Secretary’s Advisory Committee on
Health Promotion and Disease Prevention Objectives for 2020
Recommendations for Priority-setting
DRAFT, 3-30-10

I. INTRODUCTION

The Secretary’s Advisory Committee on National Health Promotion & Disease Prevention Objectives for 2020 (the Committee) has been asked to provide recommendations for how, within the process of developing Healthy People objectives, the U.S. Department of Health and Human Services (HHS) should think about priority-setting. To inform their recommendations, the Committee formed a Subcommittee on Priorities in March, 2008. Over the course of two years and 18 meetings, this group explored:

1) The broad question of how priorities should be set and, within that, what criteria should be used to select objectives, and sub-objectives, and intervention strategies;

2) How priority-setting should be approached at the National, State, and local levels, with particular emphasis on priority-setting within government.

The Subcommittee’s work reflects the view that, given the sheer number of Healthy People objectives, it will be necessary to give to users tools to prioritize among them. The lack of priority-setting has been an impediment to the past success of Healthy People, and there is an opportunity cost when one does not make choices. Recognizing the varied needs and capabilities of its stakeholders, Healthy People includes a broad set of objectives and seeks to empower stakeholders to take action to improve the health of the nation. Nevertheless, a set of “National High Priority Objectives” is needed to guide Healthy People users on how they should focus their efforts and resources to improve health outcomes. National High Priority objectives can also serve as a tool to help communicate about and galvanize national-level action around the most important public health issues for the coming decade.

When it comes to identifying priorities in public health, perspective is critical. A tobacco control activist may see priorities one way, while the Director of the Centers for Disease Control and Prevention, or the Secretary of HHS, or the President of the United States, will have other perspectives. With a realistic understanding that priorities vary by stakeholder perspectives, the Subcommittee has proposed a multi-level approach to priority-setting. This approach, summarized below and explained in the pages that follow, is based on the ideas that: 1) public health priorities should be set by localities, and states, and at the national level; 2) the processes used to set priorities should engage civic participation; and 3) HHS should identify several national priority objectives for the coming decade. This proposed approach to priority-setting would include priority-setting for:

1. Interventions to address specific topic areas (e.g. “Cancer” or “Early and Middle Childhood”)

2. Interventions to address the major risk and protective factors for common diseases

3. Interventions that address determinants of health outside the traditional health sector (e.g. improved education, housing and other modifiable physical and social determinants of health)
II. SUBCOMMITTEE RECOMMENDATIONS FOR NATIONAL PRIORITY-SETTING IN PUBLIC HEALTH

In the first year of its work, the Subcommittee developed a set of prioritization criteria that Healthy People users could enter into a web-based system to prioritize objectives based on their own needs. These criteria were originally included in the Advisory Committee’s Phase I report to the Secretary, and are listed in Appendix A. More recently, the Subcommittee considered priority-setting at the national, state, and local levels—especially within government. The following basic questions were addressed:

- Should there be one set of national priorities?
- Should there be flexibility at the local level?
- What methods should be used to prioritize?

Through its deliberations, the Subcommittee has recommended that HHS create a set of national priorities, and that priority-setting should also take place at the state and local levels. At each of these levels—national, state, and local—priority-setting processes should engage civic participation.

**Recommendation 1. Priorities should be set at each level of government—federal, state, and local.**

The Subcommittee proposes three approaches to priority-setting. Ideally, each approach should be undertaken at all levels—local, regional, state, and federal. The discussion here focuses on the federal level, and it is recommended that HHS use these processes to establish priority objectives for the next decade. These approaches can also be highly relevant for priority-setting in other levels of government.

1. Setting priorities for interventions within Healthy People topic areas

Healthy People has defined a set of topic areas (Appendix B), that generally focus on a specific type of disease (e.g., “Heart Disease and Stroke”), a particular demographic group (e.g., “Maternal and Child Health,”) or an approach to health improvement (e.g., “Food Safety”).

One approach to prioritization is to ask “Within specific topic areas, what are the 3 to 5 most important issues facing our nation in the coming decade?” Tools can be used to set priorities among interventions within broad topic areas. A variety of approaches have been discussed for how to accomplish that, including specific quantitative measures of health benefits and costs. No one method has been shown to be clearly superior. Stakeholders should consider which approaches will best inform their prioritization activities, given their capabilities to implement alternative approaches for prioritization.

The proposed decision-making grid (Appendix C) provides one framework for considering approaches that can inform priority-setting within topic areas by multiple types of stakeholders. It demonstrates that criteria vary in their importance, depending on the perspective of the user. A process is needed to ensure that various dimensions are considered in priority-setting. The grid would provide transparency and so that stakeholders can appeal if they disagree with final decisions, or simply express their opinion. It would be a useful for facilitating discussion about priority-setting. Examples of how it might be applied are included in Appendix D.
2. Setting priorities for interventions that address the major risk and protective factors across multiple diseases that are leading causes of morbidity and mortality

Healthy People topic areas provide valuable categories within which objectives or interventions can be prioritized. Yet many interventions that could improve the nation’s health address multiple topic areas. The “3four50 approach” (http://www.3four50.com/) suggests that three factors (physical inactivity, smoking, and obesity) drive the prevalence of four chronic diseases (heart disease, lung disease, type 2 diabetes, and many cancers) that account for about 50 percent of all mortality. Prioritization among cross-cutting interventions to address major risk and protective factors for common diseases should be given particular attention, in light of potential to have a large impact on the population’s health.

3. Setting priorities for interventions to address determinants of health outside the traditional health sector

There is a need to develop priorities outside the traditional realm of health, through improved education, housing and other modifiable physical and social determinants of health. Engaging partners from other sectors of government to discuss these social determinants would be valuable. Priority-setting is needed for interventions outside of the health sector, but the health sector should not establish priorities in other sectors. Departments that might not traditionally think of themselves as influencing health could be asked, “What might you do?” For example, the Department of Education could be asked for their perspective on the things that they could do that would make the biggest difference in health. These issues might be crosscutting, or they might be disease-specific.

Healthy People 2020 should work with other sectors to help them develop and accomplish their priorities. The conversation with other sectors must be bidirectional, because there are things that the health sector could do to help other sectors reach their goals, like maintaining a functional workforce. It is important to look at payoffs that other sectors will gain for improving health, and to avoid unidirectional thinking. An interdisciplinary forum such as the Domestic Policy Council could be used as a means of bringing key decision makers to the table to develop multi-sectoral solutions (e.g., extending across health, agriculture, housing, commerce, and transportation and other modifiable social and physical environmental determinants of health.)

Recommendation 2. Each level should incorporate public input into its priority-setting processes.
Each level of government should incorporate public input into its priority-setting processes.

Recommendation 3. Priority-setting should be informed by specific criteria (e.g., overall burden, preventability, potential to reduce health disparities, and cost-effectiveness)

Specific criteria can be used to facilitate discussion and analysis of prioritization in all settings. For national priority-setting, the subcommittee discussed the potential for quantitative algorithms (see Appendix E to be used for this purpose. Yet they recognized the challenges of using such tools within a context of limited resources and data. Each of these approaches has strengths and limitations, and there are commonalities among them. Judgment plays a big role, and therefore qualitative tools can also be incorporated for decision-making purposes.
Appendix A.
Criteria that Can Help Users to Prioritize Objectives

The Advisory Committee recommends that Healthy People 2020 provide the best available information on the following key factors relating to each Healthy People 2020 objective to help organizations and individuals prioritize potential actions in response to the objectives. Different organizations and individuals may differ in their views of which these factors are most important in general, or with respect to a given Healthy People objective. Thus, Healthy People 2020 should assemble the best possible information on these factors for all objectives so that users can prioritize them as they prefer. Detailed explanation of these key factors is provided in Appendix 14. These factors are:

1) The **overall burden** associated with a particular risk factor, determinant, disease or injury;

2) The degree to which a burden may be **preventable or reducible**, based on application of interventions of proven effectiveness, (i.e. the projected population health impact of interventions, policies, and programs of proven effectiveness);

3) The **cost-effectiveness** (e.g., cost per quality-adjusted life years, or QALY) of alternative opportunities to reduce health burden and improve health;

4) The **net health benefit**, measured in units of population health, of pursuing one particular intervention, policy, or program compared with another one of proven effectiveness;

5) The **synergy** of different interventions that target the same disease, risk factor, or health determinants;

6) The likely **timeframe** to observe the impact of different interventions, alone or in combination;

7) The potential of alternative interventions to improve the health of racial/ethnic minority populations and **reduce health inequities** among populations; and

8) The willingness of public health, private organizations, and other collaborating entities to address a particular health problem and to **accept accountability** for convening multi-sectoral stakeholders to effect changes in these areas.
Appendix B.
Healthy People 2020 Topic Areas

Access to Health Services
Adolescent Health
Arthritis, Osteoporosis, and Chronic Back Conditions
Blood Disorders and Blood Safety
Cancer
Chronic Kidney Diseases
Dementias, Including Alzheimer’s Disease
Diabetes
Disability and Health
Early and Middle Childhood
Educational and Community-Based Programs
Environmental Health
Family Planning
Food Safety
Genomics
Global Health
Health Communication and Health IT
Healthcare-Associated Infections
Hearing and Other Sensory or Communication Disorders (Ear, Nose Throat - Voice, Speech, and Language)
Heart Disease and Stroke
HIV
Immunization and Infectious Diseases
Injury and Violence Prevention
Maternal, Infant and Child Health
Medical Product Safety
Mental Health and Mental Disorders
Nutrition and Weight Status
Occupational Safety and Health
Older Adults
Oral Health
Physical Activity
Preparedness
Public Health Infrastructure
Physical Activity and Fitness
Public Health Infrastructure
Quality of Life and Well Being
Respiratory Diseases
Sexually Transmitted Diseases
Social Determinants of Health
Substance Abuse
Tobacco Use
Vision
### Appendix C.
Prioritizing within Topic Area

<table>
<thead>
<tr>
<th>Proposed Criteria</th>
<th>Stakeholder Group 1</th>
<th>Stakeholder Group 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Burden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Economic Burden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Efficacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comparative Effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Synergy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timeframe</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost /CE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Sit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Legal/ ethical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Values/ Preferences</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feasibility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stakeholder Involvement</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix D.
Example on priority setting within topic areas

Since topic areas are heterogeneous and include diseases (e.g., diabetes), risk factors (e.g., nutrition and weight), determinants (e.g., social determinants), population groups (e.g., adolescent health), and systems (e.g., medical product safety), the relevance and relative importance of criterion may vary from topic to topic. The following are examples of how the criteria presented in Appendix C may be applied for different types of topics.

Food Safety: Food safety objectives will be accomplished through policies (e.g., prohibition of sale of unpasteurized milk products), individual behaviors (e.g., decreasing consumption of allergy-causing substances), and improved food production, processing and storage (e.g., improved agricultural practices). Achieving them will require improvements throughout the food production, processing, storage, and preparation system. Criteria for prioritizing efforts should focus on appropriate roles for each major stakeholder (producers, sellers, and consumers), the safety and effectiveness of interventions, their comparative effectiveness and cost-effectiveness, and their feasibility. Equity may be relevant for specific aspects, e.g., individual-level interventions, food storage in groceries (selling food beyond expiration dates).

Physical Activity (health promotion):
Increases in regular physical activity across the population will be accomplished through national, state, and local policies related to:

- Built environment infrastructure and transportation (e.g., increasing access to affordable public transportation);
- Increasing pedestrian and bicycling safety on public streets);
- Institutional/organizational policies and interventions related to physical activity at school, worksites, and other community settings (e.g., promoting health-enhancing physical activity as part of school physical education curricula); and
- Individual behaviors (e.g., increasing utilitarian and recreational forms of physical activity across the population at large).

Among the criteria that are particularly germane to this health area are:

- The roles for major stakeholders within and outside of the health field (e.g., health care providers, urban planners and transportation experts, parks and recreation personnel);
- Comparative and cost-effectiveness of interventions, including their safety and implementation feasibility; and
- The synergies that can be accomplished across multiple levels of impact and intervention (from individual level to national policy level interventions).
### Appendix E.
#### Quantitative Methods to Identify National Priorities

<table>
<thead>
<tr>
<th>Approach</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Priority Rating</td>
<td>Takes into account size of the problem, seriousness, &amp; effectiveness of intervention, in light of propriety, economics, acceptability, resources, and legality.</td>
</tr>
<tr>
<td>Comparative Risk Analysis</td>
<td>Views a problem by various categories, and then produces a weighted linear average of those factors.</td>
</tr>
<tr>
<td>Net Health Benefit</td>
<td>Combines elements of cost-effectiveness analysis and cost-benefit analysis.</td>
</tr>
<tr>
<td>Combined Approach</td>
<td>Identify common key elements and design decisions to create an approach for use in HP2020.</td>
</tr>
</tbody>
</table>