HEALTHY PEOPLE 2030 IN COMMUNITY HEALTH IMPROVEMENT TOOLKIT

GOALS OF THIS TOOL

- Provide guidance for utilizing the Healthy People 2030 objectives and targets at the local level in a community health improvement process, with particular focus on objectives related to the Social Determinants of Health (SDOH)
- Recommend information from Healthy People 2030 to select community health improvement objectives that align with national objectives
- Identify tools and resources from Healthy People 2030 to be used in setting targets for performance on the national objectives at the local level
- Provide a framework for facilitating strategic alignment between partners to achieve shared goals

HOW CAN HEALTHY PEOPLE 2030 BE USED IN COMMUNITY HEALTH IMPROVEMENT?

Preparation:

- Consider opportunities to apply the SDOH framework

Community Health Assessment:

- Add indicators to align with the Healthy People 2030 objectives
- Define how SDOH will be measured in the CHA

Community Health Improvement Plan:

- Strategically align partners to priority areas
- Reference evidence-based interventions

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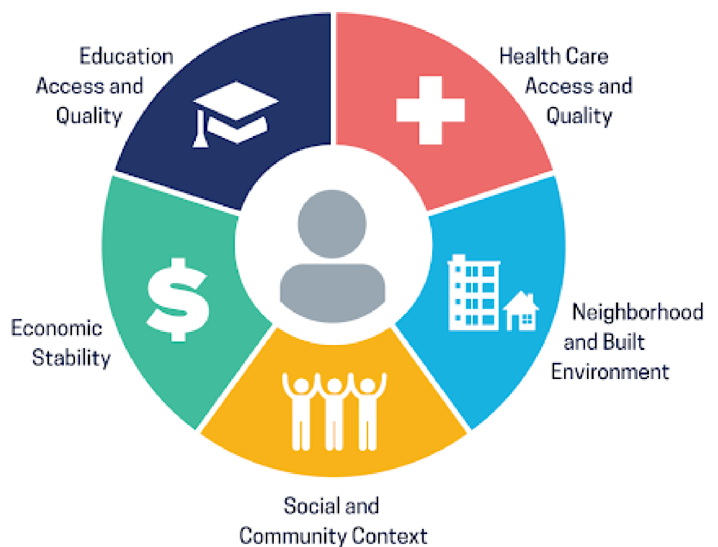
PREPARATION FOR COMMUNITY HEALTH IMPROVEMENT

Consider opportunities to apply the Social Determinants of Health framework



The Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.[1]

At the start of a CHI process, use the SDOH framework to conduct a series of diagnostic discussions to consider the environmental factors influencing health outcomes in the community. Consider starting with a "5 Why's" discussion to begin uncovering root causes of inequity in the community.

COMMUNITY HEALTH ASSESSMENT (CHA)

Use Healthy People 2030 objectives to select CHA indicators

Compare indicators that are typically included in the CHA to the Healthy People 2030 **objectives**, including those that are part of the SDOH framework. Through this process, the community can identify which indicators align with the SDOH, which new indicators could be added to provide more information about the SDOH, and how indicators could be modified to understand factors affecting health. Additionally, reference and select from the **Leading Health Indicators** (LHIs). The LHIs are a subset of 23 high-priority Healthy People 2030 core objectives selected to drive action toward improving health and well-being.

Examples of Objectives Related to the Social Determinants of Health from Healthy People 2030

Economic Stability	Education Access & Quality	Health Care Access & Quality	Neighborhood & Built Environment	Social & Community Context
- Increase the proportion of children living with at least 1 parent who works full-time (SDOH-03) - Reduce the proportion of families that spend more than 30% of income on housing (SDOH-04)	- Increase the proportion of 8th-graders with reading skills at or above proficient level (AH-R04) - Increase the proportion of high school students who graduate in 4 years (AH-08)	- Increase the proportion of adults who get recommended evidence-based preventive health care (AHS-08) - Reduce the proportion of emergency department visits with a longer wait time than recommended (AHS-09)	- Reduce the rate of minor and young adults committing violent crimes (AH-10) - Increase the proportion of people whose water systems have recommended amount of fluoride (OH-11)	- Reduce the proportion of children with a parent or guardian who has served time in jail (SDOH-05) - Reduce bullying of transgender students (LGBT-D01)

Define how the SDOH will be measured in the Community Health Assessment

After selecting indicators that align with the SDOH, reference the Data Methodology and Measurement page for each objective to gather information about how the objective is tracked on the national level. Utilize that information to plan how the objective will be tracked within the community.

Example: **Data Methodology and Measurement** for an objective related to high school graduation

Example Healthy People 2030 Objective Related to SDOH	**Calculation** Use the numerator and denominator provided by Healthy People 2030 to calculate the measure for the objective	
	Numerator	**Denominator**
Increase proportion of high school students who graduate in 4 years	# of students who earned a regular high school diploma by the end of the school year 4 years after starting 9th grade for the first time	# of first-time 9th graders in the fall of that school year plus students who transferred in, minus students who transferred out, emigrated, or died during that school year and the 3 subsequent school years

COMMUNITY HEALTH IMPROVEMENT PLANNING

Utilize Evidence-Based Resources

Healthy People 2030 provides a wide variety of **evidence-based resources** with interventions to help achieve the objectives, including resources related to each SDOH area. After selecting priority areas of focus in the CHIP, consider the suggested interventions to plan for action with partners and target the SDOH for a wider impact on the conditions that shape health.

Set Targets to Track Progress

Reference the baseline and targets noted on each objective's page to compare community data to the national standard.

Example: Increase the proportion of high school students who graduate in 4 years

Baseline: 84.1% of students attending public schools graduated with a regular diploma 4 years after starting 9th grade in school year 2015-16

Target: 90.7 percent

Strategically Align Partners

Community partners who are best positioned to impact a CHIP priority area can collaboratively identify their shared CHIP goals, strategies, and outcome metrics along with organization specific metrics and process metrics. Complete the table below for each CHIP goal to strategically align activities across partners.

CHIP Priority Area Information	
CHIP Priority: Education Access and Quality **Healthy People Indicators:** Proportion of high school students who graduate within 4 years **CHIP Goal:** Improve high school graduation rates by providing effective and early interventions **Long-term Outcome Metric:** Percent of public high school students who graduate with a regular diploma 4 years after starting 9th grade	
Strategies	**Shared SMART Objectives**
- Employ mental health and social service providers into public high schools - Provide counseling sessions and support services to students beginning in 9th grade - Assess students twice each year for risk factors associated with drop-out	- By 2023, the Dept. of Education will hire and place at least 2 mental health and social service providers from Community Mental Health Services into each public high school - By 2024, counselors in public high schools will provide at least 200 hours of sessions for students at risk of drop-out - By 2025, public high schools will increase the rate of students graduating within four years by 5% compared to the rate in 2020
Partner 1 **Dept. of Education**	**Partner 2** **Community Mental Health Services**
Key Actions	**Key Actions**
- Hire at least two mental health and social service providers per public high school - Set standardized policy across public high schools to provide mentorship appointments before, during, and after school hours - Utilize data of students repeating school years to link high-risk students to services	- Select at least two mental health and social service providers per public high school to provide services to students - Provide annual training to staff on risk factors for drop-out and resources to prevent drop-out
Process Metrics	**Process Metrics**
- # of providers hired per public high school - # of public high schools with hours and policies allowing for counseling sessions before, during, and after school hours	- # of mental health and social service providers receiving annual training on assessing for risk of drop-out - # of hours of counseling sessions provided to students per month - # of students receiving counseling sessions monthly

REFERENCE

[1] SDOH Healthy People 2030. https://health.gov/healthypeople/objectives-and-data/social-determinants-health

To learn more about Healthy People 2030, visit the program's website here, as well as NACCHO's website here. If you have questions or would like to contact a member of the staff, write to pi@naccho.org.

www.naccho.org

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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