Healthy People 2030 Leading Health Indicators and Overall Health and Well-being Measures: Opportunities to Assess and Improve the Health and Well-being of the Nation

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ABSTRACT
Context: Released by the US Department of Health and Human Services (HHS) every decade since 1980, Healthy People identifies science-based objectives with targets to monitor progress and motivate and focus action. Healthy People 2030 is the current iteration of the Healthy People initiative.
Program: Healthy People 2030 includes 3 sets of measures—Healthy People 2030 objectives, Leading Health Indicators (LHIs), and Overall Health and Well-being Measures (OHMs). Collectively, these components of Healthy People 2030 drive progress toward the initiative’s vision of “a society in which all people can achieve their full potential for health and well-being across the life span.”
Implementation: The Healthy People 2030 LHIs and OHMs were developed with input from multiple subject matter experts and launched in December 2020. Designed as an entry point for users interested in improving the health of their communities and selected for their ability to improve health and well-being, the LHIs will be assessed annually. As broad, global outcome measures of overall health and well-being, the OHMs will be assessed at least 3 times before 2030.
Evaluation: The 23 LHIs are a subset of Healthy People 2030 core objectives that have been selected to drive action toward improved health and well-being. LHIs are intended to help organizations, communities, and states across the nation focus resources and efforts to improve the health and well-being of all people. The OHMs include 8 broad, global outcome measures of overall health and well-being that help assess progress toward the Healthy People 2030 vision. The Healthy People 2030 OHMs include the addition of a measure of overall well-being.
Discussion: Together with the Healthy People 2030 objectives, the LHIs and OHMs provide a plan of action to improve the health and well-being of the nation through a framework for assessing progress, addressing health disparities and social determinants of health, and advancing health equity.

KEY WORDS: Healthy People 2030, Leading Health Indicators, Overall Health and Well-being Measures

In August 2020, the US Department of Health and Human Services (HHS) launched Healthy People 2030, which includes 355 measurable objectives with 10-year targets. Four months later in December 2020, HHS released 2 additional categories of measures as part of Healthy People 2030: Leading Health Indicators (LHIs) and Overall Health and Well-being Measures (OHMs). These 3 sets of measures—Healthy People 2030 objectives, LHIs, and OHMs—comprise the nation’s disease prevention and health promotion initiative. This article focuses on...
the history of the Healthy People LHIs and OHMs. It explains how these measures were developed and explores how public health professionals, including state and local public health officials, can use the LHIs and OHMs in their work.

**Healthy People objectives** are the heart of Healthy People 2030. There are 3 types of objectives: core, developmental, and research. Core objectives are measurable objectives of national importance, designed to enable the overall assessment of progress, and are associated with evidence-based interventions. Developmental objectives are high-priority issues that do not have reliable baseline data but for which evidence-based interventions have been identified. Research objectives focus on the need to advance research and to develop evidence-based interventions in an area of public health importance. Developmental and research objectives may eventually become core objectives if they meet rigorous selection criteria and data requirements.

The LHIs and OHMs are sets of measures designed to enable the overall assessment of progress toward the Healthy People 2030 vision and to focus action on achieving the Healthy People objectives. These measures also serve as an entry point into Healthy People 2030 for public health professionals who seek to address high-priority public health issues.

- **The LHIs** are a subset of high-priority Healthy People 2030 core objectives that are limited in number and have been selected to drive action toward improved health and well-being. LHIs are intended to help organizations, communities, and states across the nation focus resources and efforts to improve the health and well-being of all people.
- **The OHMs** are broad, global outcome measures of overall health and well-being that help assess progress toward the Healthy People 2030 vision. Differing from core objectives and LHIs, OHMs do not have targets.

Together, the Healthy People 2030 core objectives, LHIs, and OHMs offer a complete framework that can be used to track progress toward achieving the nation’s health and well-being goals. Figure 1 shows the relationship between core objectives, LHIs, and OHMs, emphasizing the initiative’s innovations for this decade, such as including the concept of well-being. Collectively, the Healthy People 2030 core objectives, LHIs, and OHMs drive progress toward the initiative’s vision of “a society in which all people can achieve their full potential for health and well-being across the life span.”

**History of Leading Health Indicators**

The LHIs were first introduced in 2000 in Healthy People 2010 as a set of Healthy People objectives identified as sentinel measures of public health that were developed in response to the increasing number of objectives in Healthy People 2010 and selected to drive action, provide an entry point for users who were seeking a smaller set of priority objectives, and

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**FIGURE 1** LHIs, OHMs, and Healthy People 2030 Objectives
Abbreviations: LHI, Leading Health Indicator; OHM, Overall Health and Well-being Measure.
encourage participation in improving health over the
course of the decade. The LHIs were chosen on the
basis of their ability to motivate action, the avail-
ability of data to measure their progress, and their
relevance as broad public health issues, including
causes of morbidity and mortality. Each decade since
then, around 25 objectives have been identified as
LHIs, organized by topic area or by life span.

History of Overall Health and Well-Being
Measures
Global, crosscutting outcome measures of popula-
tion health have been included in Healthy People
since the initiative’s inception. These broad mea-
sures have offered a way to concisely capture the
“big picture,” collective impact of progress or lack of
progress on underlying objectives. An important use
of these measures has been to monitor overall changes
in population health and compare the health status
of different populations and different countries. Such
changes can reflect the effects of actions and inter-
ventions to achieve the Healthy People objectives. As
Healthy People has evolved, the global measures have
also changed to broadly assess each decade’s goals.

In Healthy People 1990, age-related goals were
used as broad global measures. Starting with Healthy
People 2000, broad measures were used, in part, to as-
sess progress on the initiative’s goal to increase years
of healthy life, reported as healthy life expectancy.
Healthy People 2020 referred to broad measures of
population health as Foundation Health Measures.
In Healthy People 2030, these global measures of
population health have been renamed as “Overall
Health and Well-being Measures” to communicate
more clearly what the measures assess.

Selecting the Healthy People 2030 LHIs and
OHMs
HHS solicited recommendations from multiple sub-
ject matter experts, including the Secretary’s Advisory
Committee on National Health Promotion and Dis-
ease Prevention Objectives for 2030 (the Secretary’s
Advisory Committee), the National Academies of
Sciences, Engineering, and Medicine (NASEM), a
Technical Expert Panel (TEP), and the Healthy Peo-
ple Federal Interagency Workgroup (FIW) to inform
the selection of the LHIs and OHMs. These groups
each concluded that streamlining components of
Healthy People 2030 would enhance the initiative’s
effectiveness.

The Secretary’s Advisory Committee, a federal ad-
visory committee composed of nonfederal, independent
subject matter experts, produced a report in April
2018 providing recommendations on the develop-
ment of Healthy People 2030 LHIs. This report
included 2 sets of recommendations related to LHIs.
The first of these proposed criteria for selecting LHIs;
the second explored how to define and select LHIs for
Healthy People 2030.

In February 2019, HHS commissioned the NASEM
Committee on Informing the Selection of Leading
Health Indicators for Healthy People 2030. This
Committee provided recommendations on criteria for
selecting the LHIs, which were published in an August
2019 report. In January 2020, the NASEM Commit-
tee’s second report, Leading Health Indicators 2030:
Advancing Health, Equity, and Well-being, addressed
the second part of their charge, which was to provide
a slate of LHIs for HHS to consider, identify gaps, and
recommend new objectives for consideration.

Between December 2019 and February 2020,
NORC at the University of Chicago (NORC) con-
vened the TEP to gather expert input on the OHMs.
The TEP included experts in public health, health pol-
cy, data, and measurement and was charged with
providing recommendations on the set of measures for
Healthy People 2030, including their purpose and use,
specific measures, name, and dissemination strategies.

Input from both external and federal subject mat-
ter experts was critical to selecting the Healthy People
2030 LHIs and OHMs. Recommendations from the
NASEM Committee and the TEP were shared with
the HHS Office of Disease Prevention and Health Pro-
motion (ODPHP), the Centers for Disease Prevention
and Health Promotion’s National Center for Health
Statistics, and the Healthy People FIW in the spring
2020. A subgroup of the Healthy People 2030 FIW re-
viewed the input from experts and proposed a slate of
LHIs and OHMs. To guide selection of the measures,
the FIW subgroup first clearly delineated criteria to be
used for each set of measures, as shown in Table 1.
The subgroup determined that individual measures
should meet specific data requirements to ensure the
availability of high-quality data for tracking progress,
specifically, each LHI and OHM should be supported
by a valid, reliable, and nationally representative data
source that is publicly available and permits detailed
demographic and geographical analyses. While the
data requirements for the LHIs and OHMs are similar,
there are notable differences. For example, the LHIs
must report on an annual basis, while the OHMs must
report at least 3 data points over the decade leading
up to 2030.

Using the selection criteria and data requirements,
the FIW subgroup developed a slate of proposed LHIs
and OHMs. The subgroup identified areas of im-
portance for the LHIs and discussed potential core
objectives within each of those areas to be selected
### TABLE 1
Definitions, Selection Criteria, and Data Requirements for LHIs and OHMs

| LHIs are a small subset of high-priority Healthy People 2030 objectives, selected to drive action toward improving health and well-being. Most LHIs address important factors that impact major causes of death and disease in the United States and they help organizations, communities, and states across the nation focus their resources and efforts to improve the health and well-being of all people. | OHMs are broad, global outcome measures intended to assess the Healthy People 2030 vision. OHMs can be used to summarize and evaluate progress toward achieving Healthy People objectives. |
|---|---|
| **LHI Selection Criteria** | **OHM Selection Criteria** |
| Drawn from Healthy People 2030 core objective and meets data requirements | Broad, global outcome measures of overall health of the population without specific targets |
| Focus on upstream measures such as risk factors/behaviors rather than disease outcomes including, but not limited to, prevention | Highlight length of life, quality of life, well-being, and health equity |
| Address issues of national importance including, but not limited to, leading causes of morbidity and mortality, and alignment with HHS priorities | Widely used for national and/or international monitoring efforts |
| Have known evidence-based interventions and strategies to motivate action | Measures are meaningful to Healthy People users |
| As a set, LHIs cover the life span | As a set of indicators, they are concise and conceptually cohesive |
| Periodicity of data—data availability preferred annually | Periodicity of data—minimum of 3 data points in the decade |

| **LHI Data Requirements** | **OHM Data Requirements** |
|---|---|
| Valid, reliable, nationally representative | Valid, reliable, nationally representative |
| Use of the highest-quality, “gold standard” data sources | Use of the highest-quality, “gold standard” data sources |
| No major methodological concerns (eg, adequate response rates, assessment of response bias) | No major methodological concerns (eg, adequate response rates, assessment of response bias) |
| Demographic and geographic details preferred | Demographic and geographic details preferred |
| Federal government management or oversight of data sources | Federal government management or oversight of data sources |
| Public availability of data sources | Publicly available data sources |
| Periodicity of data: annual data preferred | Periodicity of data—at least 3 data points in the decade with a preference for annual data |

Abbreviations: LHI, Leading Health Indicator; OHM, Overall Health and Well-being Measure.

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as LHIs. For the OHMs, the subgroup reviewed a list of the potential OHMs and identified measures for inclusion. Following FIW approval in August 2020, HHS leadership reviewed and approved both sets of measures before releasing them in December 2020.

### Healthy People 2030 LHIs and OHMs

The Healthy People 2030 LHIs are composed of 23 core objectives organized within 4 life stages. The 23 objectives represent a reduction from the number of objectives used to assess the LHIs in previous decades (Figure 2). The approach of organizing the Healthy People 2030 LHIs across the life span is a change from the approach used in the prior decade, when LHIs were organized by topic area. The shift to organizing the LHIs by life stage from topics was made to allow users to find themselves in the LHIs based on their life stage, to make it possible for users to identify LHIs that are relevant to a particular constituency by age, to shift away from the silos created by a topic-specific organization, and to support the life stage principles highlighted in Healthy People 2030’s vision (ie, a society in which all people can achieve their full potential for health and well-being across the lifespan) and overarching goals (ie, promote healthy development, healthy behaviors, and well-being across all life stages). The Healthy People 2030 LHIs will provide demographic data, as did the Healthy People 2010 and Healthy People 2020 LHIs; this will allow for the identification of disparities and opportunities to advance health equity.

Shifts in the content of LHIs occurred between Healthy People 20209 and Healthy People 2030. About half of the LHIs are the same across the 2 decades and others are similar with important, nuanced differences. For example, the Healthy People 2030 diabetes LHI focuses on incidence rather than prevalence; the adolescent cigarette smoking LHI has expanded to include any tobacco use. Several LHIs
that are new to Healthy People 2030 reveal how our situation as a society differs now, at the start of a new decade, from where it was a decade ago. Examples include seasonal influenza vaccinations (vs immunization of children in Healthy People 2020); reading level at fourth grade (vs high school graduation in Healthy People 2020); food security (vs fruit and vegetable intake in Healthy People 2020); and drug overdose deaths (vs no LHI for substance use disorder in Healthy People 2020).

The Healthy People 2030 OHMs include 8 measures, a reduction from the 14 Foundation Health Measures in Healthy People 2020. The OHMs are organized into 3 tiers: well-being, healthy life expectancy, and summary mortality and health, as presented in Table 2. Seven of the Healthy People 2020 Foundation Health Measures, including 3 measures of healthy life expectancy and 4 measures of summary mortality and health, have been adapted and included among the Healthy People 2030 OHMs. Notably, the Healthy People 2030 OHMs include a new indicator of overall well-being that represents the cumulative contributions of health and non–health-related factors. In 2021, HHS collected the first set of national well-being data. Overall well-being (OHM-1) was assessed on the National Health Interview Survey (NHIS) via a 4 category question (ie, in general, how satisfied are you with your life? Would you say very satisfied, satisfied, dissatisfied, or very dissatisfied?) and an 11-point scale (ie, using a scale of 0-10, where 0 means “very dissatisfied” and 10 means “very satisfied,” how do you feel about your life as a whole these days?) of respondent self-assessed satisfaction with life. The national data from the 4 category question are anticipated to allow comparison of national-level well-being with state-level well-being. The national data from the 11-point scale may offer the opportunity to compare well-being in the United States with other countries. Well-being data collected in 2021 are expected to be available in 2022. HHS plans to collect additional well-being data in future years using the 4 category question in order to monitor the national trend and in the anticipation of comparing national-level well-being with state-level well-being.

### Table 2

| Healthy People 2030 Overall Health and Well-being Measures |
|------------------------------------------------------------|
| **Well-being**                                              |
| • OHM-1: Overall well-being (18+ y)                         |
| **Healthy life expectancy**                                 |
| • OHM-2: Life expectancy at birth—free of activity limitation |
| • OHM-3: Life expectancy at birth—free of disability        |
| • OHM-4: Life expectancy at birth—in good or better health  |
| **Summary mortality and health**                            |
| • OHM-5: Life expectancy at birth                           |
| • OHM-6: Free of any activity limitation (all ages)         |
| • OHM-7: Free of any disability (ages 1 y and older)        |
| • OHM-8: Respondent-assessed health status—in good or better health (all ages) |

Abbreviation: OHM, Overall Health and Well-being Measure.
Like the LHIs, the OHMs will include demographic data that allow for the identification of disparities and opportunities to advance health equity.

**Using the LHIs and OHMs to Drive Action**

The LHIs and OHMs are important tools to drive action. HHS will continue to draw on lessons learned from Healthy People 2020 and prior decades of the initiative to develop new strategies to increase awareness, dissemination, and use of the LHIs and OHMs. HHS anticipates using various activities and communication approaches (eg, social media, webinars, podcasts, online learning, training workshops, and partnerships) to disseminate the LHIs and OHMs. Throughout the decade, HHS will share the stories of communities and organizations that are working to achieve the LHIs and OHMs.

Public health practitioners and professionals can use the LHIs and OHMs in multiple ways in their own work. First, as smaller sets of measures than the combined set of core, developmental, and research objectives, the LHIs and OHMs are easily accessible and can serve as an entry point into the initiative, highlighting some of the highest priority objectives across Healthy People that meet specific criteria. A 2015 study found that Healthy People users believed the LHIs were a valuable element that made navigating the Healthy People content more manageable.13

Second, the LHIs and OHMs are a valuable resource for state, tribal, local, and territorial health departments. For example, the LHIs and OHMs can be used by public health partners, including state and local health agencies. The LHIs are more likely to be used to develop state plans, community health assessments (CHAs), and community health improvement plans (CHIPs) because the LHIs include targets. In developing these plans, health departments identify priorities for their community, including indicators to assess health outcomes over time. In a 2018 assessment of state health agencies, the Association of State and Territorial Health Officials (ASTHO) found that 86% of the state health agencies with state health improvement plans mentioned Healthy People 2020.14

The Healthy People LHIs and OHMs can serve as an example of established national priorities, including national data sources for tracking these objectives. In addition, these priorities could drive action at the state and local levels to identify data sources that could be used to track these indicators at the community level.

Third, each LHI has an aggressive, yet achievable, target as a strategy to drive action. If the public health field strives to meet all of the Healthy People 2030 LHI targets, then it is anticipated that progress also will be made on the broader measures, the OHMs. Public health agencies also can use the Healthy People target setting methods as a reference for how to set their own targets for priority indicators.

Finally, LHI and OHM demographic data can be used to track disparities in communities at the state and local levels throughout the decade. In Healthy People 2030, HHS will focus on improving the availability and timeliness of data, offering user-centered data tools and data visualizations, and disseminating infographics and population health data. By providing data by demographic groups, including sex, race, ethnicity, and age, in an easily understandable format, HHS will continue to highlight health disparities and inequities for these critical public health outcomes.

**Conclusion**

Since Healthy People 2010, the LHIs have served as key, sentinel indicators of the nation’s health status. Healthy People 2030’s LHIs continue to serve as bellwethers for the health of the nation and, with their upstream focus, have the capacity to guide and stimulate actions to improve health and well-being. For Healthy People 2020, ODPHP provided frequent updates on the status of the LHIs, including webinars, data infographics, and implementation stories from the field. Such efforts to highlight evidence-based interventions that drive progress toward achieving targets for these high-priority objectives will continue for Healthy People 2030.

The OHMs allow HHS, entities, individuals, and public and private sector users of Healthy People 2030 to track high-level changes in health outcomes and facilitate global comparisons. For the first time, Healthy People includes a national measure of self-assessed well-being. The addition of the well-being OHM, along with the focus on well-being in the Healthy People 2030 framework, reflects HHS’s commitment to improving not only the health of, but also the well-being of the nation, in addition to understanding the interrelatedness of health and well-being. Additional data for the Healthy People 2030 OHMs will be available throughout the decade and will include population breakdowns by sex, race, ethnicity, and age. These additional data will provide users of Healthy People with important context for assessing progress over the course of the decade, identifying health disparities, and advancing health equity. Together with the Healthy People 2030 objectives, the LHIs and OHMs provide a plan of action and serve as tools to improve the health and well-being of the nation, through a framework for assessing progress, addressing health disparities and social determinants of health, and advancing health equity.
Implications for Policy & Practice

State, local, tribal, and territorial health departments can reference the Healthy People 2030 LHIs and OHMs when conducting their own community health improvement planning and developing indicators to assess progress at the state, local, and tribal levels, respectively. Public health agencies can adapt the selection process used by Healthy People 2030 for their own planning efforts.

Throughout the decade, HHS will provide data for the LHIs and OHMs that show any disparities by demographic factors, including sex, race, ethnicity, and age. Tracking trends in health disparities for the key public health issues highlighted through these measures is critical to advancing health equity.

The Healthy People 2030 OHMs include a measure of well-being, highlighting the federal commitment to tracking and assessing well-being over the course of the decade.

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