

Approach to Developing Healthy People 2020 Target-Setting Methods

Recommendations of the Secretary's Advisory Committee

SECTION I. INTRODUCTION

Some have suggested that the target-setting approaches laid out in Healthy People 2010 were not adequately specific, and left too much room for inconsistency. The complete array of methodologies used to set targets for Healthy People 2010 objectives was:

- Better than the best.
- Percent improvement.
- "Total coverage" or "Total elimination" (for targets like 100 percent, 0 percent, all States, etc.).
- Consistent with _____(another national program, for example, national education goals).
- Retain year 2000 target (the Healthy People 2000 target has been retained).

The "Better than Best," approach, which was used for most population-based objectives in Healthy People 2010, was meant to support the goal of eliminating health disparities. It suggests that all subpopulations should achieve a level of health exceeding that of the group with the best health status (the "reference population.") Little guidance was provided for HOW much better the rate should be. Unless the target was total elimination of a problem, or was set to be consistent with the target for another program, there was not enough specificity to justify the rationale for why a particular Healthy People 2010 target level was set. Some have also said that Better than Best approaches are unrealistic, especially when applied to the most affected subpopulations, and that the designation of a "best," reference population is often the result of data problems. Better than Best approaches have not been notably effective in contributing to the elimination or even the narrowing of health disparities.

The Secretary's Advisory Committee has been asked to recommend how, within the process of developing Healthy People objectives, the U.S. Department of Health and Human Services (HHS) should determine a realistic level of progress to be achieved within a specified period (i.e., the decade leading up to 2020, or a shorter period such as 3-5 years.) To support the Committee's recommendations, the Subcommittee on Target-setting and Evidence was charged with addressing the following questions:

1. **What processes and data should be used in setting targets?**
2. **Should the targets of Healthy People 2020 objectives be aspirational or realistic?**
3. **Should targets incorporate knowledge of effective interventions?**

Definitions and Assumptions

- **SMART Objectives** are national, specific, measurable, and realistic statements of intended outcomes over a stated period of time (by the year 2020).
- A **target** is the level of progress or performance expected for an objective.
- **Target-setting** involves the methods used to select the value for a target.

SECTION II. SPECIFIC RECOMMENDATIONS FOR SETTING TARGETS FOR OBJECTIVES

1. What data should be used in setting targets?

Processes and data used to set targets should vary, depending on what the objective is. Guidance for target setting should be provided, but there should be some flexibility to make exceptions when necessary. Guidance for target-setting should be released for public comment. This would enable stakeholders to propose changes to the guidelines, but not to specific targets. As targets are developed, for each objective, it is important to state what methods were. It is recommended that:

- Targets should be rooted in and build on past experience (i.e., HP 2000 and HP2010) when possible.
- Focus should be placed on objectives that have existing data to track progress to 2010, so that a trend can be projected for progress by 2020.
- A variety of target-setting methods should be employed. However, it is imperative that the rationale and method behind any target that is set be clearly and completely explained.
- Guidelines for target-setting should be provided, along with clearly defined exceptions. These guidelines can be put out for public comment, rather than requesting comments on the specific targets themselves.

Use of Data for Target-Setting

Setting targets for populations requires estimating what the level of the objective would be if the status quo were to continue. Projections should begin with an estimate of where the objective would be at the end of the specified time period (e.g., a decade) if nothing changed. A scientific assessment should then be completed to incorporate what is known about the level of change that could be anticipated as a result of employing known-effective or likely-effective interventions.

Not all objectives would have the data needed to make these kinds of projections. If Healthy People 2020 retains the approach from 2010 of creating a target for every objective, the process of target-setting will be a guessing game. For this reason, a subset of objectives should be selected based on their importance, and the availability of information. For other measures that do not have trend data, a target would not be set, but they would be retained as supporting measures.

2. Should the targets of Healthy People 2020 objectives be aspirational or realistic?

Healthy People 2020 should set **realistic targets** based on knowledge of what is potentially achievable given the health issue and current or emerging knowledge of interventions, programs, and policies that might result in improvement. However, targets should also represent "a reach," and should be more than a continuation of the status quo. The setting of Healthy People 2020 objectives and targets should ultimately result in the implementation of effective interventions, programs and policies.

3. What processes should be used to set targets for Healthy People 2020 objectives?

The Better than Best approach, which was used for most population-based objectives in Healthy People 2010, is not practical. For this reason, the Committee recommends that Better than Best be limited in its use, and not be considered a primary option. Instead, the Committee recommends setting a single population target for each objective that would represent an improvement for most of the population but might not be Better than the “best” subpopulation.

Should a Single Target be Set, or Multiple Targets?

A single target would be easy to understand and communicate about, but if it is set based on the status of a reference population, (Better than Best) it could be virtually unachievable for some subgroups. If it is based on a population average, some groups may already have met the target. A single target could be set without using a reference population, but there is concern that the theory that “a rising tide will lift all boats” has been disproven in Healthy People 2010.

It is recommended that a general population target be set for the entire population, based on rationale that is achievable with reach for the entire population. This target should not be tied to a metric like Better than Best. The entire population would strive towards the target. Disparity reduction would be achieved through all groups reaching the target. Groups that have already reached the target would be oriented towards maintaining or continuing to make progress in improving upon that optimal target.

It may be prudent to consider setting a “disparities” target to measure variation within the population. In this approach, the disparities target would lessen as disparity between the subpopulation with the highest health status and the subpopulation with the lowest health status are reduced. A challenge in setting a disparities target would be identifying a means of clearly communicating its meaning to the users of Healthy People 2020.

4. Should targets incorporate knowledge of effective interventions?

The answer to this question is “yes.” It is important to be clear about how much science should back the recommendations. Evidence could be qualitative—not just quantitative. When possible, Realistic targets should be set taking into account knowledge of how effective the tools are. For some interventions it would be possible to predict effects (e.g., if 90 percent of the population exercised for 30 minutes per day.) It is recommended that:

- Targets should incorporate knowledge of past, current, and future, in terms of the effects of interventions. However, in many areas, adequate interventions have not been identified. In such cases, the possibilities of what “could become available” should be highlighted.
- When describing methods used to make projections and setting targets, an explanation should be provided of how information about effective interventions was incorporated.
- The best available knowledge about effective interventions should be linked to targets as one avenue for assisting the HP audience in working towards improved health for the nation.

Significant guidance and the incorporation of a decision chart could help to avoid confusion about how to select a target-setting method. The guidance should include a list of methods that can be utilized (options include projections, percent improvement, expert judgment, international comparisons, ideal standards, elimination, or Better than Best). The rationale for using each method should also be provided. Such guidance would help ensure that the most appropriate method is used and to help avoid defaulting to the better than the best method.

The guidance could be presented in a hierarchical format in which the preferred method would be a projection model based on best knowledge of interventions, and the least preferred method would be Better than Best. There should be relatively few cases where a Better than Best approach would be appropriate. The decision chart would be an essential step in ensuring that the rationale for target-setting decisions is documented and can be clearly and completely articulated.

5. Other Issues

Guidance for State, Regional and Local Target-setting

Although the Committee recommends that there should be one national target set for each objective, it is important to underscore the need for local target-setting as well. A set of clear principles for local target-setting is needed that would assist states, regions, and localities in setting their own targets. It may also be useful to explore whether other nations have set targets for a particular issue.

Types of Objectives, with Respect to Targets

It will be important to hone down to a core set of indicators that are a high priority for monitoring. To ensure that the targets set are meaningful and relevant, there should be three sets of objectives—one for which science-based targets have been set; a second that are only for data/ monitoring purposes and do not have a target;. The third set of objectives would include developmental objectives (which have no data at baseline). In relation to targets, the three types of objectives can be summarized as follows:

- 1) Objectives that have a data-driven, science-based, SMART targets.
- 2) Objectives that have data for monitoring purposes, but insufficient data to enable target-setting.
- 3) “Developmental” objectives, which do not currently have a data source. (These objectives should be dropped at the Midcourse Review if no data source has been created for them by then.)

