

Federal/State Partnership Meeting

National Health Promotion and Disease Prevention Objectives for 2020

October 25-27, 2009

SABRINA MATOFF-STEPP: Good morning. Everyone, come on in. Take your seats, going to get started here. Everyone got up on time even though it's raining. Takes longer to get here for some of us. Okay. I think we're going to get started. Hello? Okay. We're going to get started. Good morning, everybody. My name is Sabrina Matoff-Stepp, and I'm the director of the HRSA Office of Women's Health. The HRSA Office of Women's Health is administratively under the Maternal and Child Health Bureau. We have been under Dr. van Dyck's leadership for the last eight years. And it really is to our benefit that we've had Dr. van Dyck supporting us because it's been a little bit of a challenge for the last eight years to keep women's health on the map, and we couldn't have done it without him. So much thanks to him for that.

The HRSA Office of Women's Health, many of you may know about us. Some of you may not. I just wanted to make sure everyone does know about the office. It is part of the Maternal and Child Health Bureau. We are a small office, but I like to think of us as the little office that could. We're always working on collaborations. We're always working on developing new partnerships to encourage looking at women's health across the lifespan, looking at ways we can integrate women's health into HRSA programs and policy.

So we're here as a resource for you as well. And increasingly, I've gotten more involved with Cassie and her office, particularly on my first debut working on a block grant this year. So we really do want to become more involved with your work. And now that we're all looking towards focusing on lifespan issues, I think it's a really great time to get more involved with this. So please contact us all. My information is in the notebook, and we'd be glad to be of help to you if we can.

Okay. So this morning, I have a real pleasure to introduce a colleague of mine, doctor, almost doctor, we'll call her doctor, Dr. Eva Moya. All the materials for this section of the meeting, if you look under tab 17, that's where you'll find Eva's full bio and her slides. And I'm not going to read everything because in the interest of time, I think we all want to hear from Eva. But a little bit about Eva I think is really important to know. She is really a champion for a lot of different areas, a lot of different interests.

And besides being on the secretary's advisory committee for Healthy People 2020, she has more than 25 years of professional experience working along the U.S.-Mexico border region. She's really a champion for Latina and Latino men. She's served as the director for the U.S. section of the United States-Mexico Border Health Commission. She has published. She continues to be involved with the Kellogg Foundation as a fellow. She is very interested in tuberculosis

that she'll probably allude to in her presentation and certainly that's where her dissertation work is focused.

She's a caring, compassionate person. I've got to know her through going to some of the open meetings for Healthy People 2020 that have been going on throughout the year. as well as a very exciting project that's underway now, which is the development of a national action agenda to improve the health of women and girls beyond 2010, and this is something that the secretary herself has charged the department with doing. And so Eva has been instrumental in making sure that we are aware of all the Healthy People 2020 plans and goals so that we're in alignment with that particular document as we develop this new action agenda. So it's really a pleasure to have her. She's passionate about this cause. I think as we look at developing these new national goals for a healthy nation, you'll see how Healthy People 2020 really embraces social determinants, health equity and has a vision for a really healthier country. So I think it's my pleasure now to introduce Eva. Thanks, Eva.

EVA MOYA: Thank you. Good morning. Buenos dias in Spanish. How are you doing? I have sort of like a two-hour difference. I'm not a morning person and yet I'm waking up. I had extra caffeine this morning, so I think I'm ready to go. I'm very honored to be here and I would like, first of all, to thank the Bureau of Maternal and Child Health, Dr. Peter van Dyck. Thank you very much for your leadership. And Health Resources and Services Administration for the invitation

to have the secretary's advisory committee we represented this morning, and I am very honored to be here. I wouldn't be anywhere else.

This is the most important place to be this morning, and I would hope that in the next 25, 30 minutes, the series of remarks and the contributions that we're trying to make at the national level really make sense at the local level. Because at the end of the day, I think that one of you this morning said, "Well, how do we make sure that this national agenda is really meaningful and significant to people at the local level?" And that's where you and I come in to make sure that the national plans and the national priorities are meaningful to the communities which we serve. I'm so delighted to be here this morning.

There's a lot of important anonymous proverbs and quotes about health. This is one of the most powerful one: Our health always seems much more valuable after we lose it. There's also an African proverb that says, "The person that has health has everything." So we're in the business and really in the mission of promoting health, of protecting health especially on the most vulnerable communities of the United States and across the world. Now, how many of you are familiar with Healthy People? Okay, most. All right. Now, what about Healthy People in 1980 also known as the first reiteration of Healthy People in 1990? Raise your hands. Wow. Okay. What about Healthy People 2000? And Healthy People 2010? Muy bien. Okay. We're in it. We know what it is, right? Now, are we using it? More or less.

And then the following question would be, how are we using it and is it meaningful? Well, certainly, 30 years have passed by with very significant set of contributions about how to really set a national agenda of health objectives and indicators that should be the priority for the nation and should also somehow guide the course for health promotion and disease prevention. So 30 years in the making. In the year 2008, the office of the secretary, our former Secretary Leavitt calling the formation of an advisory committee for the next reiteration of Healthy People 2020 objectives. The charge of the committee was quite clear but why it's significant. Provide advice and consultation to the Office of the Secretary so that we could help facilitate this important process of developing and implementing national health promotion objectives. Now when I say objectives, I have to be cautious because in Healthy People 2020, do you know how many objectives we have? More or less.

UNKNOWN SPEAKER: 500.

EVA MOYA: Close to 500, but it's actually more than the 500. You start counting below each one of them and they're more like 1,200 and plus. Now, can we really put our arms around so many? Questionable. And so really, the one of the major challenges that we have as an advisory committee was to really look at not only the number, the quality and the focus of. So having said that, the second charge

that we were given as a committee was to also begin to identify the initiatives that at the end of the day could help initiate implementation.

One of the most significant critiques that we have heard through the public forums is that, yes, Healthy People 2010 has incredible set of goals and objectives, yet the guidance on how to go about using this to make a difference at the local level, to really go through with implementation, to identify evidence and initiatives has necessarily not been there, so one of the charges that we have in this reiteration of objectives is to make sure that we do justice to identify the initiatives, the models and the strategies that have proven to be effective so that we can somehow give additional guidance on its use.

The advisory committee members are incredible. Let me tell you, I'm not sure how I know how I got to be on this committee, except that there was an open nomination where people were actually encouraged to nominate: colleagues and leaders and peers and friends. And I understand that there were more than 400 individuals, nominee nominated from across the United States. Out of the 400 nominations, a selection was made. And some of us made it to the scrip. I am extremely honored, delighted because I really work with a group of colleagues, 12 of them, they are just incredible.

When I look at the talent, the passion, the commitment, really, of the colleagues that serve, as our chair, Dr. Jonathan Fielding, or our vice chair, Shiriki

Kumanyika, it's just incredible to be surrounded by individuals that care, that understand, and that get it. So we were formed in the year 2008. We were reappointed in the year 2009 by Secretary Sebelius and we're delighted. We volunteered. We dedicated our time and our passion. We tend to be very critical but at the same time very proactive. We have met a few times. Our first meetings took place in Washington, D.C., back in the January of the year 2008.

For those of us that have been involved in Healthy People 2020, it feels like we've been involved like for about a decade, but it's only a year. But I must say it's a good feeling. It's not a bad feeling, okay? And not only that, we have been also meeting through a series of Web-based teleconferences which are open, actually, to the public. And you're more than welcome to sign in and to listen to the conversation and also contribute through the Web.

So we have been meeting, doing initial work. We have moved from phase one to phase two. I'm going to summarize what we have done in phase one. Basically, there were a series of subcommittees that were established to begin to look at in-depth discussions, primarily around health equity and disparities, discussions around the priorities for Healthy People, discussions around environment and determinants, and very consistent with your aims, the discussions about life stages and developmental stages, and also a subcommittee that is looking -- those looking at user questions and needs. There were two additional ad hoc groups that were formed: one that looked at health information technology and a

second one that looked at the graphic model for Healthy People 2020, which we'll be sharing with you. And basically, all these ad hoc group participation was limited during this phase to advisory committee members.

During phase one, basically, we were charged with the following: with the development of the vision statement, mission statement, the overarching goals, suggestions about how to go about organizing the objectives and the graphic model, and as well as the recommendation of the medium of Healthy People 2020. Remember the big volumes of Healthy People 1990, 2000? How thick? As in five-inch ring binders, right? Huge. I call them self-defense tools. Fabulous, incredible for bookshelves -- or not. I'm not kidding. You know, these are the real comments coming from the field. Used once in a while as appropriate, it is necessary for purposes of planning, strategic thinking, sometimes grant preparation.

Well, one of the most important recommendations that we have made to the office of the secretary is that the medium for the presentation of Healthy People will continue to be not the hard printed five-inch three-ring binder, but should have a synopsis of the core objectives, but more importantly should be Web-based, should be interactional, should be user-friendly, and should have the consumer and the user in mind, which means that you would be able to access the information that you need by the navigation and a series of instructions and

guidance on how to go about finding what you're looking for, but more important, interacting with it and providing and giving input as well.

So having said that, that's certainly a change of paradigm. Some of the more important conceptual recommendations that were made during this phase include the following: very special emphasis on the importance of prevention and protection, followed by the use of an ecological model that really fosters the understanding of the determinants of health. And when I say determinants, I'm saying both social and environmental determinants or root causes not only of disease but disability, of loss of quality of life that put communities at a disadvantage.

One of the other important recommendations is that we have focused on health equity. And that is basically by bringing all the disadvantaged groups to the level of health of the group with the best current health status. We have also highlighted the importance of life and developmental stages. We have also brought greater awareness on the areas of hazardous preparedness as well as health information technology. And this is very important, the last point, that we have strongly recommended to the office of the secretary that we adapt to consumer, much more user-friendly, stakeholder orientation that aims to increase the utilization of Healthy People 2020 across all sectors, not only the traditional sectors, which based on significant consultation, focus groups and community forums.

We know who the usual suspects are. We know who has used Healthy People for the most part. Now the question is: who are the non-traditional users? Where is the private sector? Where are the faith communities? Where are the community-based organizations? Where are the public associations and institutions? Where are all the other critical and important users that could help us advance the goals and objectives for the next generation for the nation?

So, there have also been important structural recommendations to Healthy People 2020. As I had mentioned, Web-accessible database that would help to facilitate finding what you're looking for, especially focus on key audiences. It would include the general public. It would enable you to sort and prioritize the objectives by the user needs, especially looking at best evidence, promising evidence and effective interventions. It would help to maintain updated objectives and data throughout ongoing transferring processes and will incorporate a continuous quality improvement effort so that indeed, we can achieve the Healthy People objectives.

But what does this mean for maternal and child health? As we were looking over your primary focus for your strategic planning process, there are key components that are consistent with Healthy People 2020 such as your aim of eliminating disparities across the gender groups, addressing health across the lifespan, and the ability to prioritize objectives by the user group and the population. So these

are, I think, very specific things that are consistent with our Healthy People 2020 goals.

You had an incredible set of presentations, I understand, on Sunday. I arrived late. But as I was looking through the binder, important discussions at how to go about understanding and living health disparities. This is the definition that has been adopted for the framework for Healthy People 2020. By health disparities, we're talking about unacceptable differences in health that have adversely affect the groups that for the most part has been systematically experiencing disadvantages both because of the greater social and economic obstacles in health. They're based on racial and ethnic groups, religion, socioeconomic status, gender, mental or physical disability, sexual orientation, rural or geographic residence, as well as other characteristics that have historically been linked to discrimination or having less influence or acceptance in the community, or oppression.

How many of you are familiar with the graphics of this document, which is actually is a document that comes out of the Center for Disease Control called Promoting Health Equity? Are any of you familiar with this document? Has it been helpful or useful in guiding some of the local planning activities? I really like this diagram because it's one of the most simpler ways of really communicating what social determinants are. What you have at the very top, and I know the font is not very legible, it's really the growing communities -- in order to have growing

communities, we need social determinants that link with healthy behavior but at the same time, that promote good, positive health outcomes.

When we have communities that experience high inequalities, have low assets. Therefore, their outcomes are worst. But we have communities whose inequalities are low, community assets are high and health outcomes, for the most part, are better or best. So we have a visual way of representing. What happens when the communities that we work with are at a disadvantage? And more importantly, how can we impact policies, strategies, and intervention so that we bring communities to having better and greater assets, and at the same time, greater abilities to address their social inequalities.

By health and equality, the Healthy People 2020 framework defines it as the following: continuous efforts that focus on the elimination of health disparities including differences in healthcare and in the living and the working conditions that influence health. It also encompasses the continuous efforts to maintain our desired state of equity after a particular health disparity has been eliminated. Now, our vision and mission for Healthy People 2020: a vision where all people live long and healthy lives and a mission that strives to identify health improvement priorities, increases public awareness and understanding of the determinants of health, disease and disability, and the opportunities to make progress.

It would provide measurable objects -- objectives and goals that are applicable at the national state and at the local level and will engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge. We'll also help to identify critical research, evaluation, and data collection needs. The overarching goals of Healthy People 2020 are: 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 the groups; create social and physical environments that promote good health for all and promote quality of life, health development and health behaviors across the life stages.

This is the model that -- and I sort of like smiled because one of the most significant challenges that we had, as the advisory committee, was to reach an agreement on visuals. I don't know how many of you have worked on creating visuals, but you know, there's something about circles and interactions and visuals that becomes very dynamic, and I can just remember the wonderful discussions and the arguments about whether the error should go right or should go left, whether it should be big or should be small, whether it should have sound and effects. But more important, you know, at the end of the day, the committee was pretty determined to find a venue to really center the aim of Healthy People 2020, which is we want to drive priorities for the nation. Yet, how do we drive these priorities in the context of what really matters, which is really the quality of life of the individuals that we serve.

So, having said that, let me just sort of, like, showcase, sort of like the art that built some wonderful ecological models and approaches that have already proven to be very effective in communicating. And let me say that at the heart of our discussion is really the matter of addressing the determinants of health. In the determinants of health, we do very little justice unless we look at the multi levels on how to go about understanding and addressing this. We start, actually, with the individual at the center, really focusing on key behaviors, understanding that all individuals are part of a society, a family, or a community set of networks, that we have living and working conditions, and that we are part of the context that brought economical, cultural health, environmental conditions, policies programs at the local, at the state, at the national, at the global level, that none of this work would be relevant unless we were to identify key interventions that could impact on the determinants at the multiple levels of where individuals are.

These interventions could be policies, could be programs, could be strategies, could be about key information and projects, and that we need to have a better understanding of how these interventions really address individuals and families' needs across the life span. Because we are looking at outcomes, and outcomes that can impact behavior, that can impact specific risk factors such as diseases and conditions, that could also impact injuries, that look at well-being and the quality of life, and that at the end of the day strive to reach health equity. But all

of this is important if we assess, if we monitor, if we evaluate, we disseminate, and we document.

So having said that, really, this is the action model in which Healthy People 2020 is trying out anchored, anchored at determinants, multi levels, understanding interventions, connecting interventions to outcomes, and looking at life across the life span, so -- and looking at assessment monitoring. So having said that, we have not moved to phase two of Healthy People 2020 and this is why this is so critical and why the timing is so perfect. Because as we speak, there are a series of community forms that are taking place, and right now, the Web page is available for public comment. This is the time to be strategic about your comments, your recommendations to engage your stakeholders at the local level, the county level and the state, and to tell us whether we're on the right track, and to make sure that goals and objectives from a challenged health across the life span are indeed considered, and that they are meaningful to you and to us, and to the nation.

So having said that, we're right now working very parallel with the federal interagency group. These are a group of experts from the different federal agencies that are working diligently in identifying the goals and objectives and really identifying the baseline information in the database to make sure that we have a series of recommendations that are realistic. In addition, there are six subcommittees that are working and having in-depth discussions on data and

information technology, on evidence and target setting, on implementation, on priorities, on systems specification, and on the topic areas for the generation of objectives.

There are specific planning workgroups being led by the federal agency representatives, basically looking at subjects, areas, leading topics. And the role of the workgroups are primarily to decide whether they will retain or drop objectives. And that's a very sensitive discussion because I remember going to the -- remember the forum in Dallas, when we had public comment, colleagues from the community were very determined that they wanted to see their goals and objectives kept.

And so, on one hand, this is the opportunity to look broader and to say, "Wait a minute. This is not only about the 457th objective, or the 1,025 objective, but more importantly, are measuring, are we tracking, are we being realistic in terms of what Healthy People 2020 would be looking at, and if not, may we let some of those objectives go? Or may we identify ways of documenting so that they can be retained?" So, very important discussions that will be taking place. We encourage you to comment and to provide input.

The subject area experts are also in the process of proposing new topics which I will highlight. And really, the role of the workgroup is to recommend evidence-based implementation strategies, and this is where I think, also, your leadership

is really instrumental, in helping us to identify models and practices that have proven to be effective in the area of maternal and child health, so that we can put the best evidence out there through Healthy People 2020.

Topic areas will be accommodated by the different types of objectives. This is important. Traditionally, the objectives have been very much focused around disease. We're looking at a new approach of looking at risk factors, health determinants, and absolutely, acknowledgement of diseases. We're really opening up our perspectives to understand that it's much more than disease. Second, to facilitate and organize in a management structure on how to accommodate these objectives.

The criteria that will be used by the federal workgroup to identify the objectives is the following: important and understandable to a broad audience, they have to be prevention-oriented and achievable through various interventions. They have to drive action. They have to be useful and reflect issues of national importance, measurable and able to address a range of issues. They must build on past iterations of healthy people, supported with the best evidence of scientific -- supported with best available scientific evidence, and address population disparities.

So consistent with the structure, the data expectation is that each objective should have a valid reliable and national representative data source, should have

baseline data, should've be assured of at least one additional data point throughout the decade. The targets will have its own target. Their target setting policies and methods will be used as are being discussed. And the significant issues right now that are being discussed, of course, is the number of objectives, the data sources, budget issues, [inaudible] population data, target setting methodology whether these are aspirational versus achievable, whether they're dynamic or static processes to accommodate the changing priorities of the country. These are some of the key new topic areas that are being considered as additions: adolescent heath, early and middle childhood, older adults, genomics, global health, quality of life, social determinants of health, blood disorders and blood safety and healthcare-associated infections.

So, again, I come back to where I started, which is a critical part of the engagement starts with you. You're very privileged. You have access to the information. We really encourage you to pass that information to your grantees, to your partners, to the college, to the state, the local and the community level.

More importantly, stay informed. Join the Healthy People [inaudible]. Visit us at www.healthypeople.gov for significant updates. Visit the Public Comment Web site. Attend the 2009 public meetings. I will make a reference to where those meetings will be taking place. Attend the advisory committee meetings. We'd made available most of the times. We're meeting in Washington, D.C. These meetings are open. And join the consortium.

How many of you are part of the consortium for Healthy People 2010? Okay.

One. Two. We have a lot of work to do. That's extremely important. That's a mine of resources and connectiveness. So if we can, sort of, like, aim now that -- before we leave -- by the time that we go back home to really check the consortium out and see what is it that we can do to help make that consortium much more meaningful and much more focused on the work of Maternal and Child Health? I think that would be a wonderful outcome of this meeting.

So, having said that, October the 22nd, the first meeting, took place in Kansas City, November the 7th in Philadelphia, and November the 20th in Seattle. How to go back registering for these forms: www.healthypeople.gov and also by contacting our partners at the Office of Health Promotion Disease Prevention for more specifics.

The timeline between now and the release of Healthy People 2020, it seems like a lot of time but we don't have a lot of time. We have probably about a year and few months before the actual document, and more importantly, the Web-related interational site gets released and unveiled by the Office of the Secretary.

Between now and then, Public Common Web site, extremely important. Public meetings, as I have mentioned. Between January and August of next year, significant work for the Federal Interagency group, which is the objective

revisions, setting the targets, identifying the evidence practice-based initiatives, looking at an implementation guide.

One of the core recommendations that we heard from the field is that we need some sort of a guidance in a very user-friendly terms that community-based organizations and other could use on how to go about organizing around the Healthy People objectives. So this is one of the important commitments that we have made to make sure that there is a guiding place that would help communities organize and rally activities around Healthy People.

So between September and December of next year, the release of Healthy People 2020. A few more thoughts, these are very personal perspectives on Healthy People 2020, why this matters. Because I see this is a wonderful opportunity to have a model in this decade that is much more action-oriented, that focuses on really striving to meet goals, and that at the same time, really represents interventions that focus on the determinants of health at multiple levels. I also think that this is an instrumental tool, especially at a time so specific or significant economic and social downturn to improve the health especially of those that are the most vulnerable, and to help us reduce disparities and promote economic recovery.

Healthy People will entail active engagement of everyone, which means that for whatever reason we don't see Healthy People doing what it was intended to do,

we are the ones responsible. This is about co-responsibility. If we are to see Healthy People 2020 succeed, it's because you and I, at the end of the day, are going to hold each other accountable and responsible, foreseeing that those goals and objectives are driving not only policy, should drive program, should drive resources, but at the same time, are meaningful to the communities that we work with. So, it also entails what is known as enlighten leadership actions, which means becoming bold, becoming critical, becoming proactive and doing things probably different with less resources. It's also an influential and, at the same time, an inspiring method of looking at health promotion and protection across the life span. And the other thing is that the targets of the – for the objectives should be realistic, which at the end of the day is not an easy task to have.

To really, sort of like, summarize, you are doing an incredible job. At your state level, at your local communities, you have direct impact and access to the greatest capital of this nation, which are the families that we directly or indirectly work with.

To leave you with a set of reflections, ask yourselves, is it what we're doing? Is it already working or not? And what are we doing is working? What is causing it to work? What are the core objectives that we're working with? What are the benefits of achieving your objectives? What can I do to begin to move closer to the objective? And it's evident that its leadership that decides, that notices and that acknowledges people, that acknowledges actions, that acknowledges gains

and acknowledges opportunities that the end of the day is going to make the greatest difference.

I want to quote Angela Glover Blackwell, the director from the PolicyLink Institute, was one of the forum keynote speakers for the Health Equity Forum a couple of years ago, that says all across America and across the globe, communities are assuming a greater and more effective role in addressing health disparities. They're using innovative approaches. They're making substantial changes designed to improve the health and the quality of life of all community members.

And so, with that, I basically want to encourage you, to invite you to become active and engaging members of the Healthy People 2020 community, to be critical, to provide us with your input, and to visit the Comment Web site, to become active in the forums, but more importantly, to serve as a role model at the local and state and national level and really champion Maternal and Child Health objectives and goals that are meaningful to your local communities, to your states and to the rest of the nation.

And with that, I will adjourn and I don't know if there's any time for questions or comments. And I want to thank you for all that you do.

UNKNOWN SPEAKER: We have a couple minutes before the break. Does anyone have any questions for Eva? We can certainly take them. I think there's microphones in the room. We can take a couple of questions. Yes, sir?

UNKNOWN SPEAKER: [Inaudible]

UNKNOWN SPEAKER: This mic on.

PETER SIMON: Thank you very much. My name is Peter Simon from Rhode Island. I'm curious [inaudible] Maternal and Child Health program concerning about the really sensitive critical periods of development. How are those going to be reflected in Healthy People 2020? Because it seems like the life course is there but it's, you know, it's just one little straight line and there's parts of it that may be more important than others. And to us, it would seem that if we don't see some expanded discussion of these critical sensitive periods and the cumulative aspects of what health is and where it comes from, MCH, but still, the sort of at a disadvantage.

EVA MOYA: Peter, that's a very important observation. And I think that members of the Advisory Committee have been extremely sensitive to the fact that when we speak of life stages, we speak of preconception all the way to expiration as we say. And yet it's important that your observations and your comments be said and that you'd be critical of the fact of how the framework is being built. We have

one of our colleagues that has been the most instrumental in informing us about adverse effects especially during pregnancy and how important it is that we look at preconception needs, and that we also truly understand the lifecycle as is so.

So, I would assure you that we are committed to making sure that we address the needs, yet you need to be very engaged in letting us know whether the framework is not specific enough, and if so, what sort of recommendations you would make. But when you look at the Healthy People 2020 developmental goals, I want you to be very critical to make sure that they are attentive to your needs. But when we say lifecycle, we mean lifecycle, from preconception all the way to death. And so, we want to make sure that we're attentive to your needs.

Yes, sir?

SETH: Seth [inaudible] UC Davis in California, Sacramento. Thank you for such a wonderful presentation and for sharing with us the progress that the committee has done. I'm glad that you came up with, you know, objectives and goals that include well-being and include other positive factors or aspects of health. It is about time, I think, that we start thinking more seriously about that.

And in the model that you present, which is – I'm very pleased to see that is a holistic one and includes critical factors. In the outcome side, you include the specific risk factors but don't include protective factors. And I would encourage you to consider that because there are sectors of the population that don't have

access to care, that are very marginalized, and that they have strengths and assets and resources that need to be acknowledged and to be included, given that even if we continue to build, you know, opportunities for people to come, they still won't come for whatever reasons. So just keep in fact the protective factors as well.

EVA MOYA: Thank you very much, Seth [inaudible]. This is very consistent with the discussion yesterday about resilience, remember, and what protects us and what keeps us away from illness and how we bounce back from situations. So, absolutely, I think this is -- these two are important comments that I will take back to the members of the committee. Absolutely. Yes?

DICK NEWTON: Dick Newton from Arkansas. I'm delighted with your notion of this Web site being a gateway to the evidence base, and that's a real challenge, it seems, to me.

EVA MOYA: Yes.

DICK NEWTON: Will you do that by incorporating references to the community guide and the clinical guide or other ways?

EVA MOYA: Absolutely. They are the driving forces of why we want to put this evidence in a way that it's much more accessible, available and that also, it's

updated, which would include really some recommendations about how to do additional investment in updating what already exists. Absolutely, yeah. They are at the table working with us and helping us to identify the best available evidence. It's clear that depending on the number of objectives, keep in mind that if we go broader than what we have, 400, 600, 800s, it would be impossible to identify evidence for all. So most likely, we'll be looking at identifying key evidence, key practices for some, not all, as to give you enough of information and guidance on how to go about tapping into what also needs to be developed, because if the evidence is not there, then it's clear that we need to strive to identify fund, test, research and then bring about.

DICK NEWTON: Well, that leads right into my next question on the evidence base in public health, which is based on community interventions that are now carefully evaluated by a research evaluations is rather small, it seems to me...

EVA MOYA: Yes. Yes.

DICK NEWTON: ...and very, very nascent. And I hope that through all of this, that we can stimulate more research of that nature.

EVA MOYA: Absolutely. It's sort of like slim when it comes to really what is working because we know that there's much more out there that has incredible promise, that has potential but hasn't been evaluated or documented or

researched, and therefore, hasn't made it to -- so, yes, the committee is extremely sensitive to finding out what other interventions are available. As a matter of fact, one of the core recommendations that we have made under the implementations of committee is to look back at excellence of work and to identify those practices that haven't made it to the evidence part, but that have the incredible ability to promote, provide, address and do, and bring them to the forefront as a way to say -- and these are the -- these are some of the strategies that other communities are using to address specific maternal and child health issues and really begin to connect people with initiatives and resources. So, absolutely.

SABRINA MATOFF-STEPP: I think we have time for one more question.

EVA MOYA: Yes.

NORA WELLS: Hello. My name is Nora Wells and I'm from a family organization called Family Voices, families of children with special needs. I loved the presentation. And I just wanted to ask one question about evidence that I think is really important. I know that we've thought about how people themselves, the people experiencing whatever it is, would be part of every level of deciding what is really evidence, the research, the interpretation of research, the use of research. I think this is absolutely key if we think of trying to address what this

conference is all about, lifespan issues, equity issues, this is really key. So I wonder if that's been thought about and how.

EVA MOYA: How to bring about really the evidence from the personal perspective?

NORA WELLS: Exactly.

EVA MOYA: You know, fabulous question, because one of the core recommendations that was made also was to begin to look at possibly case studies, you know, situations where you would have life experiences of how individuals could actually be addressing, living, discussing and doing. So I think that we're at a critical point in Healthy People where we're open to opportunities, where there are things that are going to be very consistent of what goes into the Web page, but more importantly, the Web page should not limit us to really think outside of the traditional boxes of how we look at evidence and really connect with those that have the experience. I'm with the idea that, really, voices and personal stories are the most -- are some of the most powerful means and ways of connecting, of promoting, of disseminating and of convincing. So, some of us are certainly right on with you in terms of understanding how do we capitalize on that evidence of individuals living it, knowing it and telling it.

NORA WELLS: Right. And to me, the stories are a wonderful part of that. And then it's those storytellers who have to help shape what it means, you know? It's not -- we don't want to just record their stories, but in fact, involve them in the process of deciding.

EVA MOYA: Absolutely.

NORA WELLS: Thank you. Thank you.

EVA MOYA: And on my other life, I worked on For the Voice, which is sort of like a powerful method that gives voice and meaning to, primarily, the underserved, the uninsured, the underprivileged, but whose voice and meaning -- they are the ones telling it, "We're just only facilitating the process for the purpose of [inaudible] policy and decision making processes." So, yes. That's sort of like music to my ears. Yes.

SABRINA MATOFF-STEPP: Okay. Well, with that, let's give Eva a big thank you, again.

EVA MOYA: No, thank you. Thank so, really.

SABRINA MATOFF-STEPP: So it's time for break, and Cassie has asked me to remind everybody in the back of your notebooks, you have evaluation forms,

please, please look at those, fill them out and turn them in to the HDDI staff at the registration table. As we move through the morning, those evaluations are very important to the bureau so that we can better serve your needs. And we'll reconvene in about half an hour for the next plenary. Thanks, everybody.