EXECUTIVE SUMMARY

Background

Each decade since 1979, the U.S. Department of Health and Human Services (HHS) has published a comprehensive set of national public health objectives. Known as *Healthy People*, this initiative has been grounded in the notion that setting objectives and monitoring progress can motivate action. As it prepares to produce objectives for the next decade, the HHS Office of Disease Prevention and Health Promotion (ODPHP) in the Office of Public Health and Science (OPHS) seeks to ensure that they are scientifically valid, relevant, sustainable, and reasonably limited in number. The objectives should be produced though a process that fosters the cooperation and commitment of both the public and private sectors.

To gain an independent perspective on how best to achieve these aims, OPHS/ODPHP has contracted with the National Opinion Research Center (NORC) to conduct the current project, an *Assessment of the Healthy People Objective-setting Framework and Process*. The assessment is meant to provide OPHS/ODPHP with options for choosing a framework (a theoretical structure for organizing the content of objectives) and process for developing the objectives. Elements of the project included: reviewing the successes and shortcomings of three previous iterations of national health objectives; examining other national objective-setting frameworks and processes; and recommending guiding principles, criteria, and prioritization methods to be used in developing objectives. This report presents recommendations and issues for consideration as OPHS/ODPHP begins planning to develop national health objectives for the year 2020.

Methodology

The *Assessment of the Healthy People Objective-setting Framework and Process* began with a review of past *Healthy People* efforts, as well as frameworks and processes used by other national objective-setting programs. To assess effective options, NORC gathered extensive qualitative material from four main sources, including: a Technical Expert Panel (TEP) of fourteen individuals with expertise in public health; a Project Committee of agency leaders from within HHS; various public health experts who shared information relevant to setting national health objectives for the next decade; and a public comment process in which members of the public health community offered reactions to a Draft Model for Developing Health Objectives for the Year 2020.

Decision Points

The framework described in this report represents one possible means of organizing and developing the next iteration of national health objectives. It is based on key decisions that, had they been made differently, would have resulted in different recommendations. Four questions are at the core of the TEP's Draft Model.

1) Who is the target audience for the objectives?
2) Who is involved in the decision-making process?
3) What is the organizing framework for this process?
4) How should this framework be put into operation?

Model Framework

The TEP Model is based on the following ideas:

- The target audience for 2020 health objectives is the public health community and its partners.
- The focus is on health promotion and disease prevention.
- Health is defined broadly and is understood from an ecological perspective.
- Both technical experts and stakeholders should be involved in creating objectives.
- The number of Topic Areas is streamlined from the current 28 to approximately 15.
- The number of objectives is limited from the current 467 to approximately 150.
- Topic Areas are organized by health determinants and risks.
- Processes for narrowing and selecting objectives are grounded in scientific evidence, but integrate best practices, qualitative evidence, and opportunities for public comment.

The Model proposes a distributed, collaborative approach to creating national health objectives, based on the idea that partners must be involved in creating objectives before they can be engaged in implementing them. It builds on the collaborative approach used for *Healthy People 2010* by giving stakeholders a stronger decision-making role in drafting and choosing objectives. The HHS Secretariat (the HHS agency that will oversee this process) will seek input from three types of advisors: HHS Advisors, Technical Advisors, and Topic Advisors. The Model consists of seven components:

1) "Guiding Principles"—broad health goals that all objectives should help to achieve
2) A preamble, designed to "tell the story" behind the objectives
3) Descriptions of advisory groups involved in developing objectives
4) An explanation of the "Guidelines"—rules for developing, evaluating, and narrowing objectives
5) Health risk/determinant-oriented "Topic Area" categories for objectives
6) A distributed, collaborative process for creating objectives
7) A process for narrowing the list of candidate objectives by applying selection criteria.

A diverse Technical Advisor Panel of 15-20 non-federal, scientific/technical experts will function as a federal advisory committee (FAC). This group will recommend Guidelines for the Development of Objectives (a set of rules to be followed in drafting the objectives). Later, this group will prioritize and select a final draft set of objectives. To engage stakeholder buy-in, multi-sectoral networks of Topic Advisors will be invited to draft topic-specific objectives. Federal Lead Agencies will be kept informed of progress on these objectives through representatives who will participate on the Networks.

After the Networks have drafted Topic Area objectives, they will decide which 15 to submit to the Technical Advisor Panel/FAC by applying three types of criteria: "Values," "Threshold," and "Prioritization." This process will involve examining and weighing the evidence base for the objectives, and gathering public feedback on topic-specific draft objectives. The Networks will each produce rank-ordered lists of 15 candidate objectives for each Topic Area. Network Chairs will meet with the Technical Advisor Panel/FAC (through a Coordinating Committee) to discuss how objectives should be balanced across all Topic Areas.

The Technical Advisor Panel/FAC will then review the compiled set of candidate objectives

across all Topic Areas to confirm the objectives meet the selection criteria, and were prepared in a manner consistent with the Guidelines. It will narrow a list of 225 candidate objectives (15 objectives * 15 Topic Areas) to a smaller set of 150 by re-applying the prioritization criteria to the candidate objectives. The Technical Advisor Panel/FAC will then work with the Healthy People Consortium to make the candidate objectives available to the public for comment and feedback before submitting a final draft set to the HHS Secretariat. HHS stakeholders will review and give input on the objectives before they are finalized by the HHS Secretariat.

Discussion

The TEP's discussions centered around four "decision points" that determined the fundamental approach of the Draft Model. Different answers to questions at each of these junctures would have yielded different models. The summary below shows how these questions were answered by the *Healthy People 2010*, and how they would be answered in the 2020 Draft Model. It presents several alternative approaches that might result from different decisions.

Who is the target audience?

The decision of who should be the primary target audience for the national health objectives has significant implications for the overall tool, affecting the use of scientific data and language, the framing of objectives, and the scope of activities linked to the initiative.

- *Healthy People 2010*: Targeted a broad variety of audiences, including the general public, health care professionals and agencies, policy makers, states, educational institutions, and businesses.
- 2020 Draft Model: Is designed with the specific needs of the public health community in mind.
- Alternate Approaches: Potential audiences could include leadership at HHS, the health care delivery system, the business community, policy makers, academia, advocacy organizations and/or the general public. Since each of these audiences has distinct user needs, the tool must expand each time it seeks to meet the needs of an additional target audience.

Who is involved in making decisions about objectives?

The question of who influences the development and content of objectives is not only about who takes part in the process. Choices must also be made about what roles participants should play in the process, and how they should be identified and engaged.

- *Healthy People 2010*: Drafted objectives in work groups, with input from the HP Consortium. Input on the draft objectives was gathered through public hearings and an interactive website. This entire process was guided by the Secretary's Council and the Healthy People Steering Committee.
- 2020 Draft Model: Elicits direct and indirect input on objectives from three types of advisors: HHS Advisors, Technical Advisors, and Topic Advisors. Later, the draft objectives will be presented to the Healthy People Consortium for comment.
- Alternate Approaches: The extent of stakeholder involvement in objective-setting can vary. At one end of the spectrum, processes can be expert-driven, with little or no input from the public. On the other end, stakeholder participation can be extensive, driving

both the content and the focus of objectives. In an expert-driven model, decision-making might be restricted to individuals with specific expertise or qualifications. A stakeholder-driven model could build on the inclusive process that was used for *Healthy People 2010* by yielding more decision-making power to stakeholders.

What is the organizing framework for this process?

Selecting a framework shapes the content and scope of the objectives themselves. The framework represents a theoretical structure for organizing the content of 2020 health objectives. The challenge is to choose a framework that makes logical sense, draws attention to the most prominent health issues of the day, and facilitates development of interventions or policies to address those issues.

- *Healthy People 2010*: Presents Focus Areas that are primarily geared towards reducing or eliminating disease, disability, and premature death. Other Focus Areas deal with broader issues, such as improving access to quality health care and strengthening public health services.
- 2020 Draft Model: Proposes organizing Topic Areas around health determinants and risks. This framework would focus on the major risk factors that contribute to unnecessary death and disability in the United States.
- Alternate Approaches: A number of different models and organizing frameworks can be used to develop and organize the national health objectives for 2020, such as disease areas, life stages, social determinants, or organization by federal agencies and offices.

How should this framework be put into operation?

Decisions about operationalizing the 2020 Health Objectives Model affect the scope and size of the initiative, and determine how priorities are established among the set of objectives.

- *Healthy People 2010*: Increases the number of focus areas and objectives. The initiative was intended to offer a detailed compendium of priorities, building on past efforts. There was no limit to the number of objectives.
- 2020 Draft Model: Limits the number of Topic Areas and objectives. Uses prioritization criteria to determine which objectives will be included, and which ones will be excluded.
- Alternate Approaches: Alternative ways to operationalize the framework might include changing the number of objectives proposed (i.e., increasing them, or limiting them even more). Different strategies could be used to winnow candidate objectives, such as allowing the public to vote on them and make their own decisions about which ones are important. Selection criteria could also be changed to require either more or less evidence in support of objectives, resulting in either a smaller initiative with a stronger science base, or a larger one with more room for developmental objectives.

Conclusions

The Draft Model is based largely on the consensus of the TEP and feedback received from the public during an open comment period. It represents one set of answers to core questions about how the process of developing objectives should unfold. A different set of choices could be made to yield a different model. However, it is important to bear in mind that some elements of the Draft Model were strongly endorsed by both the TEP and the public. NORC believes the following framework elements should be included in process for developing national health objectives for the year 2020.

1. The number of Topic Areas and objectives should be reduced
2. Objectives should be organized by health risks/determinants, not diseases.

3. The target audience is the public health community.
4. A clearly articulated vision for the initiative is needed.

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Model Component #5: Health Risk/Determinant-Oriented Topic Areas

A key feature of this Model is the organization of objectives by health determinant and risk-oriented Topic Areas. Approximately 10 to 15 Topic Areas will be recommended by the Technical Advisors/FAC, reviewed by HHS Advisors, and approved by the HHS Secretariat. This number will be manageable for the HHS Secretariat, and can be concisely explained to the public. Topic Areas (and the objectives that go with them) should "look to the positive," meaning that their focus should be on health-enhancing behaviors and conditions, rather than on disease and disorders.

Arranging objectives according to health risks and determinants offers many advantages. Yet this shift will also bring challenges. Not every federal agency that was a lead for *Healthy People 2010* will continue in this role for 2020. Retaining stakeholder engagement may require additional effort, since some Topic Areas will be eliminated. Strategies will be needed to bring partners to the table if a Topic Area is not directly related to their mission.

Categories that could comprise the Topic Areas

As part of the process for formulating specific Topic Area categories, the Technical Advisor Panel/FAC should review how state-level initiatives have organized their *Healthy People* Focus Areas.[1] Sources that might prove useful are listed below, and in footnotes at the bottom of this page. [2, 3] A review of these materials yields a list of health risk/determinant-oriented Topic Area categories that could serve as a starting point for the Technical Advisor Panel/FAC's work (See Exhibit 6):

- *Healthy People 2000* "Priority Areas"
- *Healthy People 2010* "Focus Areas"
- Healthy Delaware 2010 Focus Areas
- Healthiest Wisconsin 2010 Focus Areas
- The World Health Report, 2002: Reducing Risks, Promoting Healthy Life.

Exhibit 6. Potential Topic Area Categories to Organize the 2020 National Health Objectives

[1] A summary of state *Healthy People* 2010 initiatives can be found at http://www.phf.org/HPtools/state.htm

[2] McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA. 1993 Nov 10; 270(18):2207-12.

[3] Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. JAMA. 2004 Mar 10; 291(10):1238-45.

1. Physical Activity
2. Nutrition
3. Tobacco use
4. Alcohol and Substance Abuse
5. Sexual and Reproductive Health
6. Mental Health
7. Injury and Violence Prevention
8. Occupational Safety and Health
9. Environmental Health
10. Oral Health
11. Emerging Issues
12. Preventive Services (by life stages)

Rationale for Health Risk/Determinant-Oriented Topic Areas

Developing specific Topic Area categories was beyond the Scope of Work of this project, but the TEP considered various questions to illuminate strategies and resources for creating them.

- *Is there a recommended maximum number of Focus Areas?*
- *What are implications of a risk/determinant approach for assigning Lead Agencies, network members?*
- *How should cross-cutting topics, issues, and methods be addressed?*
- *What approach should be used to select Focus Areas?*

The list of "Potential Topic Area Categories" in Exhibit 6 offers a starting point for future Technical Advisor Panel discussions by showing an example of how health risk/determinant Topic Areas might be organized. This Model reflects a departure from the disease-based categories that were used to organize objectives for *Healthy People* 2010 (e.g., cancer, diabetes, heart disease and stroke, etc.). The disease-oriented approach generated many narrowly focused objectives, and fostered competition among health advocacy groups that might otherwise be natural allies. This Model recognizes that many diseases share common risks and determinants. It is meant to promote cross-cutting collaboration to deal with underlying issues that influence health.

Before finalizing the Draft Model's approach, the TEP considered various other frameworks that could be used to organize objectives (e.g., disease categories, life stages, social determinants, or the Model's four guiding principles). Another organizing structure that members considered early in their deliberations was based on the CDC's Health Protection Goals. The categories were, "Predict; Prepare; Preserve & Protect; and Treat."

People who provided feedback during the public comment period expressed strong support for a risk/ determinants approach to developing national health objectives. Many felt that moving to a risk-based approach would further emphasize primary prevention, resulting in better public understanding of the initiative's focus. One individual from the HHS Agency for Healthcare Research and Quality agreed with

Issues that Cut Across Multiple Topic Areas

The Guidelines will require Topic Area Networks to consider four issues that cut across Topic Areas: 1) strengthening public health infrastructure, 2) taking an ecological approach to health promotion, 3) eliminating health disparities, and 4) promoting health throughout life stages. Because these issues have bearing upon objectives in multiple health determinant and risk

categories, each Topic Area will be required to give serious thought to them. (See Exhibit 7 for a detailed explanation of cross-cutting issues.)

Topic Area Networks will be mandated to create objectives addressing health disparities. In situations where it would be logical to organize objectives around life stages (e.g. "Preventive Services"), Networks will also be required to create objectives by life stage. While the Networks will not be *required* to create objectives dealing with the ecological approach to health or public health infrastructure, they must bear all four cross-cutting issues in mind as they develop objectives. Each Topic Area Network will submit documentation to the Coordinating Committee detailing its discussions of each cross-cutting issue.

A danger of addressing these categories across multiple Topic Areas is that they may get "lost," since no one group will be accountable for them. To address this concern, the Technical Advisor Panel/FAC will recommend ways to distribute and coordinate implementation efforts for these cross-cutting issues. Rhe introduction to the full set of objectives and introductions for each Topic Area chapter will also report on current assets and needs to address health disparities, sub-populations in different life stages, multiple levels of health problems(i.e. individual, interpersonal, and community), and public health infrastructure. The narratives will explain why progress on these issues is needed to accomplish national health goals and objectives for the year 2020.

Exhibit 7. Cross-cutting Issues: Definitions,[5] Requirements, and Examples

Issue	Definition	Examples
Health Disparities	Population-specific differences in the presence of disease, health outcomes, or access to health care[4]	Special Populations, including: -Racial/ethnic minorities -Uninsured -Low income -Disabled -Institutionalized -Incarcerated
Life stages	A framework for health goals adopted by the CDC in Fiscal Year 2004[5]	Infants and toddlers (0-3) Children (4-11) Adolescents (12-19) Adults (20-49) Seniors (50+)
Ecological Model	Acknowledges that independent but interrelated elements within systems (including social and environmental factors) impact health	Individual Level Interpersonal Level Community Level
Public Health Infrastructure	Resources for public health organizations to deliver essential services to every community – including workforce, communication systems, and data collection and dissemination.	Workforce Information Technology Data Preparedness Health education/ Health communications

[4] U.S. Department of Health and Human Services, Health Resources and Services Administration. Eliminating Health Disparities in the United States. Pub. No. HRS00167, 2000.
[5] U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. CDC: Protecting Health for Life. The State of the CDC, Fiscal Year 2004. http://www.cdc.gov/cdc.pdf

Rationale for Cross-cutting Issues

In discussing potential challenges of risk/determinant-oriented categories, TEP members acknowledged that some important issues will not fit in this Model. This concern was also raised in comments from the public. Cross-cutting issues are means to address critical issues that might otherwise be "lost" in this Model.

- *How can the issue of "Eliminating health disparities" be placed at the front and center?*
- *Should all Topic Areas be required to consider "life stages"?*
- *How can this Model promote investment in outdated public health systems, so that infrastructure is in place to address emerging health needs for the next decade?*

Early in its work, the TEP prepared a construct based on an "economic systems" approach to developing objectives. This was explained in terms of re-prioritizing outcomes, increasing yield, and generating capital. It included consideration of resources and means that would be needed to achieve the guiding principles:

- *Resources (Inputs needed to enable progress)*
  Enhance infrastructure, resources & capital to improve health (healthy human capital)
- *Means (Better ways to use existing resources)*
  Higher yield solutions (systems, data, process). Things that must be improved to strengthen our ability to drive outcomes.

Later, TEP members explored the possibility of turning "resources and means" into cross-cutting concepts to be addressed across all Topic Areas. Concern was raised that this approach could fragment attention to issues such as modernizing antiquated public health systems. To counter-balance this potential danger, the Model charges the Technical Advisor Panel/FAC with coordinating implementation across Topic Areas.