

Prioritization Subcommittee and Recommendations

Jonathan Fielding, MD, MPH, MBA, MA
Chair Emeritus and Chair of the Prioritization Subcommittee



The charge of the Subcommittee on Prioritization and Criteria for Objective Selection is to:

- Identify criteria to be used in prioritizing and setting quantifiable objectives, and
- Consider how to reduce the overall number of measurable objectives.

Subcommittee Meetings Held Since June 27, 2017

Since the June 27, Secretary's Advisory Committee meeting, the Prioritization Subcommittee met twice by conference call:

- July 26, 2017
- July 31, 2017



1. The Scope of Healthy People 2030
2. Criteria to be used in Prioritizing Quantifiable Objectives
3. Criteria for Selecting Objectives for the Framework
4. Organizing Opportunities within Healthy People 2030
5. The Process for Developing Healthy People 2030 Objectives
6. Setting and Modifying Healthy People 2030 Objective Targets
7. Reducing the Number of Objectives in Healthy People 2030
8. Developing, Organizing a Separate List of Research Priorities

1. *The Scope of Healthy People 2030*

- Give priority attention to health inequities and opportunities to reduce them.
- Make economic and prevention effectiveness analyses for Healthy People objectives part of budget priorities for government.
 - Analyses should include preventable health burden and intervention cost-effectiveness.
- The availability of an effective intervention is a critical consideration.

Rationale

- Provide context & background on the overarching purpose of Healthy People 2030.
- Examine historical & structural bases for, and remove contributors to inequities.
- Stakeholders will look at not only health effects, but also the economic efficiency of and economic ROI in health and policy decisions.

2. Criteria to be Used in Prioritizing Quantifiable Objectives

Identify priorities, opportunities by applying a prioritization framework, generalizable to and usable by all target audiences. Offer context, background on the initiative's purpose, inclusive of increasing health equity.

- Overall **health burden** (both preventable and not yet preventable based on current opportunities)
- **Preventable burden** (i.e., ameliorable fraction/amount of health, well-being to be gained) from implementing available effective interventions
- **Health inequities/disparities reductions possible** based on current opportunities
- **Cost-effectiveness** and **prevention effectiveness**

Rationale:

Healthy People 2030 will need to array opportunities in a framework that speaks to the concerns and opportunities of each target audience. Every audience is important.

3. Criteria for Selecting Objectives for the Healthy People 2030 Framework

- The result to be achieved should reflect **issues of national importance**, be **broadly useful** and **understandable**, and **support the 2030 goals**.
- Objectives should be **prevention-oriented** and address **achievable health improvements**.
- Objectives should **drive actions** that will work **toward the achievement of the proposed objectives** (quantitative values to be achieved by the year 2030).
- Objectives should be **measurable** and should address a range of issues directed toward **improving health outcomes and quality of life**.
- **Continuity** and **comparability** of measured phenomena over time are important.
- Objectives should be supported by **the best available scientific evidence**.
- Objectives should address **health inequities** in defined populations.
- Healthy People 2030 is heavily data driven. **Valid, reliable, nationally representative data and data systems** should be used.

4. Organizing Opportunities within Healthy People 2030

- Organization could include analysis by age group across the **life course** and/ or by **other approaches** such as:
 - general domain
 - intervention type
 - target audience

5. *The Process for Developing Objectives*

- HHS to use a blended, public-private approach to prioritizing and objective-setting.
 - For some topics, the preferred approach should involve leadership and coordination from a Federal Interagency Work Group, but with meaningful involvement from relevant private organizations.
 - For others, it would be preferable to have private sector organizations provide leadership and coordination, but with involvement of appropriate federal organizations.
- HHS, working with the FIW, should develop guidelines for how to distribute responsibilities in a manner that builds on the strength of both the public and private sectors, and promotes efficiency and transparency.

6. Setting and Modifying Objective Targets

- Healthy People 2030 objectives should include targets that employ best current knowledge to estimate what can be achieved, and how quickly, for systematically identified opportunities. The initiative should not use incremental targets or default to 10 percent improvement.
- Healthy People 2030 should not be a static document, but should be subject to revisions based on new knowledge and experience in efforts to achieve defined objectives.

7. Reducing the Number of Objectives

- Reduce the overall number of objectives included in Healthy People 2030 by eliminating objectives that have limited data available, except in certain circumstances (i.e., objectives that are important but have no baseline data, for which a data source could be developed and monitored).

8. Developing and Organizing a Separate List of Research Priorities

- Identify both implementation objectives and research objectives to include in Healthy People 2030.

Rationale

When no known, effective intervention is available but burden is high, the issue should become a priority for research.

- *Criteria for prioritizing and setting quantifiable objectives*
 - Healthy People 2030 will need to array opportunities in a framework that speaks to the concerns and opportunities of each of the various target audiences.
 - Every audience is important and must be engaged.
 - The same prioritization criteria should be used at the federal level and by partner organizations.
- *Reducing the overall number of measurable objectives*
 - Over the past decade, approximately 25% of developmental objectives in Healthy People ultimately became measurable.
 - Although developmental objectives have been part of a drive for data collection and action, that effort is not always successful in prompting data availability or collection.

- Priorities and opportunities should be reorganized in a way that limits the number of objectives.
- When evidence of effectiveness exists, priority should be given to those interventions that will promote greater equity.
- HHS should use a blended, public- private approach to prioritizing and objective-setting.
- Healthy People 2030 should consider what progress is possible by 2030 and use this to set objectives rather than planning to make incremental improvements
- Developmental objectives are needed, but it is important to identify the ones that are high priority for data collection, and to promote them so they make progress.
- Members of the FIW should receive support and training to ensure that they can apply consistent approaches to set targets for regular and “developmental” objectives.
- When no known, effective intervention is available but burden is high, the issue should become a priority for research.

- The process for developing objectives for Healthy People 2030 should find a balance between empowering stakeholders and ensuring that high standards of quality, consistency, and credibility are maintained.

- Additional subcommittee discussion may be needed to further clarify and refine:
 - A process for selecting the Leading Health Indicators
 - Guidance for developing the Healthy People 2030 objectives through a blended, public-private approach

Prioritization and Subcommittee Discussion

Moderated by
Jonathan Fielding, MD, MPH, MBA, MA
Chair Emeritus and Chair of the Prioritization Subcommittee



Next Steps and Committee Vote

Dushanka Kleinman, DDS, MScD
Committee Co-Chair

