FINAL REPORT

2015 *Healthy People* User Study

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PRESENTED TO:
Office of Disease Prevention and Health Promotion
1101 Wootton Parkway, Suite LL100
Rockville, MD 20852

PRESENTED BY:
NORC at the University of Chicago
4350 East West Highway, Suite 800
Bethesda, MD 20814

NORC
at the UNIVERSITY of CHICAGO

Table of Contents

List of Figures

Executive Summary

Background

Since 1979, the Office of Disease Prevention and Health Promotion (ODPHP) at the U.S. Department of Health and Human Services (HHS) has provided science-based, ten-year national objectives to improve the health of all Americans. This initiative, known as *Healthy People*, establishes benchmarks and monitors progress over time to encourage collaborations across communities and sectors; empowers individuals toward making informed health decisions; and measures the impact of prevention activities.

The most recent iteration of the initiative, *Healthy People 2020*[1], is organized into 42 topic areas and over 1200 objectives. In 2014, ODPHP contracted with NORC at the University of Chicago (NORC) to conduct the 2015 *Healthy People* User Study to increase its understanding of how organizations are using and implementing *Healthy People 2020.* The 2015 study is the third iteration of the User Study and builds on 2 studies conducted by NORC in 2005 and 2008.

The first study, *Assessment of the Uses and Users of HealthierUS*[2] *and Healthy People 2010* (2005 User Study), was funded by the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) and ODPHP. The 2005 User Study looked at how *Healthy People 2010* was being used among State, local, and Tribal health organizations and those organizations' perceptions of the *HealthierUS* initiative. The 2005 User Study identified differences among States, Local Health Departments, and Tribes in terms of their awareness and use of *Healthy People.* Although States and Local Health Departments reported using *Healthy People* to guide research, outreach, and internal planning, the study found that Tribes and small organizations were less aware of *Healthy People*.

In 2007, ASPE and ODPHP funded the 2008 *Healthy People* User Study (2008 User Study) to replicate the earlier study and assess whether and how awareness and use of *Healthy People 2010* had changed in the years following the baseline study. After the 2005 User Study, ODPHP had undertaken a number of targeted outreach efforts and provided implementation support for *Healthy People 2010* and wanted to determine if there was an impact from these activities. Findings from the 2008 User Study were also used to inform the development of *Healthy People 2020*. In 2008, 90% of respondents were aware of *Healthy People 2010*. Among those who were aware of the initiative, 77% reported using *Healthy People 2010*.

Findings from the first 2 studies helped establish the efficacy of the initiative through an understanding of where and how groups with the ability and resources are implementing *Healthy People*. The results of

[1] Available at https://www.healthypeople.gov/

[2] The Healthier US initiative was an initiative established by Executive Order of the President (2003) and designed to: 1) increase physical activity, 2) promote responsible dietary habits, 3) increase utilization of preventive health screenings, and 4) encourage healthy choices concerning alcohol, tobacco, drugs, and safety among the general public.

these 2 studies have informed both the development of and strategic planning for the implementation of *Healthy People 2020*. Given the usefulness of these findings, ODPHP funded a third iteration of the user study, the 2015 User Study.

Methodology

The 2015 User Study utilized a multi-mode approach to data collection, including computer assisted Web interviewing (CAWI) and computer assisted telephone interviewing (CATI). A paper questionnaire was provided for one sample type during follow up. The survey design was developed by reviewing and revising the questionnaire from the 2008 User Study. Key questions regarding the use of *Healthy People* and the scope of future iterations of *Healthy People* were included. Additional questions were added to gather information about key implementation efforts that have been underway since the launch of *Healthy People 2020* in December 2010.

There were 7 sample types surveyed as part of the 2015 User Study, including State/Territorial and local health departments, Tribal entities, and 2 *Healthy People* stakeholder groups. Seven separate sampling frames were constructed from multiple sources. These included 2 groups within the State/Territorial health departments, the *Healthy People* State and Territory Coordinators (referred to as State Coordinators) and the Senior Deputies, who serve in leadership positions at the health department; Local Health Departments; Tribes; Tribal Area Health Boards; *Healthy People* Consortium Organizations; and *Healthy People* Webinar Attendees. The study's sample sizes and response rates are shown in the table below.

Sample Type	Sample Size	Completes	Percent Received
State Coordinators	58	46	79.3%
Senior Deputies	52	42	80.8%
Local Health Departments	375	253	67.5%
Tribes	100	34	34.0%
Tribal Area Health Boards	11	7	63.6%
Consortium Organizations	250	83	33.2%
Webinar Attendees	250	108	43.2%
TOTAL	**1097**	**573**	**52.2%**

Each individual was asked to complete the one-time survey, which took approximately 15 minutes, on behalf of his or her organization. Unlike the other 6 sample types, the Webinar Attendees were a unique mix of individuals. It was expected that some of the individuals contacted would be able to complete the survey on behalf of their organization and some individuals would not feel comfortable speaking on behalf of their organization given their role. Additional questions were asked to capture information about

Webinar Attendees who were not able to complete the survey on behalf of their organization but used *Healthy People* as part of their work.

Data analysis was based on the key research questions, which are provided in more detail later in this report. In addition to answering this core set of questions, the analysis compared the key respondent groups in terms of level of awareness, the level of use, the nature of use, and the kinds of barriers experienced.

Key Findings

Overall, 86% of respondents were aware of *Healthy People 2020*, a slight decrease from the 90% who were aware of the initiative during the last study. All of the responding State Coordinators, 93% of the Senior Deputies, 89% of the Local Health Departments, 56% of Tribes, 86% of Tribal Area Health Boards, 76% of Consortium Organizations, and 89% of Webinar Attendees reported awareness of *Healthy People 2020*.

Overall, 72% of the 493 organizations that were aware of *Healthy People 2020* reported that their organization uses the initiative. Of those who responded to the survey, 98% of State Coordinators and 93% of Senior Deputies said their organization uses *Healthy People 2020.* Use is lower among Local Health Departments, as 65% of all Local Health Departments who responded to the survey use the initiative.

Use of *Healthy People 2020* among Tribes remains limited. Twenty-nine percent of Tribes that responded to the survey used the initiative. However, all 6 Tribal Area Health Boards that were aware of *Healthy People 2020* use the initiative.

Of the 76% of Consortium Organizations that were aware of *Healthy People 2020*, 59% indicated that their organization uses the initiative. Eighty-nine percent of Webinar Attendees were aware of the initiative, of which 57% indicated that their organization uses it. Of these organizations, 47% identified as State, local, or Federal government agencies. Overall, 45% of Consortium Organizations and 51% of Webinar Attendees use *Healthy People 2020* at their organization.

Users were asked about specific elements of *Healthy People 2020* as well as awareness and use of *Healthy People* tools and activities.

- Overall, 39% of users said the specific health objectives are the most useful element, and 37% said the Leading Health Indicators.
- Overall, 76% of *Healthy People 2020* users were aware of the Leading Health Indicators, of which 74% indicated their organization uses the Leading Health Indicators.

- Respondents were most likely to be aware of the data tools and *Healthy People* webinars, and use among those aware was the highest for these 2 tools. Sixty-two percent of respondents were aware of the data tools, of which 83% indicated their organization uses the tool. Fifty-nine percent of respondents were aware of the *Healthy People* webinars, of which 68% use them.
- Awareness and use were the lowest for *Healthy People* communication tools, including social media and listservs, and implementation stories, including Stories from the Field and the Leading Health Indicator bulletins, and *Healthy People* eLearning. Overall, 43% of respondents were aware of *Healthy People* communication tools and 39% were aware of implementation stories.

Users were asked about factors that limit their organization's use of *Healthy People 2020*, and non-users were asked about the barriers that prevent their organization from using the initiative.

- Lack of buy-in from primary decision-makers and lack of guidance on how to implement *Healthy People 2020* prevented non-users from using the initiative more than they limit users.
- About one-third of both users and non-users were limited by the lack of data to track objectives.
- Twenty-nine percent of non-users experienced lack of buy-in from decision-makers, compared to 19% of users.
- Lack of guidance on how to implement was the third highest barrier for non-users, but not a significant limitation for users.
- Forty-nine percent of non-users said lack of guidance prevents them from using the initiative, compared to only 19% of users indicating this limitation.
- Non-users were asked which factor most strongly prevents their organization from using *Healthy People 2020*. Fifty-two percent of respondents said insufficient resources available, 22% said competing priorities, and 15% said lack of guidance on how to implement.

Both users and non-users were asked about the scope of issues covered in *Healthy People 2030* and the potential reorganization of objectives.

- Thirty-one percent of users and 21% of non-users indicated that the scope of issues covered by *Healthy People 2030* topic areas should be narrower than *Healthy People 2020*. Overall, 48% of users said the scope should remain the same.
- Among the users, 49% of Senior Deputies indicated the scope of the issues should be narrower. Forty-four percent of Local Health Departments and the majority of the remaining sample types said the scope of issues should remain the same.
- Thirty-eight percent of users and 32% of non-users said a reorganization of health objectives would be helpful for the next iteration of *Healthy People*. Twenty-two percent of users and 32% of non-users had no opinion on reorganization, and 26% of both users and non-users did not know whether a reorganization would be helpful.

- Of those who indicated a reorganization would be helpful, 43% of users and 46% of non-users said organizing by risks/determinants would be the most useful format. Twenty-six percent of users and 24% of non-users said disease areas should be used for the reorganization, and 22% of both users and non-users said life stages would be the most useful.
- Seventy-seven percent of users indicated that there are no specific topic areas missing from *Healthy People 2020* that would be important to include in new topic areas that would be important to include in *Healthy People 2030*.

Conclusion

The 2015 User Study results enhance our understanding of the awareness and use of *Healthy People 2020*, provide information to aid in the development of strategies for improving the utility of the initiative to State, local, and Tribal organizations, and provide valuable feedback as ODPHP develops *Healthy People 2030*. In analyzing the key findings of this study, 8 important conclusions were identified:

- Awareness and use of *Healthy People* has remained constant since the 2008 User Study among States, Local Health Departments, and Tribes. Awareness and use is highest among State Coordinators and Senior Deputies and lowest among Tribes and Consortium Organizations.
- Tribes continue to be difficult to reach and less likely to be aware of and use *Healthy People 2020*; however, larger Tribes are more likely to use the initiative. Tribal Area Health Boards widely use *Healthy People 2020*, and therefore may be an effective avenue for outreach to, and communication with, Tribes.
- Nonprofit/community-based organizations, educational institutions, and local government agencies were the most likely Consortium Organizations to respond to the survey and to use *Healthy People 2020*. Continued outreach to these organizations may be beneficial given their current engagement with *Healthy People 2020* and additional tailored outreach to other types of Consortium Organizations may be necessary to increase engagement with the Consortium overall.
- The Leading Health Indicators are a valuable element of *Healthy People 2020* that make navigating the content more manageable. Further development and promotion of the Leading Health Indicators could be effective for *Healthy People 2030*.
- *Healthy People 2020* tools and activities, including webinars, implementation stories, and communication strategies, are not widely used, particularly among Local Health Departments and Tribes. Additional promotion of *Healthy People 2020* tools and activities may be necessary in order to increase the awareness and use of these strategies.
- Compared to the 2008 and 2005 studies, non-users now are less likely to report lack of guidance on how to implement, lack of buy-in from primary decision-makers, and too much material as barriers to use. Efforts to increase the accessibility of the initiative may have contributed to the decline in these

barriers. However, competing priorities and insufficient resources continue to be barriers and limitations for both users and non-users of *Healthy People 2020*.

- No consensus was achieved in terms of the scope and reorganization of *Healthy People 2030*, but several respondents commented that there should be fewer objectives and the current content is overwhelming.
- Webinar Attendees represent a diverse group of organizations, which includes organizational and non-organizational users. Individuals (non-organizational users) use *Healthy People 2020* as a resource, even if the organization does not use *Healthy People* to guide program planning. Implementation strategies targeted to these users could broaden the reach of the initiative.

Introduction

Since 1979, the Office of Disease Prevention and Health Promotion (ODPHP) at the U.S. Department of Health and Human Services (HHS) has provided science-based, ten-year national objectives to improve the health of all Americans. This initiative, known as *Healthy People*, establishes benchmarks and monitors progress over time to encourage collaborations across communities and sectors; empowers individuals toward making informed health decisions; and measures the impact of prevention activities.

The most recent iteration of the initiative, *Healthy People 2020*, highlights the central role of the physical and social environments in determining health. *Healthy People 2020* is organized into 42 topic areas and over 1200 objectives. The overarching goals of *Healthy People 2020* are to: 1) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; 2) achieve health equity, eliminate disparities, and improve the health of all groups; 3) create social and physical environments that promote good health for all; and 4) promote quality of life, healthy development, and healthy behaviors across all life stages.

Over the decades, there have been noteworthy changes to the initiative. The first 3 iterations of *Healthy People* were issued as printed volumes, presenting the initiative's goals and objectives to guide stakeholder action. *Healthy People 2020*, which lives on the HealthyPeople.gov website, employs a Web-based database that enables users to access up-to-date information on the objectives and offers data sources, resources for implementation, opportunities for learning and professional development, and other materials. As a "living" resource, the website is continuously updated to ensure its responsiveness to emerging trends, and to provide users with relevant and timely tools and activities to assist them in implementing the objectives.

At the halfway point in the decade, ODPHP commissioned the 2015 *Healthy People* User Study to increase its understanding of how organizations are using and implementing *Healthy People 2020*. This information will assist ODPHP in developing strategies for improving the usefulness of the initiative for key stakeholders. In addition, results from the survey will inform the development of the next iteration of health promotion and disease prevention objectives, *Healthy People 2030*.

Study Background and Significance

ODPHP contracted with NORC at the University of Chicago (NORC) in 2014 to conduct the 2015 User Study, the third iteration of the *Healthy People* User Study. The 2015 study builds on 2 studies conducted by NORC in 2005 and 2008.

The first study, *Assessment of the Uses and Users of HealthierUS*[3] *and Healthy People 2010* (2005 User Study), was funded by the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) and ODPHP. The 2005 User Study looked at how *Healthy People 2010* was being used among State, local, and Tribal health organizations and those organizations' perceptions of the *HealthierUS* initiative. The 2005 User Study identified differences among States, Local Health Departments, and Tribes in terms of their awareness and use of *Healthy People.* Although States and Local Health Departments reported using *Healthy People* to guide research, outreach, and internal planning, the study found that Tribes and small organizations were less aware of *Healthy People*. The sample for the 2005 User Study was 301 respondents, and included the 51 directors of the State and District of Columbia health departments, local health organizations randomly selected from the list of approximately 2,700 members of the National Association of County and City Health Officials (NACCHO), and Tribal health organizations randomly selected from a list of 400 organizations provided by the Indian Health Service (IHS). In 2005, 83% of respondents were aware of *Healthy People 2010*, of which 71% reported using it.

In 2007, ASPE and ODPHP funded the 2008 *Healthy People* User Study (2008 User Study) to replicate the earlier study and assess whether and how awareness and use of *Healthy People 2010* had changed in the years following the baseline study. After the 2005 User Study, ODPHP had undertaken a number of targeted outreach efforts and provided implementation support for *Healthy People 2010* and wanted to determine if there was an impact from these activities. Findings from the 2008 User Study were also used to inform the development of *Healthy People 2020*. The 2008 User Study had 361 respondents from the 517 organizations sampled from different sampling frames. While the 2008 User Study also surveyed States, local health departments, and Tribal health organizations, there were some slight differences in the construction of some sampling frames. For example, the State sample in the 2008 User Study included the *Healthy People* State Coordinators and the State Chronic Disease Directors. The Tribal sample included individual health organizations, selected from a list of 292 Tribal health organizations developed by IHS, as well as another respondent group of 12 Multi-Tribal Area Health Boards (MTAHB). The MTAHB advise in the development of positions on health policy, planning, and program design for a number of Tribes in an area. In 2008, 90% of respondents were aware of *Healthy People 2010*. Among those who were aware of the initiative, 77% reported using *Healthy People 2010*.

Findings from the first 2 studies helped establish the efficacy of the initiative through an understanding of where and how groups with the ability and resources are implementing *Healthy People*. The results of these 2 studies have informed both the development of *Healthy People 2020* and strategic planning for the implementation of *Healthy People 2020*. Given the usefulness of these findings, ODPHP funded a third iteration of the user study, the 2015 User Study. The timing of the study at the mid-point of the decade is

[3] The Healthier US initiative was an initiative established by Executive Order of the President (2003) and designed to: 1) increase physical activity, 2) promote responsible dietary habits, 3) increase utilization of preventive health screenings, and 4) encourage healthy choices concerning alcohol, tobacco, drugs, and safety among the general public.

especially valuable for ODPHP as it is 5 years after the launch of *Healthy People 2020* and preliminary development for *Healthy People 2030* is underway. As such, the findings from the 2015 User Study will enable ODPHP to assess the implementation approach for *Healthy People 2020,* take action to address barriers to use for the remaining 5 years, and inform the development of *Healthy People 2030*. In addition, data collected in 2015 will enable ODPHP to determine if awareness and use has changed over the last decade.

Methodology

Study Population

There were 7 sample types surveyed as part of the 2015 User Study, including State/Territorial and Local Health Departments, Tribal entities, and 2 *Healthy People* stakeholder groups, the *Healthy People* Consortium and *Healthy People* Webinar Attendees. The sampling frames were constructed from multiple sources. Each of the respondent types is described below.

State Coordinators. The *Healthy People* State and Territory Coordinators (referred to as State Coordinators) are a key stakeholder group and directly involved in the implementation of *Healthy People 2020*. They serve as a liaison between their State or Territory and ODPHP, ensuring the development of a State plan aligns with the *Healthy People 2020* goals and objectives. The list of State Coordinators was provided by ODPHP and is available on HealthyPeople.gov. The State Coordinators list included 49 States, the District of Columbia, and 8 U.S. territories and freely associated States.

Senior Deputies. The Senior Deputies serve in leadership positions at State/Territorial health departments. The list of Senior Deputies was provided to NORC by the Association for State and Territorial Health Officials (ASTHO). A contact was provided for a total of 47 States, the District of Columbia, and 5 U.S. territories and freely associated States. When multiple individuals were listed for a single State/Territorial health department, only one representative was included in the sample. Additionally, one Senior Deputy was also listed as the State Coordinator. This person was included in the State Coordinator sample, and therefore the total sample size was 52 Senior Deputies.

Local Health Departments. A list of 2,521 local health departments provided by the NACCHO served as the sampling frame.[4]

Tribes. The sampling frame was constructed from the publicly available list of 566 Federally recognized Tribes managed by the Bureau of Indian Affairs.[5] This list contained contact information for Tribal

[4] For the 2008 User Study, the NACCHO membership list was used as the sampling frame. For the 2015 User Study, the NACCHO Profile list was used as the sampling frame.

[5] http://www.bia.gov/cs/groups/xois/documents/document/idc1-028053.pdf

Leaders, who were asked to complete the survey or to forward to the individual within the Tribe who is most knowledgeable about decisions related to health promotion.

Tribal Area Health Boards. The list of the 11 Area Health Boards was constructed using publicly available information from the National Indian Health Board (NIHB).[6] NIHB is a non-profit organization that represents Tribal governments. The Area Health Boards serve as a communication link between NIHB and Tribes, advising on the development of positions on health policy, planning, and program design.

Consortium Organizations. Consortium Organizations are members of the *Healthy People* Consortium, a group of organizations committed to promoting and implementing *Healthy People 2020*. This stakeholder group is comprised of over 2,400 organizations, including but not limited to agencies, businesses, schools and universities, faith-based organizations, and government entities. ODPHP provided the list of *Healthy People* Consortium members.

Webinar Attendees. This is a varied group of *Healthy People* stakeholders who were selected based on their attendance at a *Healthy People* webinar. ODPHP hosts 3 webinar series (Leading Health Indicators, Spotlight on Health, Progress Reviews), which present recent data and trends and innovative ways to implement *Healthy People.* The sampling frame was constructed by compiling a list of all individuals who attended one or more of these webinars in 2014. The final sampling frame contained 9,326 individuals.

Study Design

The 2015 User Study utilized a multi-mode approach to data collection, including computer assisted web interviewing (CAWI) and computer assisted telephone interviewing (CATI). The primary mode of completion was via the Web-based survey instrument. Each individual was asked to complete the one-time survey, which took approximately 15 minutes, on behalf of his or her organization. During follow up, one sample type was given the option to complete a paper questionnaire. The final questionnaire consisted of 4 sections:

Use of *Healthy People 2020*. These questions captured data on whether an organization uses *Healthy People 2020*, how it uses the initiative, and factors that limit the use of the initiative. An open-ended question allowed respondents to discuss additional issues that limit their use of *Healthy People 2020*. Fill-in-the-blank options were provided for several questions asking respondents to provide additional detail. In addition, sub-sections included questions about the awareness and use of the Leading Health Indicators and *Healthy People 2020* Tools and Activities.

[6] http://www.nihb.org/about_us/area_health_boards.php

Looking Forward to *Healthy People 2030*. These questions captured data on the respondent organization's opinions on the development of *Healthy People 2030*, including the scope of issues covered, the format for *Healthy People 2030*, and how respondents would plan to provide feedback on the newest iteration. Respondents were also asked to provide any suggestions for ways HHS can improve the next iteration of *Healthy People*.

Non-Users of *Healthy People 2020*. These questions were only given to organizations who indicated they were non-users of *Healthy People 2020* and captured data about barriers to using *Healthy People 2020* and plans for use of *Healthy People 2030*.

Organizational Demographics. These questions captured data about the type of organization, the size of the staff at the respondent organization, and the size of the population served by the organization.

As with the 2 previous User Studies, respondents were asked to complete the survey on behalf of their organization. Given their positions at their organizations, the individuals contacted at the State, local, and Tribal samples were able to complete the survey from an organizational perspective. For the *Healthy People* Consortium, the organization, not the individual, is considered the consortium member; therefore, responses were collected at the organization level.

Unlike the other 6 sample types, the Webinar Attendees were a unique mix of individuals. It was expected that some of the individuals contacted would be able to complete the survey on behalf of their organization and some individuals would not feel comfortable speaking on behalf of their organization given their role. When asked whether their organization uses *Healthy People 2020*, Webinar Attendees who said "No" or "Don't Know" were asked if they use *Healthy People 2020* as a part of their work. An additional section was added to capture information about these unique Webinar Attendees, referred to as non-organizational users. Those non-organizational users were asked a subset of the survey questions about their use of *Healthy People 2020*.

The format and design of the questionnaire allowed for the collection of data that could answer the research questions, as shown in Exhibit 1. The survey design was developed by reviewing and revising the questionnaire from the 2008 User Study. Key questions regarding the use of *Healthy People* and the scope of future iterations of *Healthy People* were included. Additional questions were added to gather information about key implementation efforts that have been underway since the launch of *Healthy People 2020* in December 2010. The questionnaire was also reviewed by ASTHO, NACCHO, and NIHB to ensure the questions were clear and applicable to their members who were included in the sampling frames.

Exhibit 1. Key Research Questions

1. AWARENESS: Are organizations aware of *HP2020*, and if so, how are the organizations using the initiative? Has the use of *Healthy People* changed since the 2008 user study?
▪ Is the organization aware of *HP2020*? ▪ Has the organization incorporated *HP2020* into its planning of health activities? If so, how did it do this? ▪ How does the organization use *HP2020?* ▪ What is the impact of *HP2020* on the work of the organization? ▪ Are organizations aware of the Leading Health Indicators? Are the Leading Health Indicators a valuable element of *HP2020*?
2. MONITORING PROGRESS: How do organizations monitor progress towards *HP2020* objectives and targets?
▪ Does the organization assess progress towards *HP2020* goals? ▪ What data sources does the organization use to assess progress towards the *HP2020* objectives?
3. USEFUL ELEMENTS: What components of *HP2020* are most useful to users?
▪ Does the organization use *HP2020* as a source of data for benchmarking or evaluation? ▪ Which *HP2020* tools and activities are users aware of? Which do they use? ▪ Are there additional resources that would be useful to organizations?
4. LOOKING FORWARD: What key issues should be considered in framing the next iteration of health promotion and disease prevention objectives for the Nation?
▪ How can HHS improve the next iteration of national health objectives to be more useful to organizations? ▪ Should the scope of issues covered in the next iteration of *Healthy People* be narrower or broader than *HP2020*? ▪ Would a reorganization (e.g., by health risks/ determinants, by disease areas, by life stages) of objectives be helpful to organizations? ▪ How involved should organizations be in framing the next iteration of *Healthy People*?
5. NON-USERS: What are the reasons that organizations are not using *HP2020*?
▪ What barriers to using *HP2020* exist at the organization? ▪ What aspects of the *HP2020* pose obstacles or challenges to using it at the organization? ▪ What changes to this initiative would increase its usefulness?
6. WEBINAR PARTICIPATION: How has webinar participation influenced the organizations use of *HP2020*?
▪ Has participants' usage of *HP2020* changed since attending webinar(s)? ▪ Were Webinar Attendees aware of *HP2020* before attending the webinar?
7. DEMOGRAPHICS: What are the organizational characteristics of users and non-users of HP2020, and has this changed since the 2005 and 2008 user studies?
▪ What is the type, size, and location of the organization?

A pretest of the survey instrument was conducted to ensure the questions and available responses were clear to respondents and that the questions captured the intended information. Pretest participants were randomly selected from the sampling frames for Consortium Organizations and Webinar Attendees because these were new sample types for the 2015 User Study and are comprised of a diverse group of organizations. Once the pretest respondent agreed to participate, an electronic version of the questionnaire was emailed to pretest participants, who printed the survey, completed the questionnaire on paper, and sent a scanned copy of the completed survey back to the project team. The project team conducted an interview with 8 pretest participants to review the structure and context of the questionnaire and gather feedback on their understanding and perceptions of the survey. Findings from the pretest were incorporated into the final study questionnaire. The study received clearance from the Office of

Management and Budget (OMB Control Number 0990-0437). The final questionnaire is included as Appendix A.

Selection Methods

A total of 1,097 respondents were selected for inclusion in the sample. All State level respondents, including State Coordinators[7] and Senior Deputies[8], were included in the sample. In addition, all 11 of the Tribal Area Health Boards were included in the sample. The sampling design for the remaining sample types utilized systematic samples with equal probability of selection (within organization type) and implicit stratification for the Local Health Departments and Tribes. Implicit stratification involves sorting the frame on certain variables so that the sample drawn is representative on that variable. The selected sample was sorted on multiple variables, allowing the study's samples to be representative on more than one dimension. This procedure is described for Local Health Departments, Tribes, Consortium Organizations, and Webinar Attendees below.

Local Health Departments. The NACCHO list frame consisted of 2,521 records. The sample file was first sorted by jurisdiction (city, multi-city, county, multi-county). Next, the list was sorted on population size group. Finally, the list was sorted by geography, according to census region (Northeast, Midwest, South, West), census division (9), State, and zip code to ensure a regionally representative sample. Due to the large number of small local health departments in Massachusetts, the State was given a weight of 0.40 in selection to prevent more than 10% of the sample from being Massachusetts local health departments. A total of 375 organizations were selected for the final sample.

Tribes. The list contained 566 Federally recognized Tribes. First, the list was sorted by the 12 Bureau of Indian Affairs regions. The Navajo region contains only one Tribe, the Navajo Nation, but it is the largest Tribe and therefore this was treated as a certainty selection. Since some regions have many small Tribes and other regions have fewer large Tribes, the sample was allocated by region according to the geometric mean (square root of the product) of the region's share of Tribes and Tribal populations. For example, the Alaska region has 39.6% of all Tribes, but only 5.1% of the Tribal population, so its share of the sample was its share of the sum of the geometric means of 17%. Within each region, the list was sorted by size to ensure a mix of large and small Tribes in each region, and 100 Tribes were selected for inclusion in the sample.

Consortium Organizations. The initial Consortium list frame contained 2,414 organizations. International and State-level government agencies were excluded from the list. Additionally, exact duplicate organization names were excluded. Following the removal of these organizations, the final list

[7] The State Coordinators list included 49 States, the District of Columbia, and 8 U.S. Territories or Freely Associated States.
[8] The Senior Deputies list included 46 States, the District of Columbia, and 5 U.S. Territories or Freely Associated States.

frame contained 2,239 organizations. The list was sorted by organization type, and 250 organizations were included in the final sample.

Webinar Attendees. The initial webinar list frame contained 9,418 respondents. Attendees who were not logged into the webinar for at least 20 minutes were excluded. Additionally, participants from outside of the United States were not included. The final list frame contained 9,326 individuals. The list was sorted by the 16 webinars from 2014 (within webinar type), organization type, and organization. The sample was selected proportionally within each webinar. Participants who attended more than one webinar had multiple chances to be selected, but the sample was de-duplicated so a participant could only be selected once. A total of 250 Webinar Attendees were included in the final sample.

Final Response Rate

Exhibit 2 displays the overall response rates on the questionnaire, as well as the response rates for each respondent type. The total overall response rate was 52.2%.

Exhibit 2. Final Response Rates

Sample Type	Sample Size	Completes	Percent Received
State Coordinators	58	46	79.3%
Senior Deputies	52	42	80.8%
Local Health Departments	375	253	67.5%
Tribes	100	34	34.0%
Tribal Area Health Boards	11	7	63.6%
Consortium Organizations	250	83	33.2%
Webinar Attendees	250	108	43.2%
TOTAL	**1097**	**573**	**52.2%**

Data Collection Techniques

Data collection began in September 2015 and was completed in January 2016. Respondents were mailed a Web invitation letter signed by officials at HHS that included the URL for the web based survey and the respondent's unique PIN. Follow up emails were sent to respondents 3 days after the initial mailing and again 2 weeks later. Another Web invitation letter was mailed 3 weeks after the initial mailing.

Telephone prompting of those who had not responded began approximately one month after the initial mailing. The telephone prompt provided an opportunity to collect contact information in order to resend the URL and PIN to respondents or an appropriate individual identified at the respondent organization. Respondents were also given the option of completing the questionnaire over the telephone at that time, and 28 respondents completed the survey using this method. Telephone prompting continued through the

end of 2015. At the start of telephone prompting, an email reminder was sent from ODPHP. Additional email reminders were sent monthly during telephone prompting.

Telephone interviewers reported difficulty contacting the Tribes and noted 2 common issues reported by this respondent group: inability to access the Web based survey and the need to obtain approval to complete the questionnaire. Therefore, invitation letters and a paper version of the survey instrument were faxed to the Tribes.

At the end of 2015, ASTHO emailed a letter of support to the Senior Deputies who had not yet responded and a letter of support from NACCHO was mailed to Local Health Departments who had not yet responded. These letters of support were signed by leadership at their respective organizations and included the URL and unique PIN for respondents to complete the questionnaire.

A "Last Chance" postcard was mailed to respondents in early January and a follow up email was sent in mid- January. Data collection through the web was closed at the end of January 2016; however, one paper survey was mailed in in early March 2016, and this respondent was included in the analysis.

Study Respondents

Of the 573 respondent organizations, 8% were State Coordinators, 7% were Senior Deputies, 44% were Local Health Departments, 6% were Tribes, 1% were Tribal Area Health Boards, 15% were Consortium Organizations, and 19% were Webinar Attendees. The geographic spread of the State, local, and Tribal respondent organizations is shown in Exhibit 3. Exhibit 4 shows the distribution by State.

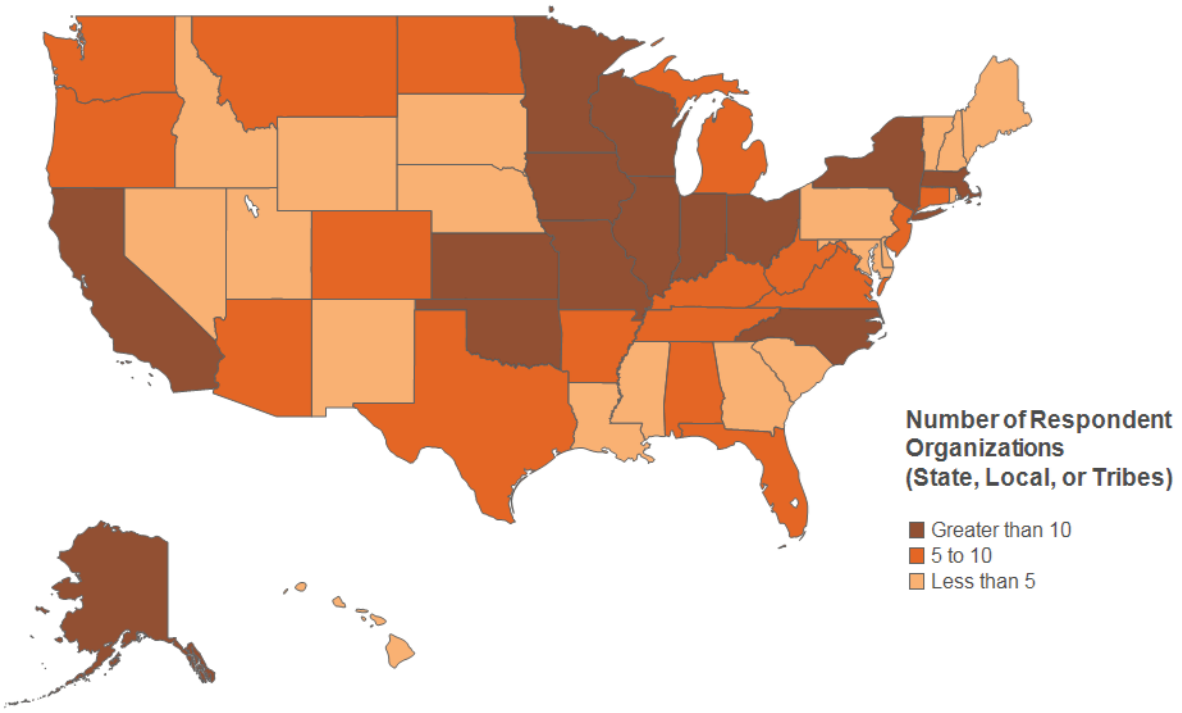
Exhibit 3. Geographic Spread by Census Regions

	State Samples[9] N	State Samples %	Local Sample N	Local Sample %	Tribal Samples[10] N	Tribal Samples %
Northeast Region	**15**	**18%**	**36**	**14%**	**1**	**3%**
Division 1: New England	11	13%	16	6%	0	0%
Division 2: Middle Atlantic	4	5%	20	8%	1	3%
Midwest Region	**19**	**21%**	**111**	**44%**	**8**	**24%**
Division 3: East North Central	9	10%	50	20%	2	6%
Division 4: West North Central	10	11%	61	24%	6	18%
Southern Region	**30**	**34%**	**75**	**30%**	**1**	**3%**
Division 5: South Atlantic	16	18%	34	13%	1	3%
Division 6: East South Central	7	8%	20	8%	0	0%
Division 7: West South Central	7	8%	21	8%	0	0%
Western Region	**18**	**20%**	**31**	**12%**	**24**	**71%**
Division 8: Mountain	10	11%	20	8%	7	21%
Division 9: Pacific	8	9%	11	4%	17	50%
Territories	**6**	**7%**	N/A	N/A	N/A	N/A
TOTAL	**88**		**253**		**34**	

[9] Includes both *Healthy People* State Coordinators and Senior Deputies.

[10] Includes only Tribes.

Exhibit 4. Geographic Spread (States, Locals, and Tribes)[11]



The 2 *Healthy People* stakeholder groups, Consortium Organizations and Webinar Attendees, were comprised of a variety of different types of organizations. Exhibit 5 shows the organization types of the respondents in both of those sample types. Nearly one-third of Consortium Organization respondents identified their organization as a non-profit/community based organization (31%), followed by educational institution (20%), and local government agency (13%). The top 3 organization types among Webinar Attendee respondents were State government agencies (16%), educational institutions (15%), and nonprofit/community based organizations (14%). The Webinar Attendee respondents are slightly more diverse in terms of organization type than the Consortium Organization respondents.

[11] The following U.S. Territories and Freely Associated States also have less than 5 respondents: American Samoa, Federated States of Micronesia, Guam, Marshall Islands, Northern Mariana Islands, Puerto Rico, Palau, Virgin Islands

Exhibit 5. Organization Types for Consortium Organizations and Webinar Attendees

	Consortium Organizations	Webinar Attendees
Nonprofit/Community-based Organization	31%	14%
Educational Institution	20%	15%
Local Government Agency	13%	9%
Professional or Industry Association	6%	3%
Federal Government Agency	4%	9%
State Government Agency	4%	16%
Hospital or Health Center	4%	12%
For Profit Organization	4%	5%
Public/Private Partnership	2%	1%
Faith Organization	1%	1%
Research Organization	1%	1%
Tribal Entity	1%	3%
Other	9%	11%

Data Analysis

Data analysis focused on identifying results of the key research questions. In addition to answering this core set of questions, the analysis compared the key respondent groups in terms of level of awareness, the level of use, the nature of use, and the kinds of barriers experienced. All analyses were conducted using SAS version 9.3 software.

Study Limitations

The study questionnaire was designed to be both short and simple in order to encourage the participation of busy government and Tribal officials. Therefore, many questions were limited to multiple choice items, which may not have fully captured the variety of uses of the initiative or the varying stages of integration of the initiative into existing programs. An exhaustive questionnaire would likely have resulted in a much lower response rate. A second limitation relates to the selection of the individual to complete the questionnaire on behalf of their organization. The degree to which respondents were familiar with their organization's use of the initiative cannot be verified. Additionally, no follow-up was made with respondents to verify reported information or retrieve missing data.

The study results are also limited by the small response rate from Tribes. For the 2008 User Study, names and contact information were provided by IHS for both Tribal Leaders and Tribal Health Directors of the Tribal health organizations. For the 2015 User Study, the list of 566 Federally recognized Tribes was used as the sampling frame, which included contact information for Tribal Leaders. Tribal leaders were sent

the survey and asked to complete it on behalf of their Tribe, or forward it to an appropriate person who makes decisions regarding health promotion in the community. During phone follow up, several Tribes noted barriers to completing the survey, such as lack of Internet access and the need to receive approval from their Tribal Council. Hard copy versions of the survey were sent to Tribes by fax; however, only one Tribe used this mode to submit the survey.

Incomplete contact information for the Consortium Organizations and Webinar Attendees was also a limitation of the study. For the majority of Consortium Organizations, an individual contact name was not provided. Advance locating was conducted to determine an appropriate individual to complete the survey, but an individual was not always successfully identified. Therefore, letters and emails were sent without a contact name, which likely lowered the response rate. Similarly, phone numbers were not available for many Webinar Attendees; therefore, phone follow-up was not possible.

Results

The following sections describe the results of the survey and provide answers to the study's main research questions. The results presented represent organizational level use of *Healthy People 2020*. Respondents were asked to answer questions on behalf of their organization. For a subset of Webinar Attendees who were non-organizational users, additional individual level questions were asked regarding the person's use of *Healthy People 2020*. These results are discussed separately and not included in the overall analysis.

Awareness

Healthy People 2020 had a high level of visibility across the responding organizations. Overall, 86% of respondents were aware of *Healthy People 2020*, a slight decrease from the 90% who were aware of the initiative during the last study. This difference is not statistically significant. All of the responding State Coordinators, 93% of the Senior Deputies, 89% of the Local Health Departments, 56% of Tribes, 86% of Tribal Area Health Boards, 76% of Consortium Organizations, and 89% of Webinar Attendees reported awareness of *Healthy People 2020*.

Use of the Initiative

Overall, 72% of the 493 organizations that were aware of *Healthy People 2020* reported that their organization uses the initiative. Reported use was lower among Consortium Organizations and Webinar Attendees than among State and Local Health Departments and Tribal Area Health Boards; however, Consortium Organizations and Webinar Attendees also had a higher percentage of respondents who did not know whether their organization uses *Healthy People 2020*. Sixteen percent of Consortium Organizations and 19% of Webinar Attendees were unsure whether their organization uses the initiative. Similarly, 32% of Tribes and 10% of Local Health Departments said, "Don't Know" when asked about their organizations' use of *Healthy People 2020*.

In order to compare use to the 2008 and 2005 versions of the study, Consortium Organizations and Webinar Attendees were excluded from Exhibit 6, which shows how the use of *Healthy People* has changed since 2005 among those who are aware of the initiative. Use has remained consistent since the 2008 study, with no statistically significant increases or decreases. Eighty-eight percent of users said their organization used a previous iteration of *Healthy People*.

Exhibit 6. Use of *Healthy People* Among Those Aware of the Initiative

Sample Type	2005 Study (%)	2008 Study (%)	2015 Study (%)
State Coordinators	100	96	98
State Chronic Disease Directors^/Senior Deputies*	*Not Surveyed*	100	100
Local Health Departments	65	74	73
Tribes	48	43	53
Multi-Tribal Area Health Boards^/ Tribal Area Health Boards*	*Not Surveyed*	100	100
TOTAL	**71%**	**77%**	**79%**

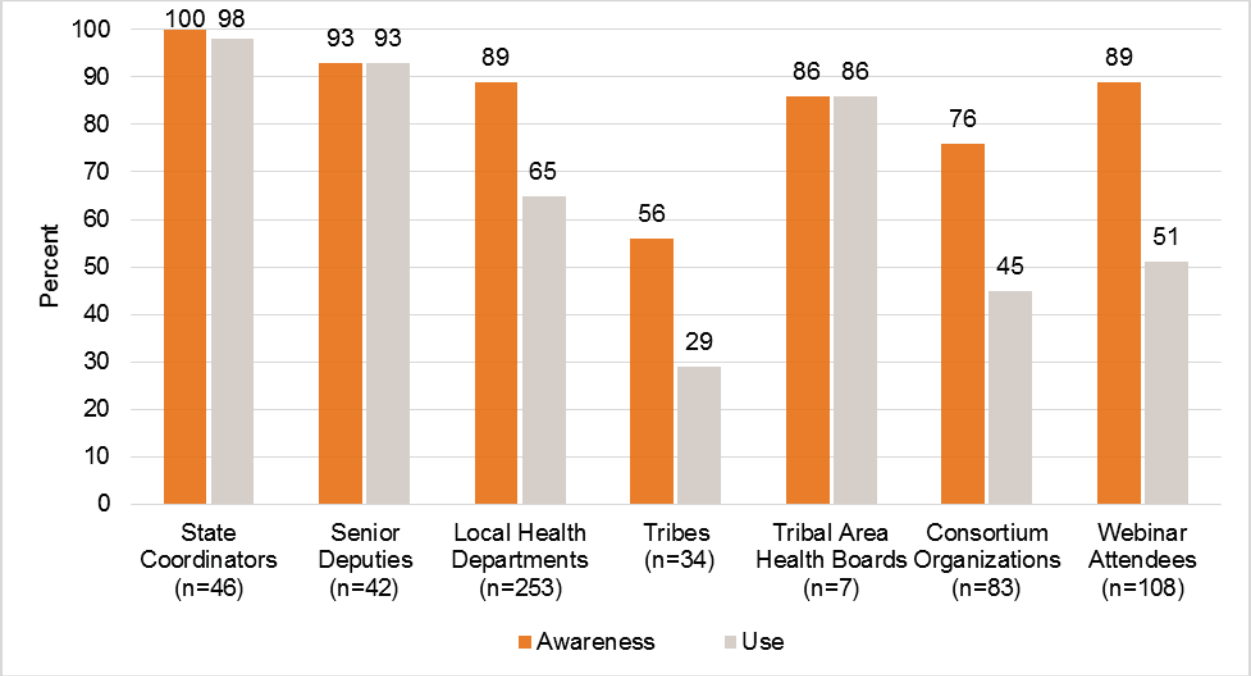
^Surveyed in 2008 Study
*Surveyed in 2015 Study

Awareness and Use by Sample Type. Exhibit 7 shows the awareness and overall use of *Healthy People 2020* for each sample type. Overall, of those who responded to the survey, 98% of State Coordinators and 93% of Senior Deputies said their organization uses *Healthy People 2020.* Use is lower among Local Health Departments, as 65% of all Local Health Departments who responded to the survey use the initiative.

Use of *Healthy People 2020* among Tribes remains limited. Only 10 of the 100 sampled Tribes responded to the survey and indicated that they are users, representing 53% of Tribes who were aware of the initiative. However, nearly two-thirds of the Tribal Area Health Boards responded to the survey, and all 6 Tribal Area Health Boards that were aware of *Healthy People 2020* use the initiative.

Of the 76% of Consortium Organizations that were aware of *Healthy People 2020*, 59% indicated that their organization uses the initiative. Of these organizations, 78% were one of 3 organization types: nonprofit/community-based organizations, educational institutions, and local government agencies. Among these 3 organization types, the use of *Healthy People 2020* was 71%. Awareness of *Healthy People 2020* was higher among Webinar Attendees. Eighty-nine percent of Webinar Attendees were aware of the initiative, of which 57% indicated that their organization uses it. Of these organizations, 47% identified as State, local, or Federal government agencies. Overall, 45% of Consortium Organizations and 51% of Webinar Attendees use *Healthy People 2020* at their organization.

Exhibit 7. Awareness and Overall Use of *Healthy People 2020* by Sample Type



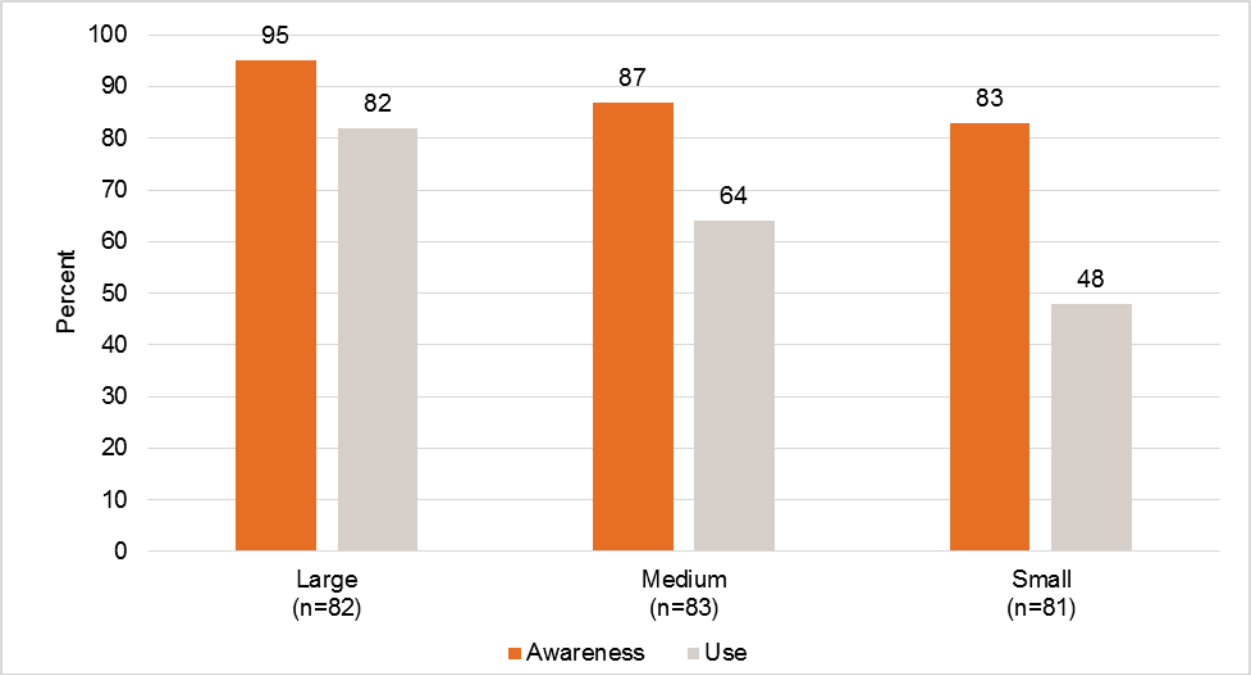
Awareness and Use by Size of Population Served. For the Local Health Departments and Tribes, both awareness and use varied by size of population served. For these 2 sample types, study respondents were classified into 3 categories (small, medium, large) based on their responses to a demographic question on the population served by their organization. Respondents were excluded from the analysis if they did not provide an answer to this question. Exhibit 8 shows the parameters for each of the size categories, which include roughly 33% of the respondents for each sample type.

Exhibit 8. Size Parameters by Sample Type

Size Category	Tribes (n=34)	Local Health Departments (n=246)
Small	< 600	< 24,000
Medium	600 – 2,000	24,000 – 65,000
Large	≥ 2,000	≥ 65,000

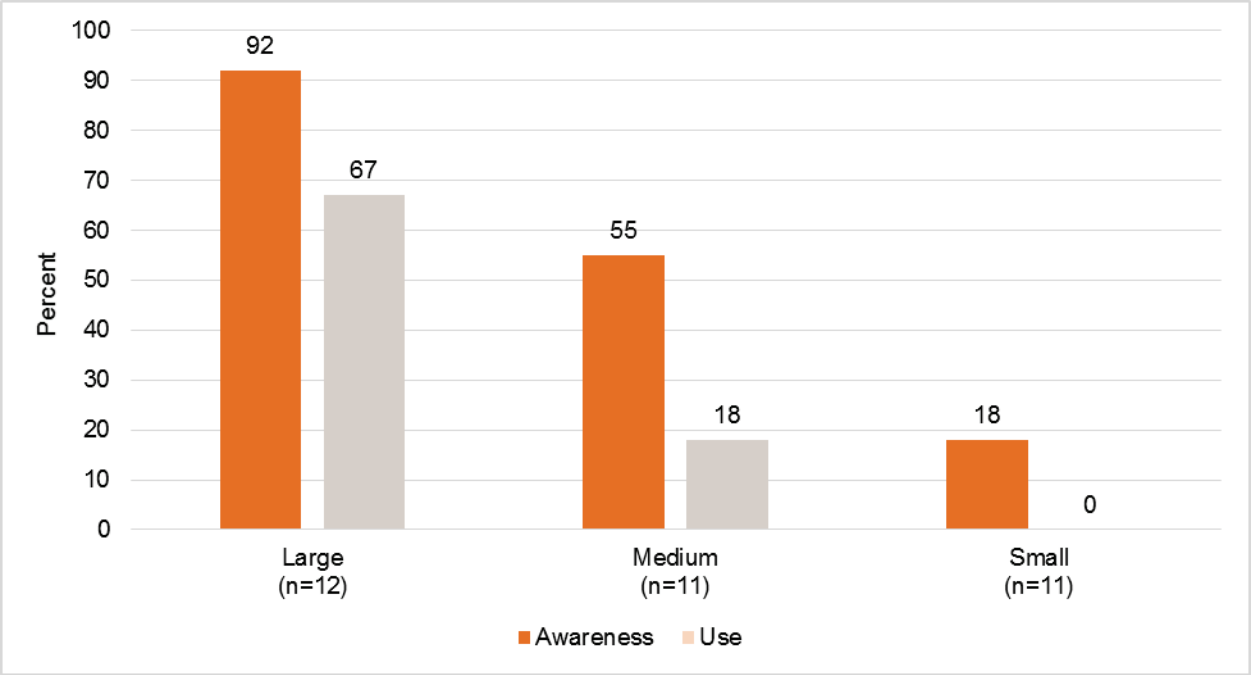
For Local Health Departments, statistically significant differences ($p<0.05$) were seen for both awareness and use, comparing the small and large population categories. Ninety-five percent of large Local Health Departments were aware of *Healthy People 2020*, compared to 87% of medium and 83% of small Local Health Departments. In terms of overall use, 82% of large Local Health Departments use *Healthy People 2020*, compared to 64% of medium Local Health Departments, and just 48% of small Local Health Departments. Exhibit 9 shows these results for Local Health Departments.

Exhibit 9. Awareness and Overall Use of *Healthy People 2020* by Size of Population Served - Local Health Departments



For Tribes, there was also a statistically significant difference ($p<0.05$) in awareness and by size of population served, comparing the large and small population categories. Ninety-two percent of Tribes serving greater than 2,000 individuals were aware of *Healthy People 2020*, and 67% use the initiative. For Tribes serving between 600 and 2,000 individuals, the medium population size, 55% were aware of *Healthy People 2020* and 18% overall use the initiative. For Tribes serving the smallest population, less than 600 individuals, only 18% were aware of *Healthy People 2020* and none use the initiative. Exhibit 10 shows these results for Tribes.

Exhibit 10. Awareness and Overall Use of *Healthy People 2020* by Size of Population Served - Tribes



Types of Use. Organizations from all sample types use *Healthy People* 2020 for a wide variety of purposes. Exhibit 11 shows the percentage of respondents across sample types who indicated their organization uses *Healthy People 2020* for a specific purpose. Ninety-one percent of organizations use *Healthy People 2020* as a data source, 82% use it to inform program planning to address health disparities, and 81% use it for comparison with organization data. Only 40% use *Healthy People 2020* as a guide for allocating resources in the organization.

Exhibit 11. Specific Uses of *Healthy People 2020* Among all Users

For research/assessment	
As a data source	91%
To inform program planning to address health disparities	82%
For comparison with organization data (e.g. benchmarking)	81%
To develop community health improvement plans	79%
To conduct community health assessments	70%
For meeting national public health accreditation standards	51%
For collaboration/outreach or education	
As a resource for building community partnerships for promoting health	73%
As a learning tool for staff or students	67%
For setting internal priorities	
As a framework for planning, goal-setting or decision-making	79%
To guide priorities for the organization	73%
As a guide for allocating resources in the organization/entity	40%
Other uses	
To support applications for grants or other funding	79%
To inform policy development	70%
To create or inform quality improvement activities	67%
Other, please specify	29%

Appendix B shows the percentage of each type of use by sample type. Although only 51% of respondents from all sample types said their organization uses *Healthy People 2020* for meeting national public health accreditation standards, the percentage is higher for State organizations. Seventy-one percent of State Coordinators and 74% of Senior Deputies indicated their State uses *Healthy People 2020* for accreditation purposes. Fifty-one percent of Local Health Departments use the initiative for accreditation, but differences exist by size of population served. For Local Health Departments serving a small population, 38% use *Healthy People 2020* for accreditation, compared to 63% for Local Health Departments serving a large population (statistically significant difference $p<0.05$). Similarly, the use of *Healthy People 2020* for comparison with organization data (e.g. benchmarking) among Local Health Departments differs by size. Sixty-four percent of Local Health Departments serving a small population use *Healthy People 2020* for benchmarking, compared to 88% of those serving a large population (statistically significant difference $p<0.05$).

Some differences emerged from answers provided by the 2 State-level sample types: State Coordinators and Senior Deputies. For 10 of the 14 different uses of *Healthy People 2020* provided, a higher percentage of Senior Deputies than State Coordinators indicated their organization uses the initiative for that purpose. Specifically, 90% of Senior Deputies indicated their State/Territory uses *Healthy People*

2020 to guide priorities for the organization, compared to 73% of State Coordinators. Seventy-four percent of Senior Deputies said their organization uses *Healthy People 2020* as a learning tool for staff and students, compared to 56% of State Coordinators. Finally, 83% of Senior Deputies said their organization uses *Healthy People 2020* to create or inform quality improvement activities, compared to 62% of State Coordinators.

Webinar Attendee Use of *Healthy People 2020*

Of the 89% of Webinar Attendees who indicated they were aware of *Healthy People 2020*, 57% said their organization uses the initiative, and an additional 23% use the initiative as part of their work. These individuals, the non-organizational users, indicated that their organization does not use *Healthy People* 2020 or were unsure of their organization's use. Non-organizational users were asked how they use *Healthy People 2020* and were provided with the same answer choices as organizational users. Exhibit 12 compares the specific ways Webinar Attendees use the initiative. The top 3 uses for organizational users are: as a data source (85%), for comparison with organization data (74%), and to inform program planning to address health disparities (72%). The top 3 uses for non-organizational users are: as a data source (95%), to inform program planning to address health disparities (81%), and as a learning tool for staff or students (77%). The non-organizational users, who were unable to indicate whether their organization uses *Healthy People 2020*, were less likely than organizational users to indicate using the initiative in ways related to an organization, such as for setting internal priorities, developing community health improvement plans, conducting community health assessments, and meeting national accreditation standards. However, the non-organizational users were more likely than organizational users to use *Healthy People 2020* as a learning tool for staff or students, to inform program planning to address health disparities, and as a data source.

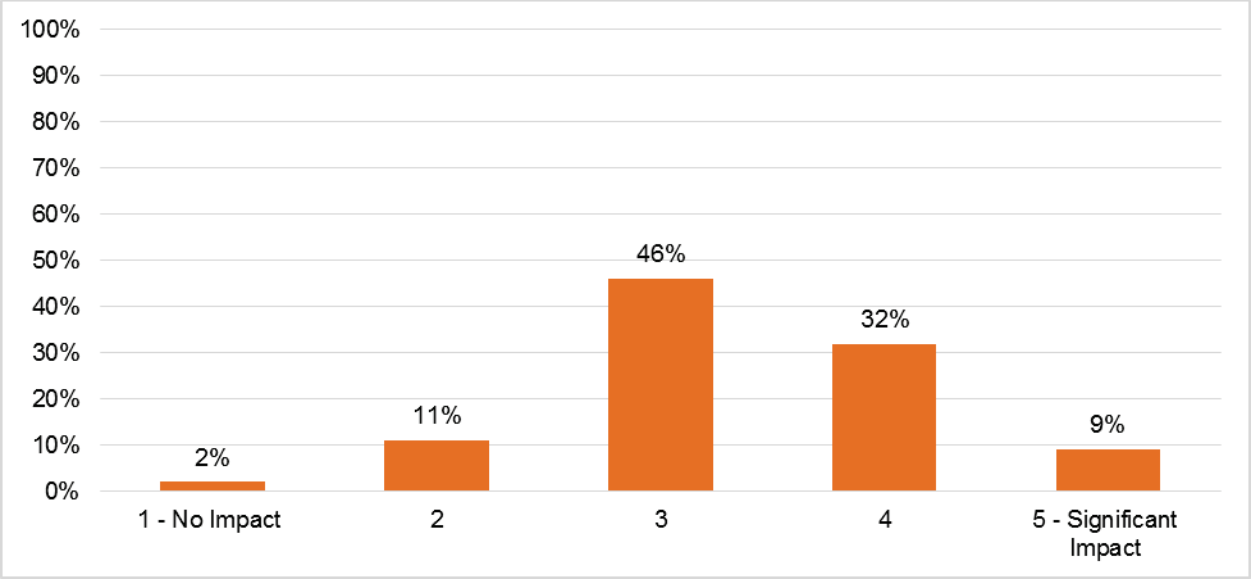
Exhibit 12. Comparing Specific Uses of *Healthy People 2020* - Organizational and Non-Organizational Webinar Users

	Organizational Users	Non-Organizational Users
For research/assessment		
As a data source	85%	95%
For comparison with organization data (e.g. benchmarking)	74%	64%
To inform program planning to address health disparities	72%	81%
To develop community health improvement plans	67%	55%
To conduct community health assessments	54%	36%
For meeting national public health accreditation standards	39%	27%
For collaboration/outreach or education		
As a learning tool for staff or students	67%	77%
As a resource for building community partnerships for promoting health	60%	52%
For setting internal priorities		
As a framework for planning, goal-setting or decision-making	71%	59%
To guide priorities for the organization	69%	45%
As a guide for allocating resources in the organization	44%	27%
Other uses		
To create or inform quality improvement activities	66%	59%
To support applications for grants or other funding	65%	32%
To inform policy development	63%	27%
Other, please specify	22%	13%

Webinar Attendees were also asked about their awareness and use prior to and after attending a *Healthy People* webinar. Ninety percent of Webinar Attendees indicated that they were aware of *Healthy People 2020* prior to attending a webinar. Among both webinar organizational users and non-organizational users, 91% of respondents said their use of *Healthy People 2020* has not changed since attending a webinar.

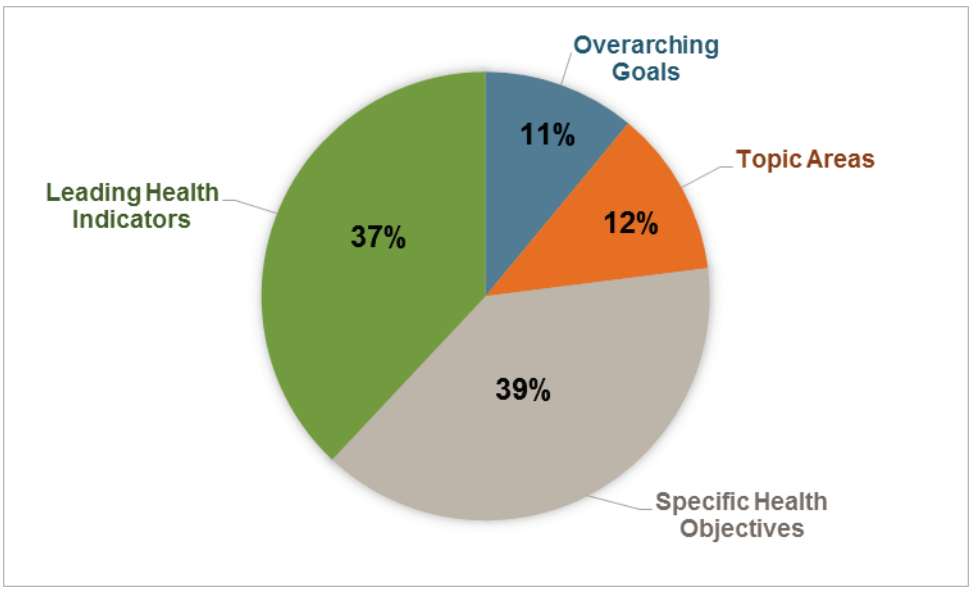
Impact of *Healthy People 2020*. All users were asked to what degree *Healthy People 2020* has impacted the work of their organization, on a scale of 1 to 5; 1 meaning no impact and 5 meaning significant impact. Overall, the mean rating was 3.3, with the highest percentage of each sample type rating the impact of *Healthy People* 2020 at 3. Exhibit 13 shows the percentage of each level of impact.

Exhibit 13. Impact of *Healthy People 2020* on Organizations' Work



Most Useful Element. Users were asked to identify the most useful element of *Healthy People 2020*. Overall, 39% said the specific health objectives are the most useful element, and 37% said the Leading Health Indicators. For Local Health Departments, Tribes, and Tribal Area Health Boards, the Leading Health Indicators were the most useful element, and for State Coordinators, Senior Deputies, and Consortium Organizations, the specific health objectives were the most useful. Both specific health objectives and Leading Health Indicators were most useful for the Webinar Attendees. Exhibit 14 shows the percentage of all respondents who selected each element of *Healthy People 2020* as the most useful.

Exhibit 14. Most Useful Element of *Healthy People 2020* Among all Users



Program Planning. To further assess how *Healthy People 2020* has impacted organizations' program development, respondents were asked about the initiative's impact on developing new programs and expanding existing ones. Overall, 31% of organizations said *Healthy People 2020* has influenced decision-making regarding the development of new programs, and 34% said the initiative has influenced the expansion of existing programs. In an open-ended question, when asked to specify how *Healthy People* influenced decision-making, several State Coordinators and Senior Deputies said *Healthy People 2020* was used to develop State Health Improvement Plans and other reports on State health status. Local Health Departments mentioned the utilization of *Healthy People 2020* in strategic planning. Respondents also indicated that *Healthy People 2020* was used in grant applications and to measure and evaluate the impact of programs.

Monitoring Progress

The 2015 User Study sought to identify whether and how organizations assess progress towards their own objectives and targets. Overall, over one-half (51%) of users said their organization measures progress toward *Healthy People 2020* objectives and targets. Fifteen percent measure progress once mid-decade, while 36% measure progress at a different frequency. Many respondents noted that the tracking of objectives varies based on the program and data availability, but if possible, progress is measured annually. Others noted they look at the data every 2-3 years, while some compare outcomes quarterly.

Respondents were asked to indicate all data sources their organization uses to assess progress towards the *Healthy People 2020* objectives. Among respondents who monitor progress, 87% use State data sources. Fifty-three percent use Data2020[12] or national data sources, 38% collect data to obtain health outcome information, and 27% use another existing data source. Examples of additional data sources used include: Behavioral Risk Factor Surveillance System (BRFSS); Youth Risk Behavior Surveillance System (YRBSS); National Immunization Survey (NIS); Vital Statistics; American Community Survey; CDC website; and the County Health Rankings.

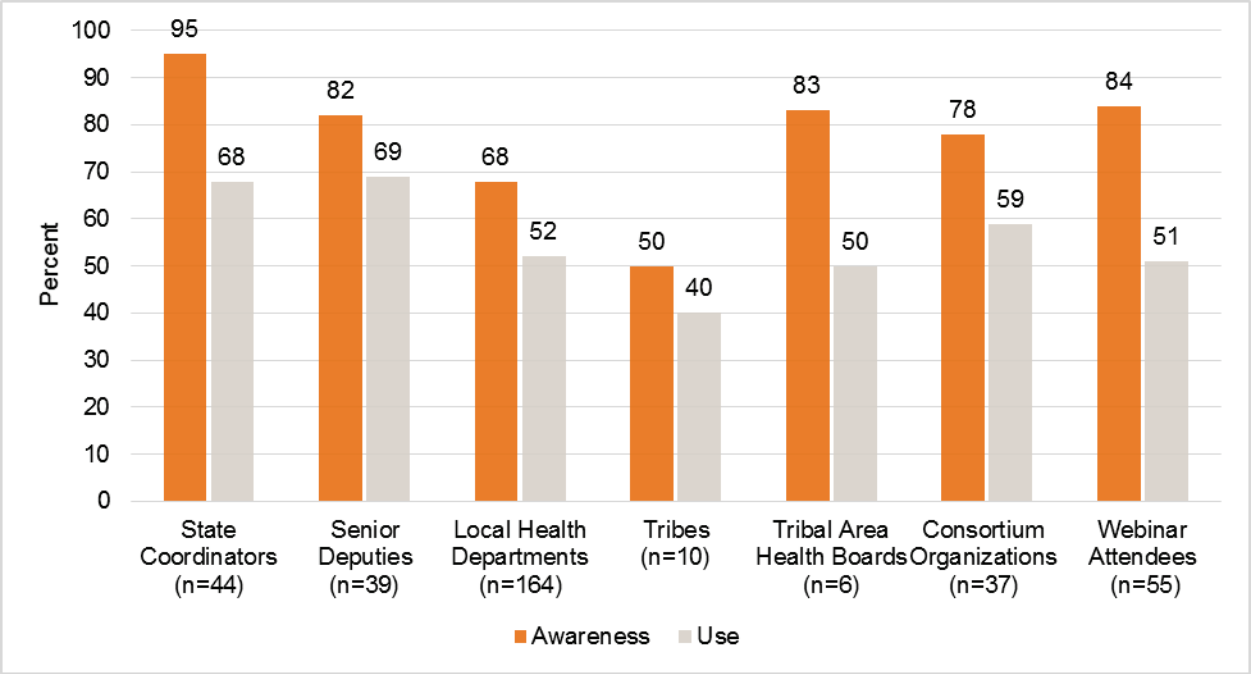
Most Useful Elements of *Healthy People 2020*

Healthy People 2020 includes several implementation approaches and strategies to engage users, such as the Leading Health Indicators, online tools, and other activities. The online tools and activities were not included in previous iterations of *Healthy People*. In order to understand whether *Healthy People* users are familiar with and utilize these tools and activities, additional questions were added to the 2015 User Study.

[12] Data2020 is an interactive tool that allows users to explore data and technical information related to the *Healthy People 2020* objectives.

Leading Health Indicators. The Leading Health Indicators are a smaller set of *Healthy People 2020* objectives that have been selected to communicate high-priority health issues to stakeholders and users. Overall, 76% of *Healthy People 2020* users were aware of the Leading Health Indicators, of which 74% indicated their organization uses the Leading Health Indicators. For the following sample types, at least 80% of users were aware of the Leading Health Indicators: State Coordinators (95%), Tribal Area Health Boards (83%), Senior Deputies (82%), and Webinar Attendees (84%). Although awareness was slightly lower among Local Health Departments (68%), 77% of those who were aware used the Leading Health Indicators. Exhibit 15 shows the awareness and overall use of the Leading Health Indicators by sample type.

Exhibit 15. Awareness and Overall Use of Leading Health Indicators by Sample Type



Respondents were asked to indicate the extent to which they agree or disagree with 3 statements:

- The Leading Health Indicators are a valuable element of *Healthy People 2020*.
- The Leading Health Indicators make navigating the *Healthy People 2020* content more manageable.
- My organization uses the Leading Health Indicators to guide program planning.

Among all respondents who were aware of the Leading Health Indicators, 79% either agree or strongly agree that the Leading Health Indicators are a valuable element of *Healthy People 2020*. Additionally, 69% agree or strongly agree that the Leading Health Indicators make navigating the *Healthy People 2020* content more manageable. A majority of respondents believe the Leading Health Indicators are valuable and assist with navigating Healthy People 2020, and 46% use them to guide program planning.

Exhibit 16. Value of the Leading Health Indicators

Statement	Disagree or Strongly Disagree	Neither Agree nor Disagree	Agree or Strongly Agree
The Leading Health Indicators are a valuable element of *Healthy People 2020*.	6%	15%	79%
The Leading Health Indicators make navigating the *Healthy People 2020* content more manageable.	7%	24%	69%
My organization uses the Leading Health Indicators to guide program planning.	16%	38%	46%

Tools and Activities. *Healthy People 2020* users were asked whether they are aware of and use a number of the initiative's tools and activities, including:

- Data (The Data2020 tool, *Healthy People 2020* objectives, topic area data)
- Implementation stories from organizations like yours (e.g. Stories from the Field, Leading Health Indicator bulletins, *Healthy People* eLearning)
- Tools for program planning (e.g. Evidence-based Resources, Federal prevention initiatives, MAP-IT)
- *Healthy People* webinars (e.g. Leading Health Indicator webinars, Spotlight on Health webinars, Progress Review webinars)
- *Healthy People* communication (e.g. the *Healthy People* listserv, *Healthy People* social media).

Respondents were most likely to be aware of the data and *Healthy People* webinars, and use among those aware was the highest for these tools and activities. Sixty-two percent of respondents were aware of the data tools, of which 83% indicated their organization uses the tool. Fifty-nine percent of respondents were aware of the *Healthy People* webinars, of which 68% use them. Awareness and use were the lowest for *Healthy People* communication and implementation stories. Overall, 43% of respondents were aware of *Healthy People* communication tools, such as the listserv and social media. Thirty-nine percent were aware of implementation stories, such as Stories from the Field, Leading Health Indicator bulletins, and *Healthy People* eLearning. Exhibit 17 shows the overall percentage of users who are aware of each tool or activity, and among those respondents who are aware, the percentage that use the tool or activity.

Exhibit 17. Awareness and Use of *Healthy People 2020* Tools and Activities

Tool or Activity	Awareness	Use*
Data	62%	83%
***Healthy People* webinars**	59%	68%
Tools for program planning	56%	65%
***Healthy People* communication**	43%	55%
Implementation stories	39%	47%

*Use is calculated among respondents who were aware of the tool or activity.

Exhibit 18 shows the percentage of users who are aware of each tool and activity, and the overall percentage of respondents who use them.

Exhibit 18. Awareness and Overall Use of *Healthy People 2020* Tools and Activities

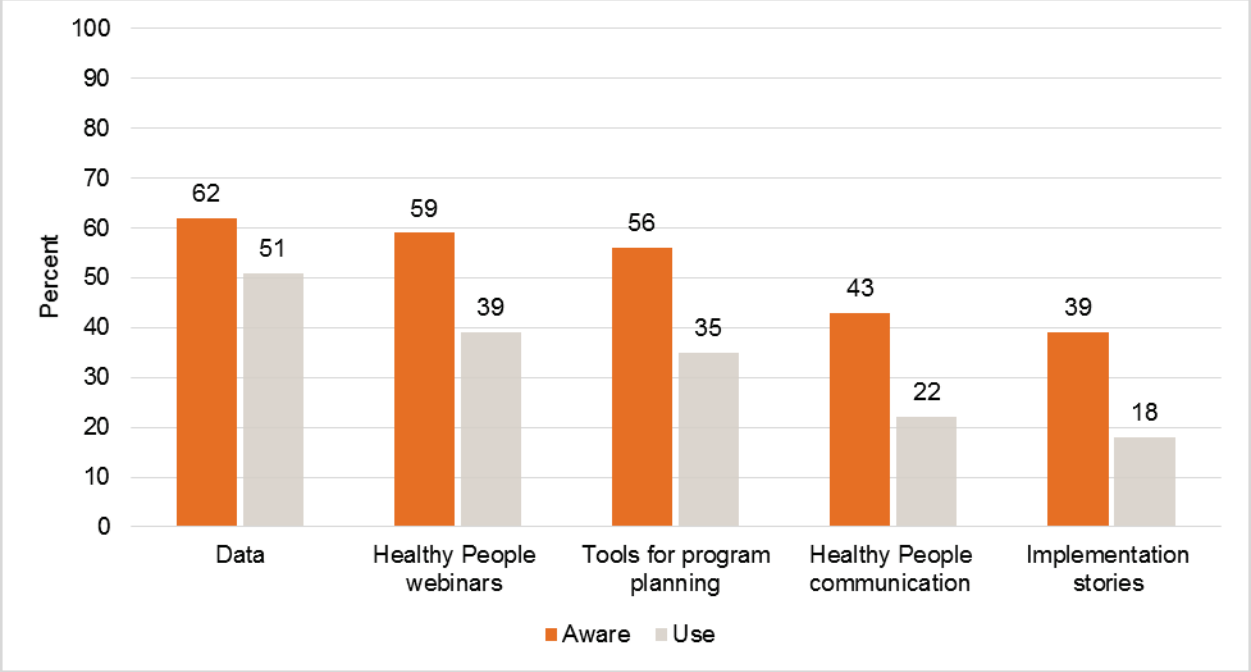


Exhibit 19 shows awareness and overall use of the tools and activities by sample type. Use of these tools and activities differs based on the audience. For example, over 50% of State Coordinators, Consortium Organizations, and Webinar Attendees are aware of *Healthy People* communication tools, compared to approximately one-third of Senior Deputies, Local Health Departments and Tribal Area Health Boards. Only 15% and 10% of Local Health Departments and Tribes respectively use *Healthy People* communication. Similarly, webinars and implementation stories are not widely used by Local Health Departments, Tribes, and Tribal Area Health Boards. The data tools are widely used by all sample types, except the Consortium Organizations. Only 41% of Consortium Organizations are aware of these tools.

Exhibit 19. Awareness and Overall Use of *Healthy People 2020* Tools and Activities by Sample Type

Sample Type	**Data** (Data2020 Tool, *Healthy People* 2020 objectives, topic area data)	***Healthy People* webinars**	**Tools for program planning** (Evidence-based Resources, Federal prevention initiatives, MAP-IT)	***Healthy People* communication** (*Healthy People* listserv, social media)	**Implementation stories** (Stories from the Field, Leading Health Indicator bulletins, *Healthy People* eLearning)
Awareness					
State Coordinators	77%	**89%**	60%	59%	43%
Senior Deputies	**68%**	47%	62%	30%	47%
Local Health Departments	**60%**	45%	52%	36%	37%
Tribes	**60%**	44%	50%	40%	0%
Tribal Area Health Boards	**100%**	50%	67%	33%	0%
Consortium Organizations	41%	**65%**	59%	51%	31%
Webinar Attendees	65%	**89%**	56%	55%	57%
Overall Use					
State Coordinators	64%	**66%**	42%	41%	27%
Senior Deputies	**61%**	34%	43%	14%	25%
Local Health Departments	**50%**	20%	34%	15%	14%
Tribes	**30%**	22%	10%	10%	0%
Tribal Area Health Boards	**100%**	17%	50%	33%	0%
Consortium Organizations	27%	**41%**	35%	24%	8%
Webinar Attendees	50%	**85%**	29%	34%	26%

Users were also asked whether there are additional tools and activities that would be useful to their organization. Exhibit 20 shows the percentage of users who indicated the specific tool would be useful. Respondents were able to check multiple tools and activities. Overall, 69% of users said examples of evaluation instruments or tools/templates from other organizations would be useful for their organization. Sixty percent said additional data resources, including more timely data, local data, or infographics would be helpful. Users were less interested in more outreach and engagement from HHS (27%) and additional partnership opportunities (24%).

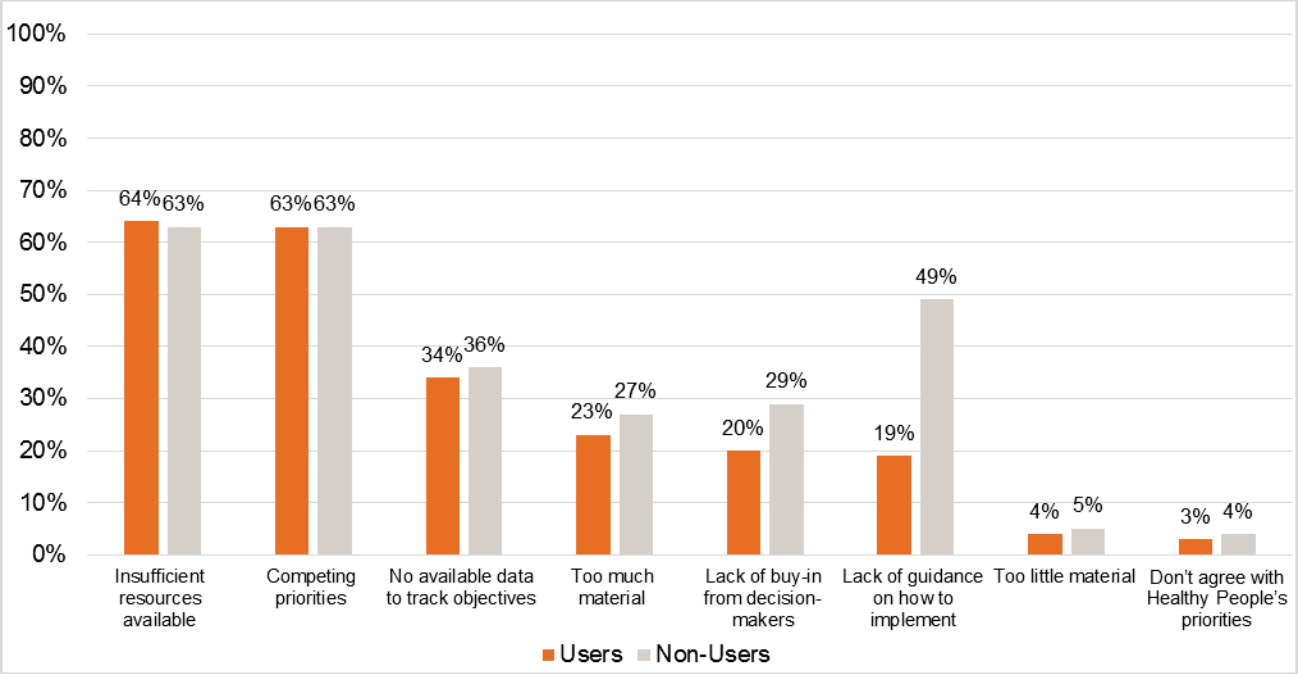
Exhibit 20. Additional Tools and Activities Requested by *Healthy People 2020* Users by Sample Type

Sample Type	Informational Toolkits	Program planning Toolkits	More examples of how people use *Healthy People 2020*	More examples of evaluation instruments or tools/ templates	Additional data resources (more timely data, local data, or infographics)	More outreach and engagement from HHS	Additional partnership opportunities
State Coordinators	20%	44%	31%	**73%**	58%	13%	13%
Senior Deputies	34%	58%	55%	**74%**	61%	32%	24%
Local Health Departments	43%	61%	47%	**70%**	61%	32%	24%
Tribes	50%	**90%**	60%	60%	50%	33%	40%
Tribal Area Health Boards	33%	50%	33%	33%	**67%**	33%	50%
Consortium Organizations	43%	59%	46%	62%	**68%**	30%	38%
Webinar Attendees	46%	57%	54%	**69%**	57%	33%	31%
TOTAL	**40%**	**58%**	**47%**	**69%**	**60%**	**27%**	**24%**

Limitations and Barriers

Users were asked about factors that limit their organization from using *Healthy People 2020*, and non-users were asked about the barriers that prevent their organization from using the initiative. The non-user group includes respondents who were aware of *Healthy People 2020,* but said their organization does not use it, excluding Webinar Attendees who use the initiative as part of their work. Exhibit 21 compares users and non-users in terms of the factors that limit or prevent organizations from using *Healthy People 2020*. Insufficient resources and competing priorities are barriers and limitations for both users and non-users. Lack of buy-in from primary decision-makers and lack of guidance on how to implement *Healthy People 2020* prevent non-users from using the initiative more than they limit users. About one-third of both users and non-users are limited by the lack of data to track objectives. Twenty-nine percent of non-users experience lack of buy-in from decision-makers, compared to 19% of users. Lack of guidance on how to implement is the third highest barrier for non-users, but not a significant limitation for users. Forty-nine percent of non-users said lack of guidance prevents them from using the initiative, compared to only 19% of users indicating this limitation. Very few users and non-users indicated that they do not agree with *Healthy People*'s priorities or the initiative has too little material. Non-users were asked which factor most strongly prevents their organization from using *Healthy People 2020*. Fifty-two percent of respondents said insufficient resources available, 22% said competing priorities, and 15% said lack of guidance on how to implement.

Exhibit 21. Limitations and Barriers for *Healthy People 2020* Use



The barriers for non-users have decreased since the 2005 and 2008 iterations of the study, as shown in Exhibit 22. In terms of issues related to the organization, 63% of non-users said insufficient resources or competing priorities were barriers, compared to 86% and 67% in 2008. In terms of issues related to the *Healthy People* initiative, the lack of guidance on how to implement the initiative as a barrier for non-users has decreased over the 3 iterations of the study. In the 2015 User Study, 49% of non-users said lack of guidance was a barrier, compared to 57% in the 2008 User Study, and 76% in the 2005 Study. When asked in an open-ended question to discuss additional issues that limit organizations from using the initiative, common responses included: too many objectives, limited staff capacity, lack of local level data, and the State focuses resources on its own Health Improvement Plan.

Exhibit 22. Barriers for Non-users of *Healthy People*

Issues Related to the Organization:	2005 Study	2008 Study	2015 Study
Insufficient resources available	96%	86%	63%
Competing priorities	93%	67%	63%
Lack of buy-in from decision-makers	93%	40%	29%
Issues Related to *Healthy People* Initiative	**2005 Study**	**2008 Study**	**2015 Study**
Lack of guidance on how to implement	76%	57%	49%
Too much material	63%	39%	27%
No available data to track objectives	*Not asked*	35%	36%
Too close to end of timeframe	*Not asked*	14%	*Not asked*
Don't agree with *Healthy People*'s priorities	3%	3%	4%
Too little material	12%	0%	5%

Looking Forward to *Healthy People 2030*

The survey provided respondents with an opportunity to provide input for the development of *Healthy People 2030*. Both users and non-users were asked about the scope of issues covered in *Healthy People 2030* and the potential reorganization of objectives. Thirty-one percent of users and 21% of non-users suggested that the scope of issues covered by *Healthy People 2030* topic areas be narrower than *Healthy People 2020*. Among the users, 49% of Senior Deputies indicated the scope of the issues should be narrower. Forty-four percent of Local Health Departments and the majority of the remaining sample types said the scope of issues should remain the same. Overall, 48% of users said the scope should remain the same. Appendix C shows the results for scope of issues by sample type.

Exhibit 23. Scope of *Healthy People 2030* – Users and Non-users

Scope of issues covered in *Healthy People 2030* topic areas	Users	Non-Users
Narrower than *HP2020*	31%	21%
Broader than *HP2020*	7%	5%
Remain the same	48%	19%
Don't Know	15%	54%

In terms of the reorganization of objectives, 38% of users and 32% of non-users said a reorganization of health objectives would be helpful for the next iteration of *Healthy People.* Twenty-one percent of users and 32% of non-users had no opinion on reorganization, and 26% of both users and non-users did not know whether a reorganization would be helpful. Among users, 32% of State Coordinators did not know if a reorganization of health objective would be helpful; however, 46% of Senior Deputies said a reorganization would be helpful. Additionally, 60% of Tribes, 50% of Tribal Area Health Boards, and

49% of Consortium Organizations thought a reorganization would be helpful. Appendix D shows the results of reorganization of *Healthy People 2030* by sample type.

Exhibit 24. Reorganization of *Healthy People 2030* – Users and Non-users

Reorganization of health objectives would be helpful for the next iteration of *Healthy People*	Users	Non-Users
Yes	38%	32%
No	15%	10%
No opinion	21%	32%
Don't know	26%	26%

Of those who indicated a reorganization would be helpful, 43% of users and 46% of non-users said risks/determinants would be the most useful format. Twenty-six percent of users and 24% of non-users said disease areas should be used for the reorganization, and 22% of both users and non-users said life stages would be the most useful. Among users, 83% of Tribes and 44% of Consortium Organizations said life stages should be used for the global organization of *Healthy People 2030*. Among State Coordinators, Senior Deputies, Local Health Departments, and Webinar Attendees, the largest proportion of users said *Healthy People 2030* should be organized by risks/determinants. Appendix E shows the format for reorganization of *Healthy People 2030* by sample type.

Respondents who selected "Other, please specify" provided examples of additional formats for reorganization. These responses fell into 5 main themes: additional brainstorming needed; develop a combination or connecting framework; a variation on an existing answer choice; organize by health behaviors or prevention; and narrow scope. Several respondents noted a combination of 2 or more of the formats mentioned in the question, such as "Risks/determinants for each life stage" or "Use some central connecting framework – determinants, life stages and crosswalk across these frameworks." Two respondents indicated that the scope needs to be narrowed. For example, "I think if this tool is meant to be strategic, it is going to have to be considerably narrowed and targeted to the things that are killing us the most and the underlying issues that must be addressed to improve health outcomes (poverty)," and "The problem comes in the 1,200 objectives, which are overwhelming and make it difficult for local agencies to know what they should be focusing on most."

Exhibit 25. Format for Reorganization of *Healthy People 2030* – Users and Non-users

Most useful format for global reorganization of *Healthy People 2030* objectives	Users	Non-Users
Disease areas	26%	24%
Risks/determinants	43%	46%
Life stages	22%	22%
Other, please specify	9%	8%

Users were also asked whether there are topic areas that will be important to include in *Healthy People 2030* that are not currently included in *Healthy People 2020*. Seventy-seven percent of users said no, there are not any additional topic areas that should be included. Of the 22% who said yes, several respondents indicated topic areas that already exist in *Healthy People 2020*. In the open-ended question, additional topics mentioned included: objectives on quality improvement, performance management and accreditation readiness; tobacco use expansion to "tobacco and nicotine use"; human trafficking; Tribal health issues; immigrant health; trauma; food allergies and intolerance; climate change; gun violence; and chronic pain. Additionally, many respondents suggested further developing and expanding the social determinants of health.

Healthy People stakeholders will be invited to participate in the development of *Healthy People 2030*. Users were asked whether they would plan to participate through several different forms of communication. More than half of users said they would submit written comments through HealthyPeople.gov, provide comments via webinar, or attend a regional meeting. Less than one-quarter of users said they would present public comments at a regional meeting or submit written comments by mail.

Exhibit 26. Potential Methods of Participation to Inform the Development of *Healthy People 2030*

	Yes	No	Don't Know
Submit written comments through HealthyPeople.gov	59%	24%	17%
Provide comments via webinar	52%	27%	21%
Attend a regional meeting	51%	24%	25%
Engage with *Healthy People* through social media platforms (e.g. Twitter, Facebook, LinkedIn)	35%	41%	25%
Present public comments at a regional meeting	24%	50%	25%
Submit written comments by mail	22%	59%	19%

Finally, non-users were asked whether they anticipate their organization using *Healthy People* in the future. Exhibit 27 shows the overall percentage across all non-users who indicated they anticipate using *Healthy People* in the future in a specific way. The 3 most common ways organizations plan to use *Healthy People* in the future are: as a data source (57%), as a resource for building community partnerships for promoting health (47%), and to support applications for grants or other funding (44%). The ways organizations are less likely to use *Healthy People* in the future are: to guide priorities for the organization (31%), as a framework for planning, goal setting or decision-making (31%), for meeting national public health accreditation standards (24%), and as a guide for allocating resources in the organization (21%).

Exhibit 27. Future Uses of *Healthy People* Among Non-users

For research/assessment	
As a data source	57%
To develop community health improvement plans	41%
To inform program planning to address health disparities	40%
To conduct community health assessments	40%
For comparison with organization data (e.g. benchmarking)	37%
For meeting national public health accreditation standards	24%
For collaboration/outreach or education	
As a resource for building community partnerships for promoting health	47%
As a learning tool for staff or students	43%
For setting internal priorities	
As a framework for planning, goal-setting or decision-making	31%
To guide priorities for the organization	31%
As a guide for allocating resources in the organization/entity	21%
Other uses	
To support applications for grants or other funding	44%
To create or inform quality improvement activities	38%
To inform policy development	37%

Discussion

The 2015 User Study results enhance our understanding of the awareness and use of *Healthy People 2020*, provide information to aid in the development of strategies for improving the utility of the initiative to State, local, and Tribal organizations, and provide valuable feedback as ODPHP develops *Healthy People 2030*. In analyzing the key findings of this study, 8 important conclusions were identified:

- Awareness and use of *Healthy People* has remained constant since the 2008 User Study among States, Local Health Departments, and Tribes. Awareness and use is highest among State Coordinators and Senior Deputies and lowest among Tribes and Consortium Organizations.
- Tribes continue to be difficult to reach and less likely to be aware of and use *Healthy People 2020*; however, larger Tribes are more likely to use the initiative. Tribal Area Health Boards widely use *Healthy People 2020*, and therefore may be an effective avenue for outreach to and communication with Tribes.
- Nonprofit/community-based organizations, educational institutions, and local government agencies were the most likely Consortium Organizations to respond to the survey and to use *Healthy People 2020*. Continued outreach to these organizations may be beneficial given their current engagement with *Healthy People 2020* and additional tailored outreach to other types of Consortium Organizations may be necessary to increase engagement with the Consortium overall.
- The Leading Health Indicators are a valuable element of *Healthy People 2020* that make navigating the content more manageable. Further development and promotion of the Leading Health Indicators could be effective for *Healthy People 2030*.
- *Healthy People 2020* tools and activities, including webinars, implementation stories, and communication strategies, are not widely used, particularly among Local Health Departments and Tribes. Additional promotion of *Healthy People 2020* tools and activities may be necessary in order to increase the awareness and use of these strategies.
- Competing priorities and insufficient resources are the primary barriers and limitations for both users and non-users of *Healthy People 2020*. Compared to the 2008 and 2005 studies, non-users are less likely to report lack of guidance on how to implement, lack of buy-in from primary decision-makers, and too much material as barriers to use. Efforts to increase the accessibility of the initiative may have contributed to the decline in these barriers.
- No consensus was achieved in terms of the scope and reorganization of *Healthy People 2030*, but several respondents commented that there should be fewer objectives and the current content is overwhelming.
- Webinar Attendees represent a diverse group of organizations, which includes organizational and non-organizational users. Individuals (non-organizational users) use *Healthy People 2020* as a

resource, even if the organization does not use *Healthy People* to guide program planning. Implementation strategies targeted to these users could broaden the reach of the initiative.

Awareness and Use of *Healthy People 2020*

The results from the 2015 User Study indicate that *Healthy People 2020* is a highly visible initiative, and use has remained constant since the 2008 User Study. Tribes continue to be less likely to use the initiative than State and Local Health Departments, although use is widespread among the Tribal Area Health Boards, which serve as the communication link between NIHB and Tribes. The Area Health Boards advise Tribes in the development of positions on health policy, planning, and program design; therefore collaborating with these organizations may be an effective strategy for reaching Tribes more broadly. Additionally, the study results showed the significant differences in awareness and use of *Healthy People 2020* between Local Health Departments and Tribes serving small communities compared to larger communities. Small Local Health Departments and Tribes are less likely to use the initiative compared to larger ones, suggesting that a certain level of capacity is needed in order to dedicate time and resources to using and implementing initiatives based on *Healthy People*.

Respondents continue to use the initiative in a variety of ways, with the highest proportion of respondents using the initiative as a data source, to inform program planning to address health disparities, and for comparison with organization data. Similar to the 2008 User Study, fewer organizations use the initiative as a guide for allocating resources. Overall, the new stakeholder groups surveyed, Consortium Organizations and Webinar Attendees, use the initiative in similar ways to the State and Local Health Departments; however, due to the differences in their organization type, they are less likely to use *Healthy People 2020* for certain activities, such as conducting community health assessments or meeting national public health accreditation standards. The 2015 User Study also sampled Senior Deputies instead of State Chronic Disease Directors in order to obtain another perspective from the leadership level of the state/territorial health departments. Compared to the State Coordinators, a significantly higher percentage of Senior Deputies indicated their organization uses the initiative to guide priorities for the organization, as a learning tool for staff or students, and to create or inform quality improvement activities. Although the State Coordinator serves as the liaison between ODPHP and the State and ensures the development of State plans align with *Healthy People* goals and objectives, the Senior Deputies may have additional knowledge in terms of the use of the initiative from the leadership perspective.

In addition to demonstrating the high visibility of *Healthy People 2020*, the 2015 User Study highlights the importance of the Leading Health Indicators to users of the initiative. Awareness of the Leading Health Indicators is high, and the majority of organizations that use the Leading Health Indicators said they are a valuable element of *Healthy People 2020* and make navigating the content more manageable. Due to the large number of objectives and significant amount of available information related to *Healthy People*, the prioritized set of Leading Health Indicators is helpful for organizations to focus their efforts.

The 2015 User Study also identified opportunities for outreach and promotion of *Healthy People 2020* tools and activities by ODPHP. Specifically, *Healthy People* webinars, communication activities, and implementation stories could be targeted more directly towards Tribes and Local Health Departments. These stakeholder groups could potentially benefit from the information available through these methods, but less than half of the respondents from these sample types were aware they exist.

Barriers and Limitations to Use

Certain factors continue to limit users' ability to use and implement *Healthy People* in their organizations. For example, respondents noted insufficient resources and competing priorities as limitations to using *Healthy People 2020*. These factors are also barriers that prevent non-users from using *Healthy People*; however, in the 2015 User Study, a smaller proportion of non-users reported insufficient resources as a barrier to use, compared to the 2005 and 2008 User Studies.

Other factors that inhibit use of *Healthy People 2020* among non-users include lack of buy-in from primary decision-makers and lack of guidance on how to implement. However, the proportion of non-users mentioning these issues has steadily declined since the 2005 and 2008 User Studies. The transition from the print version of *Healthy People 2010* to the Web-based version of *Healthy People 2020* may contribute to this decline, particularly in terms of lack of guidance on how to implement. Despite this decline, around half of non-users still need more guidance on how to implement *Healthy People 2020;* therefore, continued support in terms of implementation strategies for organizations is necessary to help non-users understand how to effectively use the initiative.

No available data to track objectives and too much material continue to be barriers for both users and non-users. Organizations are limited in their ability to use *Healthy People 2020* when data for their local community is not available. These limitations were also frequently mentioned in open-ended responses. Several users discussed the large number of objectives and lack of local data as issues that limits their organization's use of *Healthy People 2020*. Prioritization of specific objectives, such as through the Leading Health Indicators, can help organizations in focusing their programmatic efforts.

Implications for *Healthy People 2030*

The overall findings about the implementation and usefulness of *Healthy People 2020* can inform strategic planning for *Healthy People 2030*. In addition, findings from questions directly related to the scope and reorganization of *Healthy People 2030* provide valuable information for ODPHP to consider during the upcoming planning and development stages.

There was no consensus regarding the scope or format of *Healthy People 2030.* However, it is clear from the findings that the scope of issues covered in *Healthy People 2030* should not be broader than *Healthy People 2020*. When asked about ways to improve the next iteration of *Healthy People*, a common theme

among respondents was that the scope should be narrower and there should be fewer objectives. Several respondents described the current scope as "overwhelming" and noted that it is difficult to navigate.

Over 90% of respondents use *Healthy People* as a data source, which was the most common use among all respondents, and therefore a critical component of *Healthy People*. However, multiple respondents noted the importance of State and local data and indicated that more State and local data would be beneficial in the next iteration of *Healthy People*. In addition, one respondent noted that measures without any data source are not useful. Given the importance of the data, ODPHP should consider criteria for *Healthy People 2030* objectives that ensures data is available, including State and local data where possible.

In addition to the questions directly related to the scope and reorganization of *Healthy People 2030*, data collected about the tools and activities will inform whether or not similar activities should be undertaken for *Healthy People 2030*. As noted, awareness of the tools and activities was limited. ODPHP should continue to consider strategies for outreach and engagement to ensure key stakeholders are aware of the tools and activities available for implementation.

Engagement with stakeholders is critical to the successful implementation of *Healthy People*. The findings from the survey demonstrate that there is an opportunity for ODPHP to improve outreach efforts to Tribes and Tribal health organizations. Only a limited number of Tribes completed the survey; one-half of the Tribes that did respond were aware of *Healthy People*. However, respondents from the Tribes and Tribal Area Health Boards did provide suggestions for how ODPHP could further engage with Tribal stakeholders. These suggestions included targeted sections in *Healthy People* for American Indian/Alaska Native populations as well meeting with Tribes at Tribal conferences or meetings.

Future Research

All 3 iterations of the User Study have provided valuable information for ODPHP. Continued measurement of awareness and use among key stakeholders at intervals throughout the decade will enable ODPHP to tailor implementation strategies and incorporate lessons learned into future iterations of *Healthy People*. As an immediate opportunity for additional research, follow up discussions will be conducted with a selected sample of State, local, and Tribal survey respondents. The purpose of the discussions is to gather more detailed information related to respondents' answers to the survey. In addition to follow up discussions, additional follow up studies could be considered to gather more detailed information about some of the respondent groups.

As noted, Tribes continue to be difficult to reach and less likely to be aware of and use *Healthy People*. Additional research related to how Tribes use *Healthy People* would be valuable. Given the lower response rate among Tribes for the survey, additional data collection methods could be employed to

supplement study results. For example, structured interviews or focus groups could be conducted with both users and non-users to gather additional details about use and barriers to use and how best to engage with Tribes. In addition, ODPHP could work with NIHB or other groups to connect with Tribes.

The 2015 User Study surveyed Webinar Attendees for the first time, a diverse group of *Healthy People* stakeholders. Additional research on this group could be valuable for understanding more about what types of organizations are represented in this group and how use differs among these organizations. In addition, the individuals contacted as part of this sample were not necessarily part of their organization's leadership and could not speak on behalf of their organization. These users were considered non-organizational users. Future research could be conducted to learn more about non-organizational users which could be helpful for planning outreach activities tailored to non-leadership staff using *Healthy People* as part of their work.

For States, Local Health Departments, and Tribes, most respondents indicated whether or not their organization used *Healthy People*. However, some of the respondents from Local Health Departments and Tribes indicated they didn't know if their organization used the initiative. Future studies could be structured like the Webinar Attendees questionnaire in order to capture data about how an individual uses *Healthy People*. Similarly, a survey of both leadership and staff within a health department could provide valuable information about how organizations use *Healthy People* as well as how individuals use *Healthy People* in their work. In particular, exploring awareness and use of *Healthy People* tools and activities among staff "on the ground" who are closer to the implementation of *Healthy People* could be valuable given that the awareness and use of these tools and activities was limited among leadership responding on behalf of their organizations.

Appendix A: Survey Instrument

SECTION 1: USE OF *HEALTHY PEOPLE 2020*

***Healthy People* is a national health promotion and disease prevention initiative. The current iteration, *Healthy People 2020*, has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities, and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development, and healthy behaviors across all life stages. *Healthy People 2020* consists of 42 topic areas and over 1200 objectives that monitor the health of the Nation over the course of the decade.**

1. Prior to beginning this survey, were you aware of *Healthy People 2020*?

1 ☐ Yes
2 ☐ No → **GO TO SECTION 4: DEMOGRAPHICS, PAGE 11**

2. Does your organization/entity use *Healthy People 2020*?

1 ☐ Yes
2 ☐ No → **GO TO SECTION 3: NON-USERS OF *HEALTHY PEOPLE 2020,* PAGE 8**
3 ☐ Don't know → **GO TO SECTION 3: NON-USERS OF *HEALTHY PEOPLE 2020,* PAGE 8**

3. Has your organization/entity used any of the previous iterations of *Healthy People* (i.e. *Healthy People 1990*, *Healthy People 2000*, *Healthy People 2010*)?

1 ☐ Yes
2 ☐ No
3 ☐ Don't know

4. How does your organization/entity use *Healthy People 2020*?

	Yes	No	Don't know	Not Applicable
For research/assessment:				
a. As a data source	1 ☐	2 ☐	3 ☐	4 ☐
b. To conduct community health assessments	1 ☐	2 ☐	3 ☐	4 ☐
c. To develop community health improvement plans	1 ☐	2 ☐	3 ☐	4 ☐
d. For meeting national public health accreditation standards	1 ☐	2 ☐	3 ☐	4 ☐
e. For comparison with organizational data (e.g. benchmarking)	1 ☐	2 ☐	3 ☐	4 ☐
f. To inform program planning to address health disparities	1 ☐	2 ☐	3 ☐	4 ☐
For collaboration/outreach or education:				
g. As a resource for building community partnerships for promoting health	1 ☐	2 ☐	3 ☐	4 ☐
h. As a learning tool for staff or students	1 ☐	2 ☐	3 ☐	4 ☐
For setting internal priorities:				
i. To guide priorities for the organization/entity	1 ☐	2 ☐	3 ☐	4 ☐
j. As a guide for allocating resources in the organization/entity	1 ☐	2 ☐	3 ☐	4 ☐
k. As a framework for planning, goal-setting or decision-making	1 ☐	2 ☐	3 ☐	4 ☐
Other uses:				
l. To support applications for grants or other funding	1 ☐	2 ☐	3 ☐	4 ☐
m. To create or inform quality improvement activities	1 ☐	2 ☐	3 ☐	4 ☐
n. To inform policy development	1 ☐	2 ☐	3 ☐	4 ☐
o. Other, please specify _____	1 ☐	2 ☐	3 ☐	4 ☐

5. To what degree has *Healthy People 2020* impacted the work of your organization/entity?

1 ☐ 1 – No impact
2 ☐ 2
3 ☐ 3
4 ☐ 4
5 ☐ 5 – Significant Impact

6. Which element of *Healthy People 2020* is the <u>most</u> useful to your organization/entity?

1 ☐ Overarching goals
2 ☐ Topic areas
3 ☐ Specific health objectives
4 ☐ Leading Health Indicators

7. Has *Healthy People 2020* influenced decision-making regarding the development of new programs or the expansion of existing ones? (*If you answer "Yes" to either item below, please describe in the space provided)*

	Yes	No	Don't know
For research/assessment:			
a. Developed new programs If yes, please specify _____	1 ☐	2 ☐	3 ☐
b. Expanded existing programs If yes, please specify _____	1 ☐	2 ☐	3 ☐

8. Does your organization/entity measure progress toward *Healthy People 2020* objectives and targets?

1 ☐ Yes, once, mid-decade
2 ☐ Yes, other frequency
↳ Specify frequency: _____
3 ☐ No → **GO TO QUESTION 10**
4 ☐ Don't know → **GO TO QUESTION 10**

9. What data sources does your organization/entity use to assess progress toward the *Healthy People 2020* objectives? (Check all that apply)

1 ☐ DATA2020/National data sources
2 ☐ State data sources
3 ☐ New data collection to obtain health outcome information
4 ☐ Other existing data, please specify _____
5 ☐ Don't know

10. Do any of the following limit your organization/entity from using *Healthy People 2020*?

For each line	Yes	No	Don't know
Issues related to Healthy People 2020:			
a. Don't agree with *Healthy People 2020*'s priorities	1 ☐	2 ☐	3 ☐
b. Lack of guidance on how to implement	1 ☐	2 ☐	3 ☐
c. No available data to track objectives	1 ☐	2 ☐	3 ☐
d. Too much material	1 ☐	2 ☐	3 ☐
e. Too little material	1 ☐	2 ☐	3 ☐
Issues related to your organization/entity:			
f. Lack of buy-in from primary decision-makers	1 ☐	2 ☐	3 ☐
g. Insufficient resources available (e.g., staffing, financial)	1 ☐	2 ☐	3 ☐
h. Competing priorities	1 ☐	2 ☐	3 ☐

11. Please list any other issues that limit your organization/entity from using *Healthy People 2020*.

Leading Health Indicators

A smaller set of *Healthy People 2020* objectives, called Leading Health Indicators, has been selected to communicate high-priority health issues and actions that can be taken to address them.

12. Are you aware of the Leading Health Indicators?

1 ☐ Yes
2 ☐ No → **GO TO QUESTION 15**

13. Does your organization/entity use the Leading Health Indicators?

1 ☐ Yes
2 ☐ No
3 ☐ Don't know

14. Indicate the extent to which you agree or disagree with the following statements.

	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
The Leading Health Indicators are a valuable element of *Healthy People 2020*.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
The Leading Health Indicators make navigating the *Healthy People 2020* content more manageable.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
My organization/entity uses the Leading Health Indicators to guide program planning.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Tools and Activities

HHS has developed tools to assist with the implementation of *Healthy People 2020*. The following questions ask about your awareness and use of these implementation tools and activities.

15. Which of the following *Healthy People 2020* tools and activities are you aware of? Which have you used?

Tool/Activity	I am aware of this tool/activity	I have used this tool/activity
Data (The DATA2020 tool, *Healthy People* 2020 objectives, topic area data)	☐ Yes ☐ No	☐ Yes ☐ No
Implementation stories from organizations like yours (e.g. Stories from the Field, Leading Health Indicator bulletins, *Healthy People* eLearning)	☐ Yes ☐ No	☐ Yes ☐ No
Tools for program planning (e.g. Evidence Based Resources, Federal prevention initiatives, MAP-IT)	☐ Yes ☐ No	☐ Yes ☐ No
Healthy People webinars (e.g. Leading Health Indicator webinars, Spotlight on Health webinars, Progress Review webinars)	☐ Yes ☐ No	☐ Yes ☐ No
Healthy People communication (e.g. the *Healthy People* listserv, *Healthy People* social media)	☐ Yes ☐ No	☐ Yes ☐ No

16. Are there additional tools and activities that would be useful for your organization/entity? (Check all that apply)

1 ☐ Informational Toolkits
2 ☐ Program planning Toolkits
3 ☐ More examples of how people are using *Healthy People 2020*
4 ☐ Examples of evaluation instruments or tools/templates from other organizations
5 ☐ Additional data resources (more timely data, local data, or infographics)
6 ☐ More outreach and engagement from HHS
7 ☐ Additional partnership opportunities
8 ☐ Other, please specify _____

SECTION 2: LOOKING FORWARD TO *HEALTHY PEOPLE 2030*

Thank you for providing your feedback on *Healthy People 2020*. Please take a few minutes to complete the next set of questions, which will help in the development of *Healthy People 2030*.

17. Should the scope of issues covered in *Healthy People 2030* topic areas and objectives be:

1 ☐ Narrower than *Healthy People 2020*
2 ☐ Broader than *Healthy People 2020*
3 ☐ Remain the same
4 ☐ Don't know

18. *Healthy People 2020*'s more than 1200 objectives were organized around 42 topic areas; would a reorganization of health objectives be helpful for the next iteration of *Healthy People*?

1 ☐ Yes
2 ☐ No → **GO TO QUESTION 20**
3 ☐ Don't know → **GO TO QUESTION 20**
4 ☐ No opinion → **GO TO QUESTION 20**

19. Which format for the global organization of *Healthy People 2030* objectives would be most useful?

1 ☐ Disease areas
2 ☐ Risks/determinants
3 ☐ Life stages
4 ☐ Other, please specify _____

20. Are there topic areas you believe will be important to include in *Healthy People 2030* that are not currently included in *Healthy People 2020*?

1 ☐ Yes, please specify _____
2 ☐ No

21. *Healthy People* stakeholders will be invited to participate in the development of *Healthy People 2030*. Would you plan to participate in any of the following activities?

For each line	Yes	No	Don't know
Issues related to *Healthy People 2020:*			
a. Submit written comments through HealthyPeople.gov	1 ☐	2 ☐	3 ☐
b. Submit written comments by mail	1 ☐	2 ☐	3 ☐
c. Attend a regional meeting	1 ☐	2 ☐	3 ☐
d. Present public comments at a regional meeting	1 ☐	2 ☐	3 ☐
e. Provide comments via webinar	1 ☐	2 ☐	3 ☐
f. Engage with *Healthy People* through social media platforms (e.g., Twitter, Facebook, LinkedIn)	1 ☐	2 ☐	3 ☐

22. Does your organization have any suggestions for ways HHS can improve the next iteration of *Healthy People*?

GO TO SECTION 4: DEMOGRAPHICS ON PAGE 11

SECTION 3: NON-USERS OF *HEALTHY PEOPLE 2020*

The next set of questions ask about potential barriers to the use of *Healthy People 2020* and the development of *Healthy People 2030*.

23. Do any of the following prevent your organization/entity from using *Healthy People 2020*?

For each line	Yes	No	Don't know
Issues related to *Healthy People 2020:*			
a. Don't agree with *Healthy People 2020*'s priorities	1 ☐	2 ☐	3 ☐
b. Lack of guidance on how to implement	1 ☐	2 ☐	3 ☐
c. No available data to track objectives	1 ☐	2 ☐	3 ☐
d. Too much material	1 ☐	2 ☐	3 ☐
e. Too little material	1 ☐	2 ☐	3 ☐
Issues related to your organization/entity:			
g. Insufficient resources available (e.g. staffing, financial)	1 ☐	2 ☐	3 ☐
h. Lack of buy-in from primary decision-makers	1 ☐	2 ☐	3 ☐
i. Competing priorities	1 ☐	2 ☐	3 ☐

24. Of you selected in the question above, what factor <u>most strongly</u> prevents your organization/entity from using *Healthy People 2020*? Please select only one.

1 ☐ Don't agree with *Healthy People 2020's* priorities
2 ☐ Lack of guidance on how to implement
3 ☐ No available data to track objectives
4 ☐ Too much material
5 ☐ Too little material
6 ☐ Insufficient resources available (e.g. staffing, financial)
7 ☐ Lack of buy-in from primary decision-makers
8 ☐ Competing priorities

25. What framework does your organization/entity use to set health objectives?

26. Should the scope of issues covered in *Healthy People 2030* topic areas and objectives be:

1 ☐ Narrower than *Healthy People 2020*
2 ☐ Broader than *Healthy People 2020*
3 ☐ Remain the same
4 ☐ Don't know

27. *Healthy People 2020*'s more than 1200 objectives were organized around 42 topic areas; would a reorganization of health objectives be helpful for the next iteration of *Healthy People*?

1 ☐ Yes
2 ☐ No → **GO TO QUESTION 29**
3 ☐ Don't know → **GO TO QUESTION 29**
4 ☐ No opinion → **GO TO QUESTION 29**

28. Which format for the global organization of *Healthy People 2030* objectives would be most useful?

1 ☐ Disease areas
2 ☐ Risks/determinants
3 ☐ Life stages
4 ☐ Other, please specify _____

29. Use the space below to share with us any additional comments your organization has about *Healthy People 2020*.

30. Does your organization/entity anticipate using *Healthy People* in the future for the following activities?

For each line	Yes	No	Don't know	Not Applicable
For research/assessment:				
a. As a data source	1 ☐	2 ☐	3 ☐	4 ☐
b. To conduct community health assessments	1 ☐	2 ☐	3 ☐	4 ☐
c. To develop community health improvement plans	1 ☐	2 ☐	3 ☐	4 ☐
d. For meeting national public health accreditation standards	1 ☐	2 ☐	3 ☐	4 ☐
e. For comparison with organizational data (e.g. benchmarking)	1 ☐	2 ☐	3 ☐	4 ☐
f. To inform program planning to address health disparities	1 ☐	2 ☐	3 ☐	4 ☐
For collaboration/outreach or education:				
g. As a resource for building community partnerships for promoting health	1 ☐	2 ☐	3 ☐	4 ☐
h. As a learning tool for staff or students	1 ☐	2 ☐	3 ☐	4 ☐
For setting internal priorities:				
i. To guide priorities for the organization/entity	1 ☐	2 ☐	3 ☐	4 ☐
j. As a guide for allocating resources in the organization/entity	1 ☐	2 ☐	3 ☐	4 ☐
k. As a framework for planning, goal-setting or decision-making	1 ☐	2 ☐	3 ☐	4 ☐
Other uses:				

For each line	Yes	No	Don't know	Not Applicable
l. To support applications for grants or other funding				
m. To create or inform quality improvement activities	1 ☐	2 ☐	3 ☐	4 ☐
n. To inform policy development	1 ☐	2 ☐	3 ☐	4 ☐
o. Other, please specify _____	1 ☐	2 ☐	3 ☐	4 ☐

31. Does your organization have any suggestions for ways HHS can improve the next iteration of *Healthy People*?

SECTION 4: DEMOGRAPHICS

32. What is the name of your organization/entity?

33. Which of the following best describes your organization/entity?

1 ☐ Federal Government Agency
2 ☐ State Government Agency
3 ☐ Local Government Agency
4 ☐ Educational Institution
5 ☐ Hospital or Health Center
6 ☐ Nonprofit /Community-Based Organization
7 ☐ For Profit Organization
8 ☐ Faith Organization
9 ☐ Professional or Industry Association
10 ☐ Clearinghouse
11 ☐ International Organization
12 ☐ Research Organization
13 ☐ Tribal Entity
14 ☐ Public/Private Partnership
15 ☐ Other, please specify _____

34. What is the size of your organization/entity's staff?

_____ *Number of full time equivalent (FTE) employees*

35. What is the size of the population served by your organization/entity?

_____ *Size of population*

You have reached the end of the survey.

Thank you for your participation!

Appendix B: Use of *Healthy People 2020* by Sample Type

	State Coordinators	Senior Deputies	Local Health Departments	Tribes	Tribal Area Health Boards	Consortium Organizations	Webinar Attendees	TOTAL
For research/assessment:								
As a data source	84%	89%	94%	90%	100%	92%	85%	**91%**
To inform program planning to address health disparities	86%	92%	81%	67%	100%	92%	72%	**82%**
For comparison with organization data (e.g. benchmarking)	98%	92%	79%	70%	83%	67%	74%	**81%**
To develop community health improvement plans	84%	82%	85%	70%	83%	61%	67%	**79%**
To conduct community health assessments	67%	79%	79%	70%	83%	40%	54%	**70%**
For meeting national public health accreditation standards	71%	74%	51%	40%	17%	26%	39%	**51%**
For collaboration/outreach or education:								
As a resource for building community partnerships for promoting health	74%	85%	72%	70%	67%	83%	60%	**73%**
As a learning tool for staff or students	56%	74%	68%	50%	67%	69%	67%	**67%**
For setting internal priorities:								
As a framework for planning, goal-setting or decision-making	83%	92%	81%	60%	33%	75%	71%	**79%**
To guide priorities for the organization	73%	90%	77%	40%	33%	64%	69%	**73%**
As a guide for allocating resources in the organization	43%	40%	42%	30%	17%	31%	44%	**40%**
Other uses:								
To support applications for grants or other funding	89%	87%	81%	80%	100%	71%	65%	**79%**
To inform policy development	72%	84%	70%	70%	50%	64%	63%	**70%**
To create or inform quality improvement activities	62%	83%	66%	83%	83%	63%	66%	**67%**

Appendix C: Scope of *Healthy People 2030* by Sample Type

Should the scope of issues covered in *Healthy People 2030* topic areas be:				
Sample Type	**Narrower than HP2020**	**Broader than HP 2020**	**Remain the Same**	**Don't Know**
State Coordinators	32%	2%	50%	16%
Senior Deputies	49%	8%	36%	8%
Local Health Departments	33%	7%	44%	15%
Tribes	20%	0%	60%	20%
Tribal Area Health Boards	17%	0%	83%	0%
Consortium Organizations	19%	11%	57%	14%
Webinar Attendees	22%	9%	56%	13%
TOTAL	**31%**	**7%**	**48%**	**14%**

Appendix D: Reorganization of *Healthy People* by Sample Type

Would a reorganization of health objectives be helpful for the next iteration of *Healthy People*?				
Sample Type	**Yes**	**No**	**No Opinion**	**Don't Know**
State Coordinators	25%	18%	25%	32%
Senior Deputies	46%	10%	10%	33%
Local Health Departments	36%	14%	23%	27%
Tribes	60%	20%	20%	0%
Tribal Area Health Boards	50%	17%	33%	0%
Consortium Organizations	49%	16%	16%	19%
Webinar Attendees	37%	15%	22%	26%
TOTAL	**38%**	**15%**	**21%**	**26%**

Appendix E: Format of *Healthy People 2030* by Sample Type

Which format for the global organization of *Healthy People 2030* objectives would be the most valuable?				
Sample Type	**Disease Areas**	**Risks/ Determinants**	**Life Stages**	**Other**
State Coordinators	27%	36%	18%	18%
Senior Deputies	18%	41%	18%	24%
Local Health Departments	37%	49%	8%	5%
Tribes	17%	0%	83%	0%
Tribal Area Health Boards	33%	33%	0%	33%
Consortium Organizations	6%	44%	44%	6%
Webinar Attendees	20%	40%	35%	5%
TOTAL	**26%**	**43%**	**22%**	**9%**