



HEALTHY PEOPLE'S OBJECTIVES

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Danvers, MA



...INSPECT,
CITE,
REINSPECT,
INSPECT,
CITE,
REINSPECT...





Currently in the 4th edition



Initiative began in 1979 when the Surgeon General released a report: Health Promotion and Disease Prevention.



Ambitious objectives for promoting health on a national scale lasting a decade.

HISTORY OF HEALTHY PEOPLE'S

Physical Activity by Education: Adults Aged 25 Years and Over, 2018

35.0%
Advanced degree

9.8%
Less than high school



New Nutrition, Physical Activity, and Obesity Infographic

See the latest data for the Nutrition, Physical Activity, and Obesity Leading Health Indicators.

[Check out the graphic.](#)



DATA2020 Search

This interactive data tool allows users to explore data and technical information related to the Healthy People 2020 objectives. [Search Healthy People data.](#)



Planning for Healthy People 2030

Every decade, the Healthy People initiative develops a new set of objectives to improve the health of all Americans. [Learn more and get involved.](#)



Health Disparities

A health disparity is a health difference that is closely linked with social, economic, or environmental disadvantage.

[View the latest disparities for Leading Health Indicators.](#)

82.4%
2020
TARGET





Initiating New Programming

vs.

Program Support and
Resources

Food Safety

[Overview](#)[Objectives](#)[Interventions & Resources](#)[National Snapshots](#)

Goal

Reduce foodborne illnesses in the United States by improving food safety-related behaviors and practices.

Overview

Foodborne illnesses are a burden on public health and contribute significantly to the cost of health care. Each year foodborne illnesses sicken 48 million Americans (approximately 17% of people in the United States) and lead to 128,000 hospitalizations and 3,000 deaths.¹ A small percentage of these illnesses are the result of identified foodborne outbreaks, which happen when two or more cases of similar illnesses result from eating the same food.² Investigations of foodborne outbreaks, along with analyses of data on the germs that make us sick and behaviors that contribute to food contamination, help us identify where we can make improvements in the country's food safety system.³ This system spans from growing the food on the farm through processing, packing, distribution, transportation, and storage, to preparing it to be eaten.

Why Is Food Safety Important?

Foodborne illnesses are a preventable and underreported public health problem. These illnesses are a burden on public health and contribute significantly to the cost of health care. They also present a major challenge to certain groups of people. Although anyone can get a foodborne illness, some people are at greater risk. For example:

- Children younger than age 4 have the highest incidence of laboratory-confirmed infections from some foodborne pathogens, including *Campylobacter*, *Cryptosporidium*, *Salmonella*, *Shiga* toxin-producing *Escherichia coli* O157, *Shigella*, and *Yersinia*.⁴
- People older than age 50 and those with reduced immunity are at greater risk for hospitalizations and death from intestinal pathogens commonly transmitted through foods.⁴



View HP2020 Data for:
[▶ Food Safety](#)

**Midcourse Review Data
Are In!**

[Check out our interactive infographic](#) to see progress toward the Food Safety objectives and other Healthy People topic areas.



OVERVIEW

Understanding Food Safety

Physical Determinants of Food Safety

Food hazards, including germs and chemical contaminants, can enter the food supply at any point from farm to table. Most of these hazards cannot be detected in food when it is purchased or consumed. In addition, a food itself can cause severe adverse reactions in people who are allergic to it. In the United States, food allergies are a significant concern, both among children under age 18 and some adults.^{5,6}

Social and Behavioral Determinants of Food Safety

It is important for people to understand how their behavior and activities contribute to the safety of food and how they can decrease the risk of foodborne illness. From processes on the farm to practices in the kitchen, human activities play an important role in food safety. We face many challenges in keeping our food safe.

The food industry is challenged by:

- Large employee populations with high rates of turnover, communication challenges, and cultural differences in how food is prepared
- Non-uniform systems for training and certifying workers
- Lack of sick leave policies for sick workers
- Difficulties in tracing food items to their sources
- Changes in production practices
- Increasing imports

Consumers are challenged by:

- Determining when certain foods are cooked to appropriate temperatures
- Separating more risky foods from less risky foods
- Storing food at safe temperatures
- Properly cleaning hands and surfaces

Foodborne illness surveillance and consumer complaints alert public health and regulatory agencies that a hazardous product is in commerce and should be recalled. The investigation of foodborne illnesses focuses agencies and the food industry on identifying problems, initiating control activities, and improving practices. Prevention activities and collaborative efforts by the food industry, regulatory and public health agencies, and consumers are needed to reduce foodborne illness in the United States.



PHYSICAL, SOCIAL AND BEHAVIORAL DETERMINANTS OF HEALTH

[Home](#) » [2020 Topics & Objectives](#) » Food Safety

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Food Safety

Overview

Objectives

Interventions & Resources

National Snapshots

[Expand All Objectives](#)

FS-1 Reduce infections caused by key pathogens transmitted commonly through food

FS-1.1 Reduce infections caused by *Campylobacter* species transmitted commonly through food

FS-1.2 Reduce infections caused by Shiga toxin-producing *Escherichia coli* (STEC) O157 transmitted commonly through food

FS-1.3 Reduce infections caused by *Listeria monocytogenes* transmitted commonly through food

FS-1.4 Reduce infections caused by *Salmonella* species transmitted commonly through food




FS-1.5 Reduce postdiarrheal hemolytic uremic syndrome (HUS) in children under 5 years of age

FS-1.6 Reduce infections caused by *Vibrio* species transmitted commonly through food

FS-1.7 Reduce infections caused by *Yersinia* species transmitted commonly through food

FS-1.6 Reduce infections caused by *Vibrio* species transmitted commonly through food



Baseline:	0.3 cases on average of laboratory-confirmed <i>Vibrio</i> species infections per 100,000 population per year were reported in 2006–08
Target:	0.2 cases per 100,000
Target-Setting Method:	Projection/trend analysis
Data Sources:	Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID
Data:	 HP2020 data for this objective  Spotlight on Disparities: <ul style="list-style-type: none">• Disparities by age group  Details about the methodology and measurement of this HP2020 objective
More Information:	Related research articles on PubMed



Food Safety

FS-1.6 Reduce infections caused by *Vibrio* species transmitted commonly through food

Vibrio species infections transmitted commonly through food (per 100,000 population)

2020 Baseline (year): 0.3 (2006–08) 2020 Target: 0.2 Desired Direction: ↓ Decrease desired

Choose Years ▼

POPULATIONS	2010	2011	2012	2013	2014	2015
TOTAL View Chart	0.4	0.3	0.4	0.5	0.5	0.4

[View data by group](#) +

Data Source:

Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID

Data:

[Data Details](#) [Learn more about the methodology and measurement of this HP2020 objective](#)

[Download all data for this HP2020 objective \[XLS - 16.10 KB\]](#)

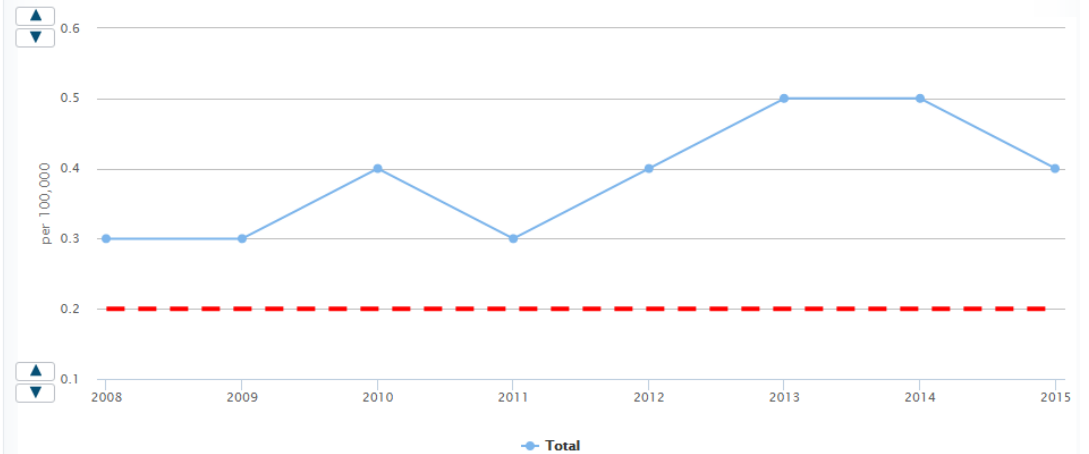
Footnotes:

[View All Footnotes](#)

Vibrio species infections transmitted commonly through food (per 100,000 population) By Total

2020 Baseline (year): 0.3 (2006–08) --- 2020 Target: 0.2 Desired Direction: ↓ Decrease desired

Auto Scale



Data Source: Foodborne Diseases Active Surveillance Network (FoodNet); Centers for Disease Control and Prevention, National Center for Emerging and Zoonotic Infectious Diseases (CDC/NCEZID)
Additional footnotes may apply to these data. Please refer to footnotes below the data table for further information.

Home » [Data Search](#) » Search the Data

 [Print](#)  [Share](#)

Narrow Your Search

Topic Areas (0 Selected)

Data Sources (0 Selected)

State-Level Data Available (0 Selected)

Sex-Specific Objectives (0 Selected)

Age-Specific Objectives (0 Selected)

State Map Available

Health Disparities Data Available

LHI

Measurable Objectives

About the Data

[Learn more about Healthy People 2020 data](#) and objectives, including when the data were last updated.

You searched: FS-1.6 [Remove all](#)

1 Objectives match your search

Show Confidence Interval (if available)

Show Standard Error (if available)

Food Safety

FS-1.6 Reduce infections caused by *Vibrio* species transmitted commonly through food

Vibrio species infections transmitted commonly through food (per 100,000 population)

2020 Baseline (year): 0.3 (2006–08) 2020 Target: 0.2 Desired Direction: ↓ Decrease desired

[Choose Years](#) ▼

POPULATIONS	2010	2011	2012	2013	2014	2015
TOTAL View Chart 	0.4	0.3	0.4	0.5	0.5	0.4

[View data by group](#) 

Data Source:

Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID

Data:

[Data Details](#) [Learn more about the methodology and measurement of this HP2020 objective](#)

[Download all data for this HP2020 objective \(XLS - 16.10 KB\)](#)

Footnotes:

[View All Footnotes](#)

AGE GROUP

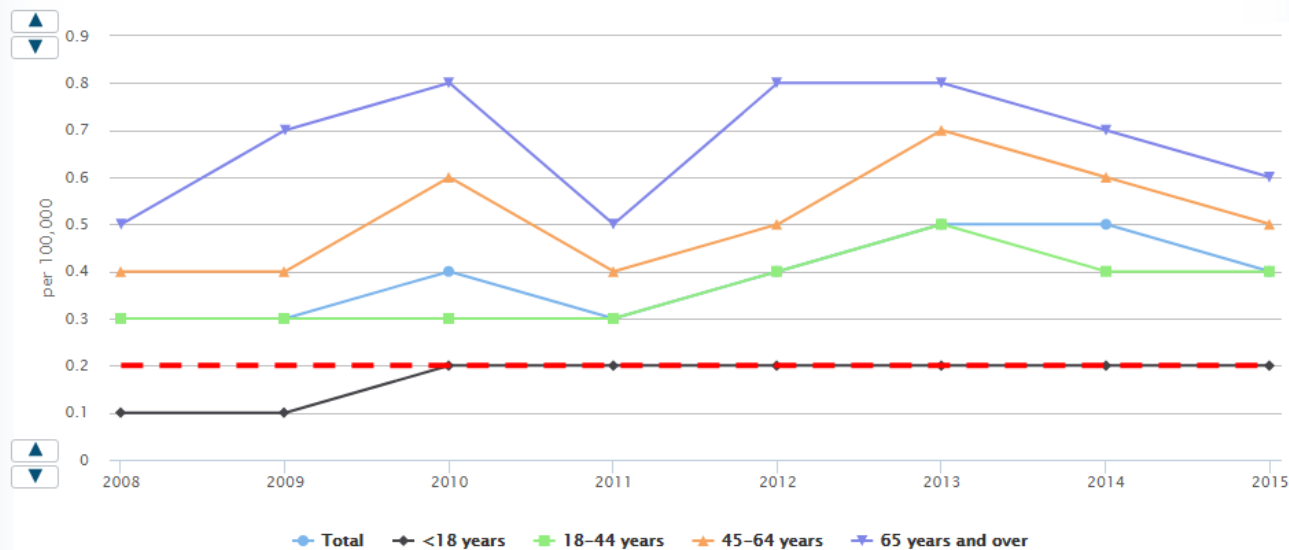
[View Chart](#) [View Disparities](#) 

<18 years	0.2	0.2	0.2	0.2	0.2	0.2
0-4 years	0.0	0.2	0.1	0.0	0.0	0.1
5-11 years	0.2	0.2	0.2	0.2	0.3	0.3
12-17 years	0.3	0.2	0.1	0.3	0.2	0.2
18-44 years	0.3	0.3	0.4	0.5	0.4	0.4
18-24 years	0.1	0.2	0.2	0.3	0.3	0.3
25-44 years	0.4	0.3	0.4	0.6	0.5	0.4
45-64 years	0.6	0.4	0.5	0.7	0.6	0.5
45-54 years	0.5	0.4	0.4	0.6	0.6	0.6
55-64 years	0.6	0.4	0.6	0.8	0.6	0.3
65 years and over	0.8	0.5	0.8	0.8	0.7	0.6
65-74 years	0.9	0.6	0.8	0.7	0.8	0.8
75-84 years	0.8	0.3	1.0	0.8	0.7	0.5
85 years and over	0.5	0.6	0.5	1.0	0.2	0.2

Vibrio species infections transmitted commonly through food (per 100,000 population) By Age Group

2020 Baseline (year): 0.3 (2006–08) --- 2020 Target: 0.2 Desired Direction: ↓ Decrease desired

Auto Scale



- Age-Specific Objectives (0 Selected)
- State Map Available
- Health Disparities Data Available
- LHI
- Measurable Objectives

About the Data
[Learn more about Healthy People 2020 data](#) and objectives, including when the data were last updated.

Vibro species infections transmitted commonly through food (per 100,000 population)

2020 Baseline (year): 0.3 (2006–08) 2020 Target: 0.2 Desired Direction: ↓ Decrease desired

Choose Years ▼

POPULATIONS	2010	2011	2012	2013	2014	2015
TOTAL View Chart	0.4	0.3	0.4	0.5	0.5	0.4

[View data by group](#) +

Data Source: Foodborne Diseases Active Surveillance Network (FoodNet), CDC/NCEZID


Data: [Data Details](#) [Learn more about the methodology and measurement of this HP2020 objective](#)

[Download all data for this HP2020 objective \[XLS - 16.10 KB\]](#)

Footnotes: [View All Footnotes](#)

Showing 1 - 1 of 1 results 1

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Food Safety

[Overview](#)
[Objectives](#)
[Interventions & Resources](#)
[National Snapshots](#)

[Evidence-Based Resources](#)

[Consumer Information](#)

Find evidence-based information and recommendations related to Food Safety.

Strength of Evidence ▼	Topic Area	Publication Date	Resource Type
 4 out of 4	<p>Food Safety</p> <p>Hand Washing Promotion for Preventing Diarrhea</p> <p>Cochrane Library</p>	2015	Systematic Review
 4 out of 4	<p>Food Safety</p> <p>Immunotherapy (Oral and Sublingual) for Food Allergy to Fruits</p> <p>Cochrane Library</p>	2015	Systematic Review
 4 out of 4	<p>Food Safety</p> <p>Managing Food Safety Practices from Farm to Table</p> <p>Institute of Medicine Food Forum</p>	2009	Systematic Review , Expert Opinion
 4 out of 4	<p>Food Safety</p> <p>Diagnosis and Management of Foodborne Illnesses: A Primer for Physicians and Other Health Care Professionals</p> <p>American Medical Association, American Nurses Association-American Nurses Foundation, Centers for Disease Control and Prevention, Center for Food Safety and Applied Nutrition/Food and Drug Administration, Food Safety and Inspection Service/US Department of Agriculture</p>	2004	Systematic Review , Expert Opinion , Other

[Home](#) » [Data Search](#) » Midcourse Review Data[Print](#) [Share](#)

Midcourse Review

The Midcourse Review provides a snapshot of progress made toward Healthy People 2020 objectives in the first 5 years of the 10-year initiative. It also describes progress needed in the second half of the decade to improve the health of all Americans.

Midcourse Review Interactive Infographics

Our interactive infographics let you easily see the Nation's progress toward Healthy People 2020 targets. Use the tool below to view data for Leading Health Indicators or check out summaries of progress made by topic area.

See progress made toward HP2020 goals

Leading Health
Indicators

OR

All Topic Areas

[Click here to view the full Midcourse Review](#)



Standard 3G: Reduce morbidity related to foodborne infections.

Measure 3.7: Limit the yearly increase in reported campylobacter cases to less than 1% and maintain reported cases of salmonella at fewer than 1,200 per year.

Outcome Indicator	Baseline	2020 Target	Data Source
Incidence of campylobacteriosis	1,350 cases	<1,462 cases	<i>MDPH BID Epidemiology Program 2012</i>
Incidence of salmonellosis	1,050 cases	<1,200 cases	<i>MDPH BID Epidemiology Program 2012</i>

Numerator: Number of reported campylobacteriosis and salmonellosis cases

Denominator: N/A

Exclusions: None

Timeframe: Annual

How will this be measured? Routine disease surveillance (See Appendix D)

Diagnose and Investigate Health Problems and Hazards in the Community

3.7.1 Maintain the activities of the Working Group on Foodborne Illness Control which includes epidemiologists, laboratorians and environmental specialists.

Inform, Educate, and Empower People About Health Issues

3.7.2 Increase public awareness of foodborne illness infection by providing current information on the MDPH website on all foodborne illnesses.

3.7.3 Update and distribute educational materials regarding hand washing and the appropriate handling of high risk foods.

Enforce Laws and Regulations That Protect Health and Ensure Safety

3.7.4 Enforce isolation and quarantine regulations for food handlers infected with enteric pathogens, and for contacts of cases with diarrhea who are food handlers.

FS-6	Increase the proportion of fast-food and full service restaurants that follow food safety practices that prevent foodborne illness outbreaks		
FS-6.1	Increase the proportion of fast-food restaurants where employees practice proper handwashing	Revised	+
FS-6.2	Increase the proportion of fast-food restaurants where food employees do not contact ready-to-eat (RTE) foods with bare hands	Revised	+
FS-6.3	Increase the proportion of fast-food restaurants where food contact surfaces are properly cleaned and sanitized	Revised	+
FS-6.4	Increase the proportion of fast-food restaurants where foods requiring refrigeration are held at the proper temperature	Revised	+
FS-6.5	Increase the proportion of fast-food restaurants where foods displayed or stored hot are held at the proper temperature	Revised	+
FS-6.6	Increase the proportion of full-service restaurants where employees practice proper handwashing	Revised	+
FS-6.7	Increase the proportion of full-service restaurants where food employees do not contact RTE foods with bare hands	Revised	+
FS-6.8	Increase the proportion of full-service restaurants where food contact surfaces are properly cleaned and sanitized	Revised	+
FS-6.9	Increase the proportion of full-service restaurants where foods requiring refrigeration are held at the proper temperature	Revised	+
FS-6.10	Increase the proportion of full-service restaurants where foods displayed or stored hot are held at the proper temperature	Revised	+

Food Safety

FS-6.6 Increase the proportion of full-service restaurants where employees practice proper handwashing Revised

Full-service restaurants where employees practice proper handwashing (percent)

2020 Baseline (year): 24.2 (2008) 2020 Target: 31.4 ¹ Desired Direction: ↑ Increase desired

Choose Years ▼

POPULATIONS	2008	2013-2014
TOTAL View Chart 	24.2	17.6

Data Source:

Retail Food Risk Factor Studies, CFSAN

Data:



[Learn more about the methodology and measurement of this HP2020 objective](#)



[Download all data for this HP2020 objective \[XLS - 7.67 KB\]](#)

Revision History:

This objective was revised. Read more about the [revision history](#).

Footnotes:

¹ Target has been revised. See Data Details for more information.

[View All Footnotes](#)

Comparable Healthy People
2010 Objective:

Questions Used to Obtain the
National Baseline Data:

Adapted from HP2010 objective

From the 2008 Retail Food Risk Factor Study:

[NUMERATOR:]

Proper, Adequate Handwashing.

Hands are clean and properly washed when and as required.

1. IN (yes)
2. OUT (no)
3. NO (not observed)

From the 2014 Retail Food Risk Factor Study:

[NUMERATOR:]

Employees practice proper handwashing.

A. Hands are cleaned and properly washed using hand cleanser / water supply / appropriate drying methods / length of time as specified in Section 2-301.12 of the Food Code.

1. IN (yes)
2. OUT (no)

B. Hands are cleaned and properly washed when required as specified in Section 2-301.14 of the Food Code .

1. IN (yes)
2. OUT (no)

NOTE: If either item in 2014 is marked out of compliance then the overall objective is out of compliance

NOTE: The data item ***Employees practice proper handwashing*** **MUST** be marked **IN** or **OUT** of compliance. The data collector **MUST** be in the restaurant facility long enough to make observations of handwashing practices. The data collector is to rely only on actual observations of handwashing practices.

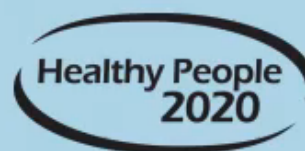


MAP-IT

A framework for implementation.



Brainstorm: Potential Partners



Below is a partial listing of the many public, private, and volunteer organizations that could be valuable partners in your public health efforts. Start by searching online for businesses and organizations near you.

Health

- Primary care associations
- Community health centers
- Emergency medical services
- Health departments—city, county, state
- Health professional associations
- Hospitals
- Visiting Nurse Associations
- Mental health organizations
- Substance abuse treatment agencies
- Nursing homes, home health agencies
- Red Cross chapters—local, state
- Managed care organizations

Funding Resources

- State health department
- Local businesses
- Charities/foundations
- United Way

Select Populations

- Area Agency on Aging
- Corrections facilities
- Day care facilities/Head Start
- Disabled citizens' alliance
- Health department clients
- Multicultural community centers
- Homeless shelters
- Youth coalitions/teen centers
- Migrant worker groups
- Minority and gay/lesbian organizations
- Women's organizations

Planning/Regulatory Agencies

- Local board of health
- Regional planning councils

Community and Volunteer Organizations

- AARP

8 SECTIONS

- Section 1. An Overview of Strategic Planning or "SA" (Vision, Mission, Objectives, Strategies, and Action Plans)
- Section 2. Proclaiming Your Dream: Developing Vision and Mission Statements
- Section 3. Creating Objectives
- Section 4. Developing Successful Strategies: From Planning to Win
- Section 5. Developing an Action Plan
- Section 6. Obtaining Feedback from Stakeholders: What Changes are Important and Feasible?
- Section 7. Identifying Action Steps in Bringing About Community and System Change



Donate Now

The Tool Box needs your help to remain available. Your contribution can help change lives.

- Main Section
- Checklist
- Examples
- Tools
- PowerPoint

Learn how to develop effective vision and mission statements to effectively communicate the work of your organization or effort.

- **WHAT IS A VISION STATEMENT?**
- **WHAT IS A MISSION STATEMENT?**
- **WHY SHOULD YOU CREATE VISION AND MISSION STATEMENTS?**
- **HOW DO YOU CREATE VISION AND MISSION STATEMENTS?**



Creating your organization's vision and mission statements are the first two steps in the VMOSA action planning process. Developing a vision and mission statement is crucial to the success of community initiatives. These statements explain your group's aspirations in a concise manner, help your organization focus on what is really important, and provide a basis for developing other aspects of your strategic plan. This section provides a guide for developing and implementing your organization's vision and mission statements.

WHAT IS A VISION STATEMENT?

Your vision is your dream. It's what your organization believes are the ideal conditions for your community that is, how things would look if the issue important to you were completely, perfectly addressed. It might be a world without war, or a community in which all people are treated as equals, regardless of gender or racial background.

VISION AND MISSION

<https://ctb.ku.edu/en/table-of-contents/structure/strategic-planning/vision-mission-statements/main>



SOCIAL DETERMINANTS OF HEALTH



Exercise:

Prioritizing Issues

Healthy People
2020

Coalition members will likely have many issues they want to address. This exercise is designed to help the group decide which issue(s) to focus on.

First, make a list of all the issues on the table. Then, working as a group, copy and complete this sheet for each issue you are considering. Use the information to help narrow down your target issue(s).

Issue: _____

Prevalence/frequency/incidence: _____

Population(s) affected: _____

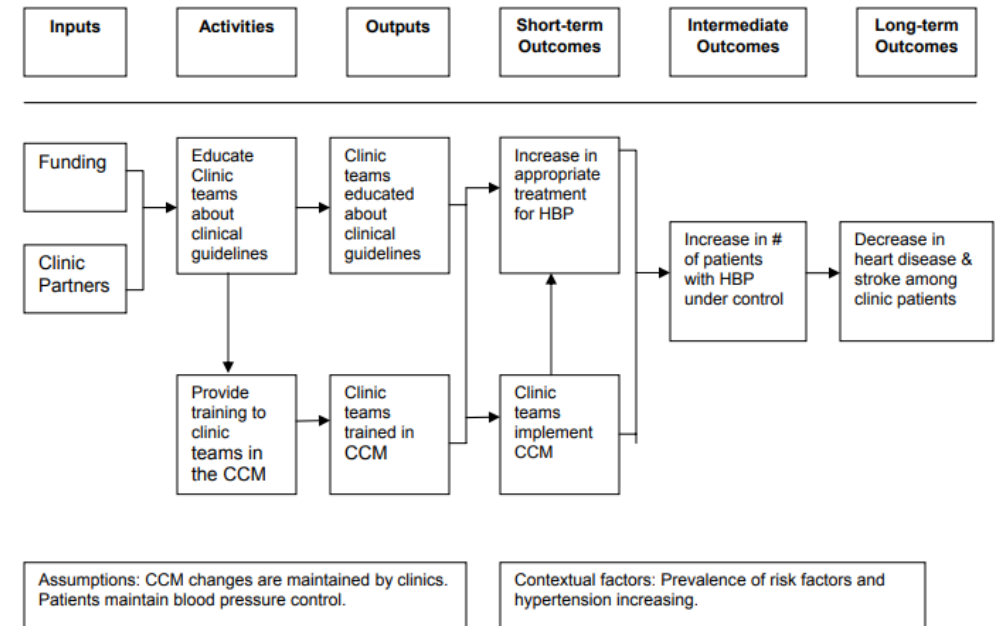
Seriousness/urgency: _____

Available data sources: _____

Plan: LOGIC MODEL

Steps for developing a logic model

1. Determine the **purpose** of the logic model, who will use it and for what? Is your purpose to develop a work plan, to talk with stakeholders about the program or intervention, or to develop an evaluation plan?
2. **Convene stakeholders.** Who should participate? Program planners and managers, epidemiologists, and groups with a stake in program outcomes.
3. Determine a **focus** for the logic model. Will the logic model depict a single intervention, a multiyear intervention, or a comprehensive picture of your HDSP program? Determine what level of detail is needed to make this a useful tool.
4. Understand the situation. Use the program **objective or goal as your anchor.** Set **priorities** and **clarify** expectations.
5. **Explore** the research, knowledge base, and what others have done/are doing. Compile research findings and lessons learned, applicable program theory, and resources. Identify and discuss assumptions you are making and contextual factors.
6. **Construct a series of linked activities and outcomes or statements using a “left-to-right” or “right-to-left” approach. Then connect the activities with arrows to show linkages.**





LET'S REVIEW!

Don't worry, it's almost over



OUR PLAN

- **Goal: Reduce foodborne illness by improving food safety-related behaviors and practices**



OUR PLAN

- **Goal:** Reduce foodborne illness by improving food safety-related behaviors and practices.
- **Objective:** Increase the proportion of establishments practicing proper handwashing.



OUR PLAN

- **Goal:** Reduce foodborne illness by improving food safety-related behaviors and practices.
- **Objective:** Increase the proportion of establishments practicing proper handwashing.
- **Baseline:** 24.2% (local data if available).



OUR PLAN

- **Goal:** Reduce foodborne illness by improving food safety-related behaviors and practices.
- **Objective:** Increase the proportion of establishments practicing proper handwashing.
- **Baseline:** 24.2% (local data if available).
- **Target:** 31.4% (local data if available).



OUR PLAN

- **Goal:** Reduce foodborne illness by improving food safety-related behaviors and practices.
- **Objective:** Increase the proportion of establishments practicing proper handwashing.
- **Baseline:** 24.2% (local data if available).
- **Target:** 31.4% (local data if available).
- **Implementation Strategy:** See Logic Model.



OUR PLAN

- **Goal:** Reduce foodborne illness by improving food safety-related behaviors and practices.
- **Objective:** Increase the proportion of establishments practicing proper handwashing.
- **Baseline:** 24.2% (local data if available).
- **Target:** 31.4% (local data if available).
- **Implementation Strategy:** See Logic Model.
- **Track and Measure Progress.**

TAKE A VICTORY LAP

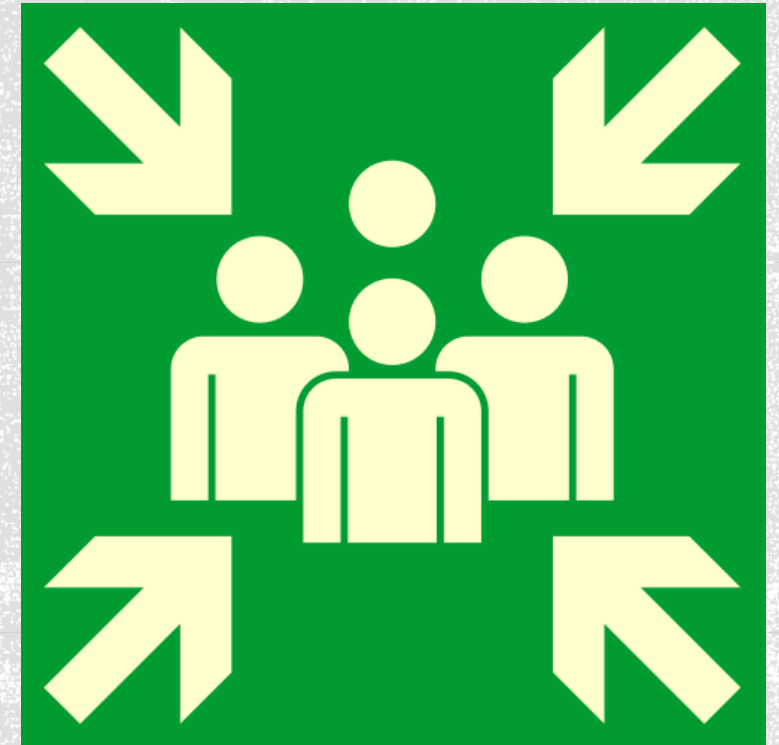
Be open and transparent with the data, and when you make improvements, be sure to let everyone with a pulse know it.

Healthy People 2030 should engage sectors other than governmental public health, such as health care, environmental/environmental regulation, transportation, criminal justice, civil law, housing, and education (see Appendix 4). Examples of how selected stakeholders can act to meet Healthy People targets are shown in Table 1.

Table 1. Examples of How Selected Stakeholders Can Act to Meet Healthy People Targets

Local Health Departments
<ul style="list-style-type: none"> Decide internal priorities; create a roadmap to achieve goals; establish benchmarks Align activities of local health departments with state and national public health priorities Engage partners around common goals and metrics
Tribal, State, and Territorial Health Departments
<ul style="list-style-type: none"> Find common language that public health officials at all levels can use to communicate priorities Identify clear benchmarks and directions for progress Facilitate partnerships, foster shared vision, and build momentum across settings
Academic and Professional Health-Related Educational Institutions
<ul style="list-style-type: none"> Align general curricula and accreditation standards with national goals Align education for health professions students from all disciplines with national goals Use interprofessional approaches in curricula to train professionals in health care and other health service-related fields, thus setting the stage for collaboration across disciplines
Cross-Disciplinary Leaders (e.g., transportation, commerce, agriculture)
<ul style="list-style-type: none"> Use Healthy People to align common goals and standards across disciplines Raise awareness of Healthy People among decision-makers in other sectors Educate and train professionals in fields that influence social determinants of health to collaborate with the public health and health care sectors

2030 FRAMEWORK?



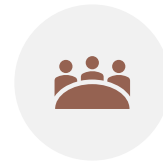
CHANGES TO THE SITE FOR 2030



Updates to best practices



More responsive, data-intensive digital services



Integrated recommendations from Advisory Committee on organization and tools and resources



Rebuilt site architecture



Better organized links and content



Enhanced data displays



Mobile compatibility



Twitter: @gohealthypeople



www.Healthypeople.gov



<https://www.mass.gov/files/documents/2016/07/nt/state-health-improvement-plan.pdf>



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Elizabeth.Maffei@state.ma.us

SOCIAL MEDIA AND RESOURCES



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Questions, concerns, hate-mail, etc...