. These additions reflect the reorganization of the Department of Health and Human Services and draw in partner agencies in health finance and social services. The Steering Committee engages in information-sharing, addresses data and tracking issues, and provides feedback on *Healthy People 2000* initiatives.

PHS agencies have utilized *Healthy People 2000* to strengthen their programs and services, to develop new data sources, and to refine existing data sources. The expansion of data sources since *Healthy People* was released in 1990 has enabled the PHS agencies and others to identify significant disparities in health status and receipt of health services between minority populations and the total population. Because of this new knowledge, it was possible to identify more than 100 subobjectives for special populations as part of the 1995 midcourse corrections to *Healthy People 2000* (the publication, *Healthy People 2000 Midcourse Review and 1995 Revisions,* is

described in more detail in the next section). The assumption underlying *Healthy People's* 10-year targets is that information will change during the course of the decade, which requires the agenda to be flexible enough to accommodate those changes. Through the *Healthy People* process, data has driven the development of new objectives and objectives have driven the development of new data. This dynamic has given the Nation a wealth of new knowledge about health and has ensured the relevancy of the agenda as the decade progresses.

At the National Institutes of Health (NIH), the largest of the PHS agencies, *Healthy People 2000* has served as a strategic guide to what needs to be accomplished in research. At the same time, the research process at NIH has resulted in the development of new objectives. For example, the *Healthy People* objective related to overweight prevalence is moving away from the targets for adults and adolescents of both sexes. In the 1996 reauthorization for NIH, the National Cancer Institute, National Heart, Lung and Blood Institute, and National Institute of Diabetes and Digestive and Kidney Diseases cited these data as evidence that further research is needed on overweight, which can often lead to chronic illness.

NIH also holds consensus conferences for the practicing health community and the public to inform them of the new advances in the delivery of health care. As new research findings become available, this information drives service delivery change in other Federal agencies as well as information dissemination to the private sector and consumers. Information on effective therapy for prevention of the recurrence of peptic ulcers became available in the 1990s through NIH's research process. Peptic ulcers affect 6 million known patients per year, of which 240,000 are hospitalized. New information on the costs and benefits of prevention of peptic ulcers resulted in a new objective being added to *Healthy People* through the *Midcourse Review,* which calls for reducing the prevalence of peptic ulcer disease by preventing its recurrence.

HHS Strategic Planning. As part of the implementation of the Government Performance and Results Act, the Department of Health and Human Services initiated a strategic planning process in 1995 which will serve as the superstructure for specific agency plans. The agencies have initiated their own strategic planning efforts tied specifically to their missions and roles. In the

Department-wide plan, which is currently being refined, many of the success indicators correspond directly to *Healthy People 2000* objectives. For example, success indicators include rates of tobacco use, percentage of children uninsured, and rates of low birthweight babies.

The PHS agencies in the Department, whose missions are tied most closely to the goals of *Healthy People 2000*, have strategic goals and objectives that reflect and support the *Healthy People 2000* agenda. For example, the Center for Food Safety and Applied Nutrition at the Food and Drug Administration states in the text following its goal on nutrition and food labeling that, "(FDA) is also concerned with maintaining FDA's leadership in nutrition science and effectively supporting Departmental health promotion and disease prevention goals for nutrition as articulated in the *Healthy People 2000* initiative." The FDA strategic plan also includes objective statements under that goal that specifically call for FDA's continued leadership toward achieving the *Healthy People 2000* nutrition objectives and further evaluating the impact on health of changes in food and nutrient intakes using national survey data.

The Center for Disease Control and Prevention's (CDC) *Strategic Thinking* paper, which is the forerunner to its strategic plan, states that, "*Healthy People 2000* was a key factor in motivating CDC's strategic thinking process." Also, the paper states that the words used in CDC's vision statement, "Healthy People in a Healthy World--Through Prevention," reflect two ideas. They tie the vision to the *Healthy People 2000* objectives, and they convey the idea that *people* and their *health* are the highest priority for CDC.

The President's Council on Physical Fitness and Sports (PCPFS) developed "The PCPFS Strategic Plan: Meeting the Healthy people 2000 Objectives for Physical Activity and Fitness" and presented it at it's 1995 Progress Review on the physical activity and fitness priority area. The Strategic Plan provides an analysis of activities and programs in support of Healthy People 2000; an overview of organizational roles and strategies; and a synopsis of ongoing public and private grassroots activities in support of increasing participation in physical activity and improvement in fitness. Setting the physical activity and fitness objectives played a major role in elevating the public health role of physical activity in the nation, as well as highlighting gaps and barriers, and ultimately led to the landmark release in July 1996 of the first *Surgeon General's*

Report on Physical Activity and Health.

Information for HHS Customers. A critical part of the PHS role in *Healthy People 2000* is to monitor, track, and report to the Nation on a periodic basis the health status of the American people and the results of the Nation's prevention efforts. PHS began its public reporting with the publication in November 1986 of *The 1990 Health Objectives for the Nation: A Midcourse Review.* The preface to this review states that "having passed the midpoint of the decade, we are in a position to take our bearings, to assess our progress to date, and to consider necessary midcourse corrections." The review provided a report card on each of the 226 objectives, celebrating the successes in health improvements and calling attention to the bad news in increasing incidence of preventable conditions that could be reduced, if not eliminated, by further action.

The 1980s ended with successes and with some important challenges for the upcoming decade. In June 1992, *Health United States, 1991* and *Prevention Profile* provided the results of the 1990 objectives:

- 32 percent of the 1990 targets were attained;
- Progress was made on another 30 percent;
- 15 percent moved in the opposite direction or showed no progress; and
- 23 percent could not be evaluated due to insufficient data.

To keep customers better informed on the status of year 2000 objectives, an annual statistical report is released by CDC/NCHS. *Healthy People 2000 Review* provides a section for each priority area and presents the baseline, target, and most current data available for the objectives. Data issues, such as proxy measures, differing tracking systems, and operational definitions, are also discussed.

In 1994, the PHS undertook a midcourse review of the *Healthy People 2000* objectives. PHS work groups met to consider new data, new information, and new science that had become available since the release of *Healthy People 2000* in 1990. The result of these

deliberations was a draft of the proposed midcourse revisions, which was released to the public for review and comment in October 1994. Revisions were proposed where the target had already been met and needed to be made more challenging. Also, new special population targets were added where new data showed increased health risk or disparity between the total population and people with disabilities, people with low income, or people in age, gender, racial, or ethnic groups. Finally, some revisions were made to the language of existing objectives and new objectives were added to fill gaps and to reflect new preventive interventions.

The final document, *Healthy People 2000 Midcourse Review and 1995 Revisions,* shows that of the 300 objectives:

- 50 percent are moving toward the target;
- 18 percent are moving away from the target;
- 3 percent show no change; and
- 29 percent have insufficient data with which to measure progress.

Published in October 1995, the *Midcourse Review* added 19 new objectives and more than 100 special population targets. For example, in the priority area for Tobacco, a new objective seeks the enactment of laws to make cigarette vending machines inaccessible to minors. The report also provides the mid-decade status on the three goals, the objectives, and the subobjectives of *Healthy People 2000.*

The *Midcourse Review* shows that the lack of data with which to measure progress is significant. Of the 29 percent that had no data, with which to measure 8 percent of the objectives had no baseline data and 21 percent had no update beyond the baseline. However, significant improvements have been made. When *Healthy People 2000* was published, 23 percent of the objectives lacked baseline data compared to 8 percent that have no data at midpoint of the decade. This change is evidence that focusing attention on important objectives has driven the development of needed information. Also, in the

midcourse review of priority area 22, Surveillance and Data Systems, progress was reported in meeting six of the seven targets for the objectives. There has been particular progress in States' use of the set of consensus health status indicators that are available at both the national and State level.

To further serve the many customers of the Healthy People process, ODPHP prepares other products including Progress Reports (described earlier in this report), which summarize the progress reviews with the ASH. These two page summary reports (see Exhibit I) provide the most current data on the objectives, a review of the strategies that appear to be making a difference, as well as a list of follow-up actions to propel further progress. Also, *Healthy People 2000* Resource Lists for each of the 22 priority areas offer a summary of the objectives as well as Federal, State, and local resources. To stimulate programs for high-risk groups, ODPHP provides lists of the objectives for specific populations, such as Black Americans, Hispanic Americans, Asian and Pacific Islander Americans, People with Disabilities, and People with Low Incomes. ODPHP also provides an introductory fact sheet on *Healthy People 2000* and includes *Healthy People 2000* information on the ODPHP home page, which is available over the Internet at HTTP://ODPHP.OSOPHS.DHHS.GOV/PUBS/HP2000. (A sample Resource List, specific population objectives, and the fact sheet are included in Exhibit I)

State Action. As of 1995, 43 States, the District of Columbia and Guam had published *Healthy People 2000* plans, each tailoring their objectives to meet their needs. Some States have drafted documents that parallel the 22 priority areas at the national level, while other States have adopted only selected priority areas and national objectives. In some instances, States share the same year 2000 targets as the Nation, while in other States they have set their own targets to seek greater change or to pursue a slightly less ambitious result. The multitude of approaches States have pursued, using the Nation's prevention agenda as a framework, speaks to the versatility and flexibility of *Healthy People 2000*.

PHS established a network of *Healthy People 2000* State Action contacts to serve as

liaisons between the PHS and the States, to foster communication among the States, and to serve as the point of contact for the public on year 2000 activities. In some States, the State health official serves as the primary contact, while in others contacts are in the health statistics, planning, or policy branches of the health department.

Healthy People 2000 efforts are also reflected in State aging plans. In Tennessee, the Commission on Aging in conjunction with area agencies on aging and service providers is working to promote good health among older Tennesseans by pursuing a number of Healthy People 2000 objectives. These include increasing pneumonia and influenza immunization levels and other clinical preventive services recommended by the US Preventive Services Task Force for older adults; reducing overweight prevalence and cigarette smoking; and increasing physical activity. The plan specifically states that "these objectives are based on *Healthy People 2000* in order to encourage coordination and to maintain focus on patient outcomes rather than particular methods of delivery."

In North Carolina, the Division of Aging is pursuing 17 health promotion/health status strategies. These include the expansion of exercise programs, nutrition screening, glaucoma screening, oral health education programs and adult immunization awareness--all areas of Healthy People objectives for older adults.

HEALTHY PEOPLE 2000 Consortium Action. All 50 States and the more than 300 national membership organizations in the *Healthy People 2000* Consortium are working with local governments, their local chapters, and their members to meet the goals and objectives of *Healthy People 2000*. Organizations such as the American Medical Association, the Association for the Advancement of Retired Persons, the Girl Scouts, and the National Association of Hispanic Health and Human Services Organizations are examples of Consortium members who are using their expertise, contacts, and resources to contribute to national efforts of improving health for all Americans.

At annual meetings of the Consortium, progress and successes in prevention, barriers, and

ways to overcome them are discussed. The theme for the 1995 Consortium meeting, "Healthy People in Healthy Communities," focused on Consortium members' experiences in building broad-based, local initiatives. As local objectives-setting is taking place in cities and communities across the country, participants explored lessons learned in establishing community coalitions and the challenges of sustaining project momentum. Participants also explored how *Healthy People 2000* serves as a framework for communities to use in identifying their own health problems and for effectively bringing together their resources to make a difference in health.

ODPHP keeps Consortium members abreast of each other's activities and those of the Federal government through *Consortium Exchange*, a quarterly newsletter highlighting activities related to *Healthy People 2000*. In a recent newsletter, two national organizations were highlighted for tobacco-related activities. The National Medical Association has implemented a second-hand smoke awareness initiative in predominantly African-American communities, and Oral Health America, a dental health foundation, has developed public service announcements communities can use to discourage use of spit tobacco among adolescents. The State of Kansas was also featured for its recent release of *Healthy Kansans 2000: State Health Objectives for the Year 2000*, and Maine was spotlighted for its midcourse review of the *Healthy Maine 2000* objectives. (The most recent edition of *Consortium Exchange* is included in Exhibit I)

Both the strength and the weakness of the Consortium lies in its size and diversity. On one hand, the Consortium effectively brings together a broad range of interests, forming a powerful alliance for prevention. On the other hand, its scope makes it difficult to ensure that every member remains engaged. While some members are actively involved in annual meetings and share information about their health promotion activities, others have not participated since the release of *Healthy People 2000*. The challenge for ODPHP, which provides liaison to the Consortium, is to renew the interest and support of Consortium members as the year 2000 approaches and plans begin for development of a prevention agenda for 2010.

The 16 years of experience in objectives-setting has produced a healthier nation and numerous lessons in the value of strategic planning for public health. For the public health community, policymakers, and the public, *Healthy People 2000* remains a useful vehicle for reporting the current status of health indicators, trends in health, and ultimately whether success or failure has been achieved in reaching agreed-upon objectives. It is also the vehicle by which the Federal government has forged relationships with the States and the private sector to promote health. The objectives have unified the public health community and others and has served as a stimulus for complimentary long-range planning efforts at the State and local level in the private sector.

Perhaps most importantly, objectives-setting has provided a framework for holding government accountable for its actions. Because the agenda for public health has been set collectively through the participation of more than 10,000 people nationwide and the mechanisms are in place for reporting and sharing information, there is some assurance that public health agencies are directing their resources at the most preventable and serious health problems. All grant applications submitted to the PHS agencies must identify the *Healthy People 2000* objective(s) being addressed. However, because *Healthy People 2000* is so broad and inclusive, almost any activity can be ascribed to promoting the *Healthy People 2000 agenda.* A major challenge is to ensure that these associations with *Healthy People*, whether in grant applications, marketing tools, or budget justifications, have substance behind the attribution.

Through both the management and active use of *Healthy People 2000,* the ODPHP and the PHS agencies have learned to examine shortfalls, improve processes, and undertake innovative approaches. Three laws that incorporate *Healthy People 2000* objectives include the Maternal and Child Health Block Grant which requires reporting on the national objectives for maternal and infant health annually to Congress. The Indian Health Care Improvement Act directs the Indian Health Service to report annually on 61 objectives on the health status of Native Americans. Finally, the 1993 authorization of the

Preventive Health and Health Services Block Grant linked activities undertaken by the States with these grants to year 2000 health objectives. *Healthy People 2000* also inspired HHS's recent recommendation to develop "performance partnership grants" for federally funded public health programs, which could shift accountability for these programs away from process measure to outcome-based accountability.

Healthy People 2000 has also served as the basis for the Oregon benchmarks process, which provides measurable indicators that the State uses to assess its progress toward broad strategic health goals. In addition, it has provided four of the nine preventive health service measures adopted by the National Committee for Quality Assurance for the Health Employer Data and Information Set (HEDIS20) that assesses the performance of managed care organizations. Since the HEDIS instrument is the only standard tool by which purchasers can compare health plans, managed care organizations focus their efforts toward those areas being measured. Federal government produces a significant ripple effect with modest investment in innovative efforts such as *Healthy People 2000.*

Healthy People 2000 is also part of a larger international movement of health promotion and disease prevention based on the World Health Organization's Health for All by the Year 2000 agenda. Countries including the United Kingdom, Australia, Canada, Spain, New Zealand, and Russia have health goals and objectives similar to *Healthy People 2000*. The Pan American Health Organization, which serves the Regional Office for the Americas of the WHO, reports annually on U.S. efforts to promote health and prevent disease in the context of its other 38 member countries on a defined set of indicators. In many countries, national efforts have been translated into community action. The Healthy Cities movement, promoted globally by the WHO, is based on the assumption that local structures and policies can have a profound effect on the physical and mental well-being of people in communities. The movement is based on a philosophy that places equal emphasis on the process of promoting change as well as the ultimate consequences of that process. It is taking root in the U.S. with Statewide Healthy Cities coalitions in California, North Carolina, South Carolina, and New Mexico. The Healthy Cities process

brings objectives-setting and the pursuit of quantitative targets to the local level.

V. Costs of Healthy People

Despite political changes in the executive branch of the Federal government, there has been continuous support for the *Healthy People* initiative at the national level. In contrast, not all states have been able to sustain their published health goals and objectives as administrations have changed. The first *Healthy People* was released during the Carter administration in 1979, while the 1990 objectives were published in 1980 after Ronald Reagan was elected to the presidency. The Reagan administration, through the leadership of Assistant Secretary for Health, Edward Brandt, found the objectives framework to be a useful public health improvement tool and perpetuated the use of the objectives, publishing the *Midcourse Review* in 1986. The develop- ment of *Healthy People 2000* began in 1987 and was continued through the Bush administration with the objectives being released in September 1990 by Secretary Louis Sullivan. *Healthy People 2000* continued in the Clinton administration paralleling the *Arkansans 2000* process in which Hillary Rodham Clinton served as the honorary chairperson.

Healthy Kansans 2000, which follows the structure of *Healthy People 2000,* was published in winter, 1996 and lead by the State's Republican administration. The Healthy Kansans 2000 Steering Committee with representatives from business, non-profit organizations, hospitals, academia, and State and local government, identified seven "high priority" health issues for Kansas residents: 1) alcohol and drug abuse, 2) cancer, 3) heart disease, 4) HIV infection and other sexually transmitted diseases, 5) infectious diseases and immunizations, 6) injuries and violence, and 7) maternal and infant health. The Committee also identified four disease risk factors of concern to Kansans: 1) access to preventive care, 2) tobacco, 3) nutrition, and 4) physical activity. The Committee evaluated health data, sought expert opinion, conducted an opinion survey of residents, and obtained public comment.

With Kansas added to the list, 43 States, the District of Columbia and Guam have developed *Healthy People 2000* plans. Among the remaining 7 States that have never published year 2000 objectives, Hawaii and New York are actively working on the development of plans. Also, Georgia and Illinois have published health status assessments using *Healthy People 2000* as a framework. And all 50 States are using a consensus set of *Healthy People 2000* objectives to conduct health status assessments under the Preventive Health Services block grant program.

Because HHS/PHS has been pursuing the attainment of national health promotion/disease prevention objectives for almost 17 years, there is a long history of government employees being held accountable for health improvements. For example, employees in the Maternal and Child Health Bureau of the Health Resources and Services Administration are working toward the year 2000 target of reducing infant mortality, and workers in the Substance Abuse and Mental Health Services Administration are seeking to increase adolescents disapproval of tobacco, alcohol, or other drugs. Although these targets illustrate that the task of improving the Nation's health extends beyond the reach of any one program or agency, Federal workers are willing to use the objectives framework to measure both the successes and failures of their programs. *Healthy People 2000* is cited as the yardstick for success by Federal workers and other authors in hundreds of articles in journals such as *Morbidity and Mortality Weekly Report*, *Public Health Reports*, and other peer-reviewed publications. Both within and outside the government, *Healthy People 2000* has become part of the fabric of public health.

The total costs associated with *Healthy People 2000* are extremely difficult to measure given the scope of the effort. Because *Healthy People 2000* is a national set of objectives, it is used by Federal agencies and the States in pursuing their policies and programs and by localities in their development of healthy cities/communities initiatives. In the private sector, *Healthy People 2000* objectives are used in worksite health promotion and in product development (e.g., low fat foods, sporting goods). And in the nonprofit sector, organizations such as the American Association for Retired Persons, the Girl Scouts,

American Cancer Society, the National Mental Health Association, and others are using *Healthy People 2000* to shape their programs and publications.

ODPHP, as the coordinator of the initiative, spends less than $1 million annually in direct support of the *Healthy People 2000* Consortium and in information exchange with Federal colleagues engaged in the effort. A staff of three people--a *Healthy People 2000* coordinator, a Consortium coordinator, and an analyst--provide the nucleus of support. They are assisted by the nutrition, environmental health, worksites, schools, healthy communities, clinical preventive services and communications staff team members in ODPHP.

The Division of Health Promotion Statistics at CDC/NCHS provides the statistical expertise for this initiative. With a staff of 7 people working on national data and 6 people working on state and local data activities, they provide on-going daily support for the priority area work groups in their measurement activities and produce the annual statistical report *Healthy People Review*. In addition they produce two series of reports devoted to year 2000 issues--"Statistical Notes" and "Statistics and Surveillance." They have also supported a 5-year assessment initiative in 7 States designed to improve capacity for measuring health risks and health status. Considerable resources in other NCHS programs have been devoted to designing, fielding and analyzing data in the National Health Interview Survey and in convening panels of experts to develop the consensus set of health status measures and the measure for years of healthy life. The division devotes 9.5 FTE's to *Healthy People 2000* related work.

While these are the only two staffs devoted to *Healthy People 2000*, there is a circle of people in HHS who perform *Healthy People 2000* roles in addition to their own duties. Sixteen people serve on the *Healthy People 2000* Steering Committee, which represents all agencies in HHS and meets quarterly to discuss and guide policies in the initiative. From 1993 to 1995, the Steering Committee guided the development of the *Midcourse Review* and grappled with the fact that baseline or updated data may not be available for

certain objectives. This group has begun work on objectives development for 2010 by hearing from Environmental Protection Agency and Administration on Aging representatives on their efforts to develop milestones for environmental goals and an initiative for redefining retirement.

In addition to convening meetings of their works groups, over the past three years the priority area work group coordinators have been included in the meetings of the *Healthy People 2000* Steering Committee. This has ensured broader participation in the decision-making processes that surround *Healthy People 2000* publications, the annual Consortium meeting, and monthly progress reviews. Because Steering Committee members and work group coordinators have other duties in their agencies, it is difficult to estimate the annual salary costs of their efforts. Furthermore, the level of effort put forth by work group coordinators varies considerably from year to year depending on whether their progress review occurs with the ASH.

Beyond lead agency roles, staff participate in other work group meetings and in cross-cutting work groups that are convened to do progress reviews on age, racial/ethnic, or gender groups. Staff outside HHS also participate in *Healthy People 2000* activities. For example, Department of Transportation and Consumer Product Safety Commission staff play a large role in the unintentional injuries work group. Given the scope of effort, counting the hours let alone the staff costs of Federal employees in the *Healthy People 2000* process would present a formidable accounting challenge. Going beyond the Federal level efforts in States, communities, or the private sector have not been quantified.

Another considerable cost of this process centers on data collection. Many surveys and information systems have been modified to track national objectives. Periodic supplements to the National Health Interview have been developed to encompass a range of health promotion and disease prevention issues. Special surveys have been created to capture information on school health programs, worksite health promotion and health care providers' counseling practices. Because it is difficult to decipher whether the information

drives the objectives or when the framework affects the data collection, attributing what percentage of the national information infrastructure is attributable to Healthy People is not possible.

VI. Lessons Learned

The most significant limitation to fully utilizing the *Healthy People 2000* agenda is insufficient data. The Nation lacks the data and surveillance infrastructure to fully assess morbidity, mortality, risk factors, and preventive services utilization. The political will to invest in new data systems to provide national data, let alone State and community data, undermines the foundation of any performance and accountability mechanism. Even where reliable data systems are in place, issues such as changing survey samples, questions, and definitions, comparability of data sources (where the baseline and update source are different), and use of proxy measures for certain objectives produce ongoing difficulties in fully determining the Nation's improvements in health. The timeliness of national information is yet another challenge. Most baseline information is from 1987, lagging three years behind *Healthy People 2000's* 1990 publication date. Similarly, the mid-decade report uses predominantly 1992 data. This three year time lag reflects the fact that national mortality and natality data systems are only as current as the last State's submission.

Despite limitations in data infrastructure, *Healthy People* has effectively reinvented how the public health community measures its successes. With its concentration on health outcomes, *Healthy People* has empowered public agencies at the Federal, State, and local levels to focus on, measure, and hold themselves accountable for results. The axiom, "What gets measured gets done", is proven time and again as public agencies utilize *Healthy People 2000* in strategic planning and resource allocation. The efforts of ODPHP, which provides support and coordination for numerous public health initiatives in addition to *Healthy People 2000*, proves that careful investment of small resources can change the terms of debate around policy issues, in this case disease prevention and health promotion, in fundamental ways.

VII. Next Steps

Keeping in mind that targets have yet to be achieved for the year 2000, ODPHP staff are currently planning the process for building a prevention agenda for 2010. Healthy People 2000 Steering Committee members, work group coordinators, and Consortium members will be asked about their views on the structure of the framework for the 2010 plan. ODPHP staff are reviewing other country's plans for ideas on the development of a new structure. ODPHP also plans to survey States and localities to determine their ability to measure *Healthy People 2000* objectives.

One of the primary challenges will be to strike a balance between broad participation in the development process and the creation of a manageable agenda. More active participation of groups not traditionally involved in public health, such as health plans, businesses, and the faith community, will be explored. And questions remain to be answered regarding whether *Healthy People 2010* should incorporate social and economic indicators, which are also important determinants of health. In addition, the special population targets that highlight disparities among groups will need to be reexamined. Currently, the targets are set at what was agreed to be realistic objectives, yet in many cases the targets recognize that the disparities between the subgroups and the total population persist. Subobjectives for women may also be advocated, even in cases where a disparity does not exist, altering the criteria for inclusion as a subobjective.

Although a number of benefits have accrued from *Healthy People* efforts, the process has not been without its barriers, and improvements continue to be searched for and implemented when possible. Lessons learned will certainly be applied as the Nation embarks on *Healthy People 2010*.

References

[1] US Dept. of Health, Education and Welfare. *Healthy People: Surgeon General's Report on Health Promotion and Disease Prevention*. Washington, D.C. US Dept. of Health, Education and Welfare. 1979. US Dept. of Health, Education and Welfare Publication No. PHS 79-55071.

[2] US Dept. of Health and Human Services. *Healthy People 2000 National Health Promotion and Disease Prevention Objectives*. Washington, D.C. US Dept. of Health and Human Services; 1990. Publication No. PHS 91-50212.

[3] U.S. Dept. of Health and Human Services. *Promoting Health/Preventing Disease: Objectives for the Nation*. Washington, D.C. 1980.

[4] U.S. Dept. of Health and Human Services, *Promoting Health/Preventing Disease: Year 2000 Objectives for the Nation*. Washington, D.C. September 1989.

[5] US Dept. of Health and Human Services. *Healthy People 2000 Midcourse Review and 1995 Revisions*. Washington, D.C. US Dept. of Health and Human Services; October 1995.

[6] US Dept. of Health and Human Services. The HHS Strategic Plan draft. Washington, D.C. July 1996.

[7] US Dept. of Health and Human Services. The Food and Drug Administration Strategic Plan draft. Washington, D.C. July 1996.

[8] US Dept. of Health and Human Services. The Centers for Disease Control and Prevention Strategic Thinking Paper. Atlanta, GA. July 1996.

[9] US Dept. of Health and Human Services. The President's Council on Physical Fitness and Sports Strategic Plan. Washington, D.C. July 1996.

[10] US Dept. of Health and Human Services. *Report Physical Activity and Health A Report of the Surgeon General*. Atlanta, GA. US Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health promotion. 1996. Publication No. S/N 017-023-00196-5.

[11] U.S. Dept of Health and Human Services, *The 1990 Health Objectives for the Nation: A Midcourse Review*. Washington, D.C. 1986.

[12] National Center for Health Statistics. *Health, United States, 1991 and Prevention Profile*. Hyattsville, Md: 1992. US Dept. of Health and Human Services Publication No. PHS 92-1232.

[13] National Center for Health Statistics. *Health United States, 1992 and Healthy People Review*. Hyattsville, Md: 1993. US Dept. of Health and Human Services Publication No. PHS 93-1232.

[13] National Center for Health Statistics. *Healthy People Review, 1994*. Hyattsville, Md: 1993. Public Health Service. 1995

[14] Personal communication from the Administration on Aging, Identification of State Agencies on Aging Relationship to Healthy People 2000. June 26, 1996

[15] US Dept. of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2000 Consortium Exchange*. Washington, D.C.

[16] State of Kansas, Department of Health and Environment, *Healthy Kansans 2000 Health Promotion and Disease Prevention Objectives for Kansas.* Topeka, Kansas. Winter 1996.

[17] Maine Department of Human Services, Bureau of Health, *Healthy Maine 2000 A Health Agenda for the Decade: Maine' Health Objective for the Year 2000.* Augusta,

Maine. September 1993.

[18] Arkansas Department of Health, *Healthy Arkansas 2000: Arkansas Health Promotion and Disease Prevention Objectives*. Little Rock, AK., September 6, 1991.

[19] National Center for Health Statistics. *Healthy People 2000 Statistical Notes*. Hyattsville, Md: 1992. US Dept. of Health and Human Services Publication No. PHS 92-1237.

[20] Thomas Peters and Robert Waterman. *In Search of Excellence.* New York, New York: 1st Edition - 1982. Harpers & Row Publishers and Warner Books: Revised - 1984.

Exhibit I

Exhibit II

Exhibit II - Preparation of the Case Study

The case study, "Objectives Setting for Improved Health: A Public Health Service Case Study
for the National Performance Review," is based on records and publications that document the *Healthy People* objectives setting process, dating back to 1979, as well as interviews with ODPHP staff who participated in the process. Authors of the case study, Ashley Coffield and Deborah Maiese, currently work on the *Healthy People 2000* staff and have experienced first hand the successes and barriers to engaging Federal agencies, States, and the private sector in
the *Healthy People 2000* process. Ms. Maiese is the *Healthy People 2000* Coordinator and
Ms. Coffield was the *Healthy People 2000* Consortium Coordinator.

Claude Earl Fox, MD, MPH, a reviewer of the case study, is Deputy Assistant Secretary for Health (Disease Prevention and Health Promotion) and Director of ODPHP. Dr. Fox participates in progress reviews with the Assistant Secretary for Health, chairs the *Healthy People 2000* initiatives.