

# DRAFT MODEL (from 2007)

## From National Health Objectives for the Year 2020: A Proposed Model for Development - Background and Instructions for Comment

[http://2020wiki.norc.org/wiki/index.php?title=DRAFT\\_MODEL](http://2020wiki.norc.org/wiki/index.php?title=DRAFT_MODEL)

Healthy People 2020 Web Site: <http://www.healthypeople.gov/hp2020/>

### DRAFT MODEL FOR DEVELOPING THE 2020 HEALTH OBJECTIVES

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## INTRODUCTION

Model for Developing the National Health Objectives for 2020

This Draft Model for developing health objectives for the year 2020 is built around four guiding principles, broad health goals that all of the National Health Objectives should help to achieve:

1. Promote optimal health in order to reduce preventable death, illness, injury, and disability
2. Eliminate health disparities based on race, ethnicity, socioeconomic status, gender, geographic location, sexual orientation, and related factors.
3. Make wellness a way of life and assure that all people have the knowledge, skills, and opportunity to make healthy life-style choices.
4. Serve as a focal point for collaborative action on the local, regional, national, and international level

This Model represents a collaborative approach to developing health objectives in what NORC is calling a “Hub and Spoke” model (Figure 1).

1) The "Hub": The Office of Public Health and Science/ Office of Disease Prevention and Health Promotion, and a Central Committee. The "Hub" will oversee the process and provide guidance and direction to the "Spokes" through the development of guidelines and the provision of on-going over-sight.

2) The "Spokes": The Federal Agency/ies designated as the lead/co-lead for each topic area, along with their partners from other federal agencies, professional societies, consumer advocacy groups and the public. Following the guidance provided by the "Hub" and the Expert panel, the Spokes will recommend National Health Objectives to the "Hub"

3) The Expert Panel: This is an Advisory Committee of outside experts that will provide on-going advice and oversight to the "Hub" during the course of developing the National Health objectives.

4) The Central Committee: These are Federal experts from relevant agencies that will work with OPHS/ODPHP to provide day-to-day oversight of the process.

#### Definitions

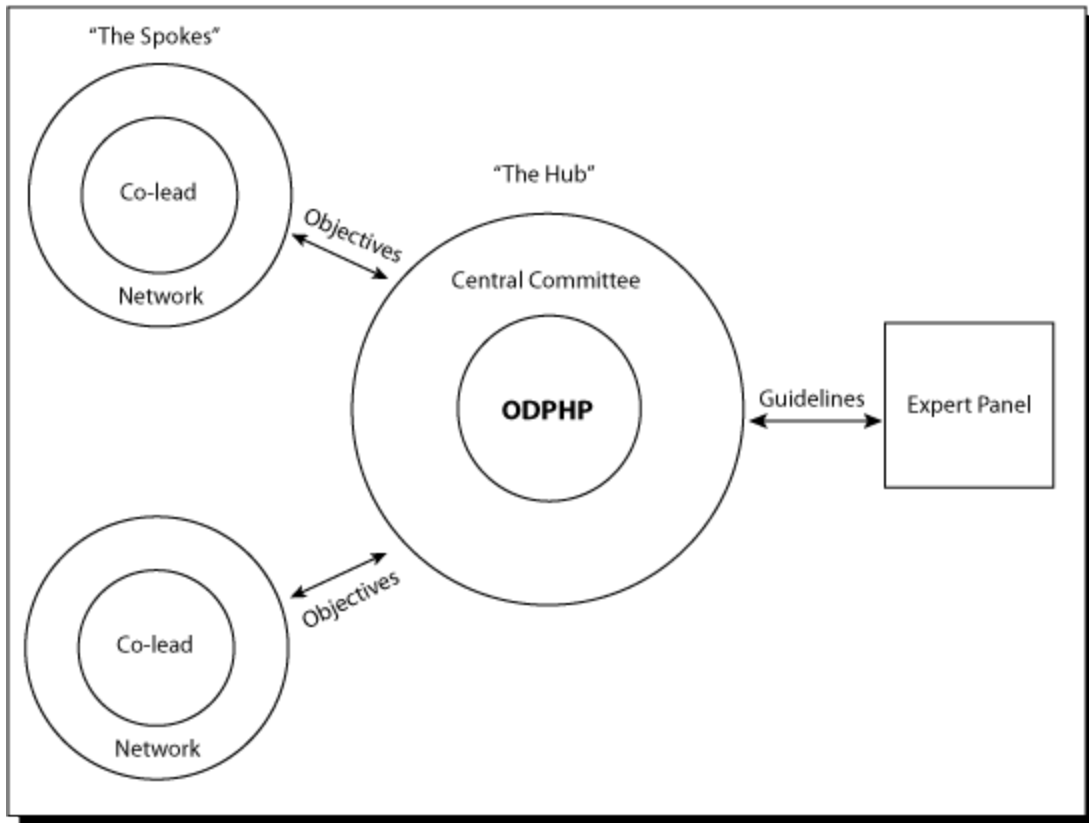
1) Guiding Principles: The overall purpose of the National Health Objective--"What are we trying to achieve"

2) Topic Areas: About a dozen main thematic topics by which the National Health Objectives will be organized

3) Objectives: The key measurable goals by which the Nation's health progress will be followed over the next decade

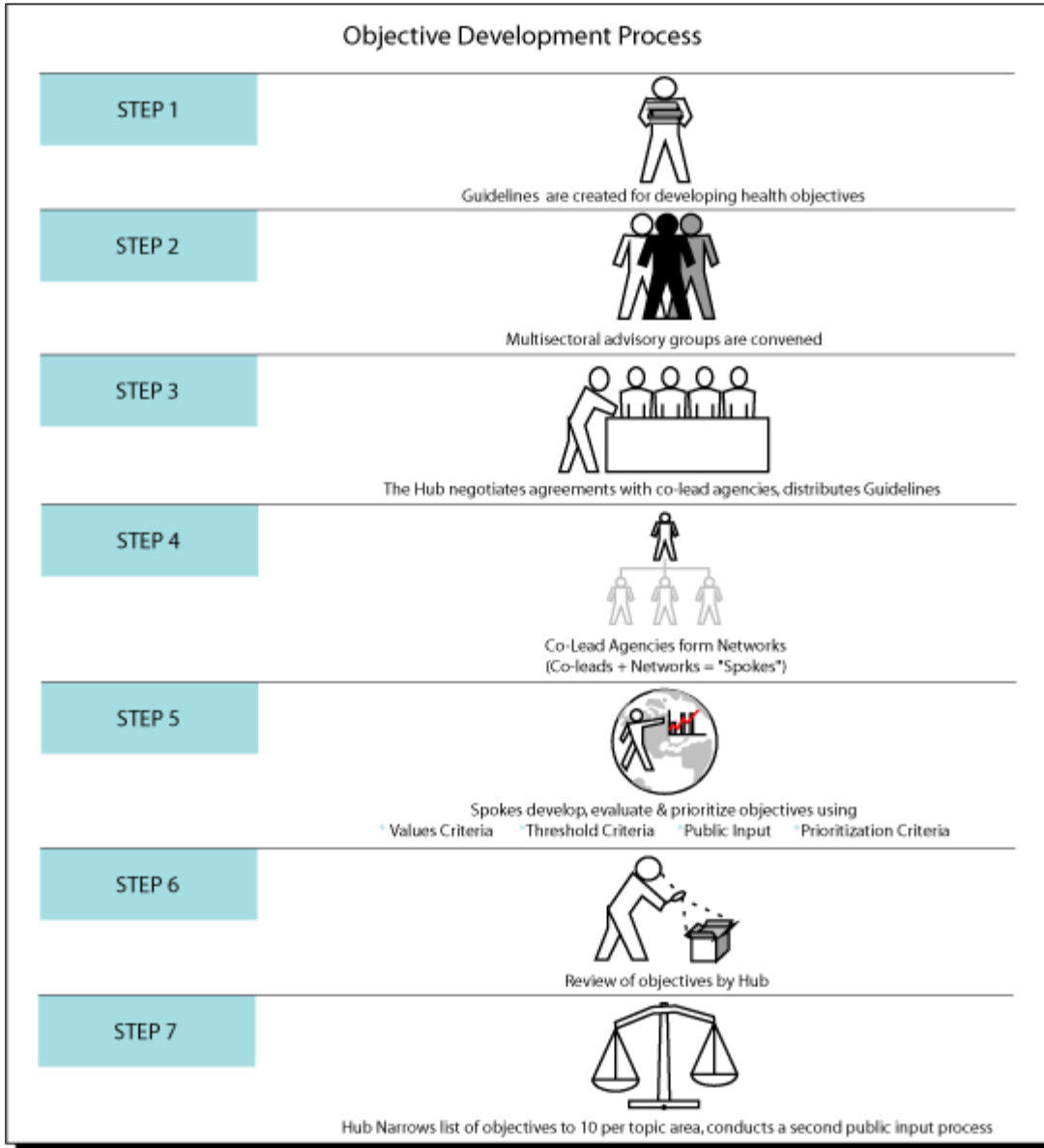
4) Measures: The specific mechanism by which each objective will be followed.

Figure 1. Distributed Model for Developing Health Objectives for 2020



We have outlined the process for 2020 health objective development in seven steps, shown graphically in Figure 2 and discussed in detail later in this model.

Figure 2. Process for Developing Health Objectives for 2020



## ROLES AND RESPONSIBILITIES

### Roles of Central Advisory and Coordinating Bodies

#### *The Expert Panel*

The Secretary Health and Human Services, after taking public nominations, will convene an Expert Panel of 15-20 members that will provide over-all guidance and support for the process of developing the National Health Objectives. Initially, the Expert Panel will provide advice on the general criteria to consider in developing the Objectives. As

candidate objectives are submitted by the "spokes", the Expert Panel will verify that they are appropriate and consistent with the criteria provided. The Expert Panel's role will be to create specific instructions for creating objectives, and then to verify that those instructions have been followed. The Expert Panel will not be directly involved in decisions about which candidate objectives should be included in the final set.

The Expert Panel, which will function as a Federal Advisory Committee, will be comprised of non-Federal members, selected for their technical/ scientific expertise and will include membership with a cross-section of professionals with diversity of race/ethnicity, professional background, gender and geographic location.

*The Hub*

The Hub will be the central decision-making body for the objective development process. It will be coordinated by OPHS/ODPHP with the regular and on-going input of a Central Committee. This Committee will be formed of senior representatives of all relevant Federal Agencies and Offices. The "Hub" will provide instruction and guidance to the "spokes" and will review all material submitted by the "spokes" before presentation to the Expert Panel.

Table 1. Responsibilities of ODPHP, the Expert Panel, and the Central Committee

	The Hub		
	ODPHP	Central Committee	Expert Panel
Convene Expert Panel	✓		
Choose specific topic areas			✓
Recommendations for applying criteria, choosing topic areas			✓
Define elements of Network training			✓
Turn Expert Panel recommendations into Guidelines	✓		
Convene Central Committee	✓		✓
Finalize Guidelines and topic areas	✓	✓	
Assign Topic areas to co-leads	✓		
Verify that objectives conform to Guidelines			✓
Winnow submitted objectives to target number		✓	

The Table should be changed as follows:

Title: Eliminate "The Hub" from the over-arching line Headings: Eliminate ODPHP and Central Committee. Combine them in a single Heading: "The Hub" Combine their tasks Topics: Eliminate "Convene Central Committee"

**STEP 1 Guidelines are created for developing the health objectives**

## Developing the Topic Areas:

Through a process of internal deliberations, receipt and review of public comments, and direct communication with federal and non-federal experts, the Expert Panel will develop a list of about a dozen "Topic Areas" for the 2020 National Health Objectives.

It is anticipated that the 2020 National Health Objectives will move away from disease-based topic areas. In the past, topic areas for Healthy People have been organized by disease area (e.g., cancer, diabetes, heart disease and stroke, etc.). It is recognized that this approach has significant merit, particularly its role in bringing together patient advocacy groups (that tend to be organized by disease topic) with federal experts. It is felt, however, that more effective National Health Objectives can be developed by focusing greater attention on under-lying risk factors and on health promotion strategies. These risk factors (e.g. smoking, environmental pollution) and health promotion strategies (e.g. patient education, increased physical activity) are of significant importance to a wide-range of diseases. If developed properly it is anticipated that this approach to developing Topic Areas will a) bring together many patient advocacy groups and experts around areas of common interest; and b) result in a more "prevention" oriented set of National Health Objectives.

## Developing the National Health Objectives

Once the Expert Panel has identified the Topic Areas, the "Hub" will develop "Guidelines for the Development of Objectives", a document that will be distributed to all "Spoke" co-lead agencies. The "Guidelines for the Development of Objectives" will serve as the basis for training Spoke staff and co-chairs, helping all Spokes to use consistent methods, processes, and formatting for developing objectives.

The "Guidelines for the Development of Objectives" may include information on:

- How objectives should be organized and presented
- Criteria the "Spokes" should use for developing Objectives
- Identifying potential measures to follow progress over time
- How Objectives should be structured to ensure consistency
- General operating principles for the "Spokes" (e.g., expectations for Spoke members, group process, consensus-building, etc.)

## **STEP 2 Multi-Sectoral advisory groups are convened**

### The Expert Panel

After taking public nominations, the Secretary should select members of the Expert Panel and establish them as a Federal Advisory Committee under the guidelines of the Federal Advisory Committee Act. The Expert Panel will be comprised of non-Federal members, selected for their technical/ scientific expertise and will include membership with a cross-

section of professionals with diversity of race/ethnicity, professional background, gender and geographic location.

The Central Committee

The Central Committee shall be formed of senior representatives from all relevant federal Agencies and Offices. They will be appointed by the senior leadership of each Agency and Office.

### **STEP 3 OPHS/ODPHP negotiates agreements with co-lead agencies**

Once the Topic Areas have been selected, the "Hub" will select relevant federal Agencies and Offices to serve as lead/co-lead for Topic Areas relevant to their expertise.

OPHS/ODPHP will negotiate agreements with lead/co-lead Agencies and Offices to convene and engage Networks (the "Spokes") for the development of topic area-specific objectives (as described below). The agreements will outline responsibilities and expectations for each "Spoke."

One "Spoke" network will be created for each Topic Area.

Network members will be recruited by co-lead agencies, with Hub approval. Before members for the Networks are solicited, OPHS/ODPHP will send the co-lead agencies a letter articulating expectations for Network members and guidance for each Network to receive and review public input from non-Network members.

### **STEP 4 Forming the Networks**

Each co-lead agency will form a Network consisting of 12-15 representatives from multiple sectors affecting or impacted by the topic area for which objectives will be developed. The Network, along with the Federal Lead/Co-lead will form the "Spoke". Representatives from Federal Agencies and Offices not included as the Lead/Co-Lead may participate as ad hoc members of the Network.

There will be one Spoke per topic area. Each Spoke will have a Chair (from the co-lead agency and designated by the "Hub") and a Vice-Chair (a non-federal member selected by vote from among the members), as well as a full-time, dedicated, professional staff person with expertise in the Spoke's topic area. Staff, Chair and Vice-Chair will be trained by ODPHP staff to use the "Guidelines for the Development of Objectives" to develop objectives that the meet selection criteria.

The Lead/Co-Lead agency should recommend members who bring topic area expertise, and who represent a significant level of diversity in terms of race/ethnicity, geographic region, gender, professional background and other areas of relevance. At least one

member of each Network should be a patient with a relevant medical condition, or a representative of an organization that represents such patients. Special effort must be made to include some Network representatives who do not have an on-going professional relationship with the Lead and co-Lead agencies.

Members of the Network must be willing to be part of a process on behalf of the entire nation, making decisions that result in the greatest good for the greatest number of people. Members of these advisory bodies should have no direct financial relationship to the issues under discussion. They must commit to a shared set of expectations, including a willingness and ability to contribute significant amounts of time over a period of many months.

With guidance from the "Hub" information should be broadly distributed to assure that the general public has opportunities to provide input into the deliberations of each "Spoke."

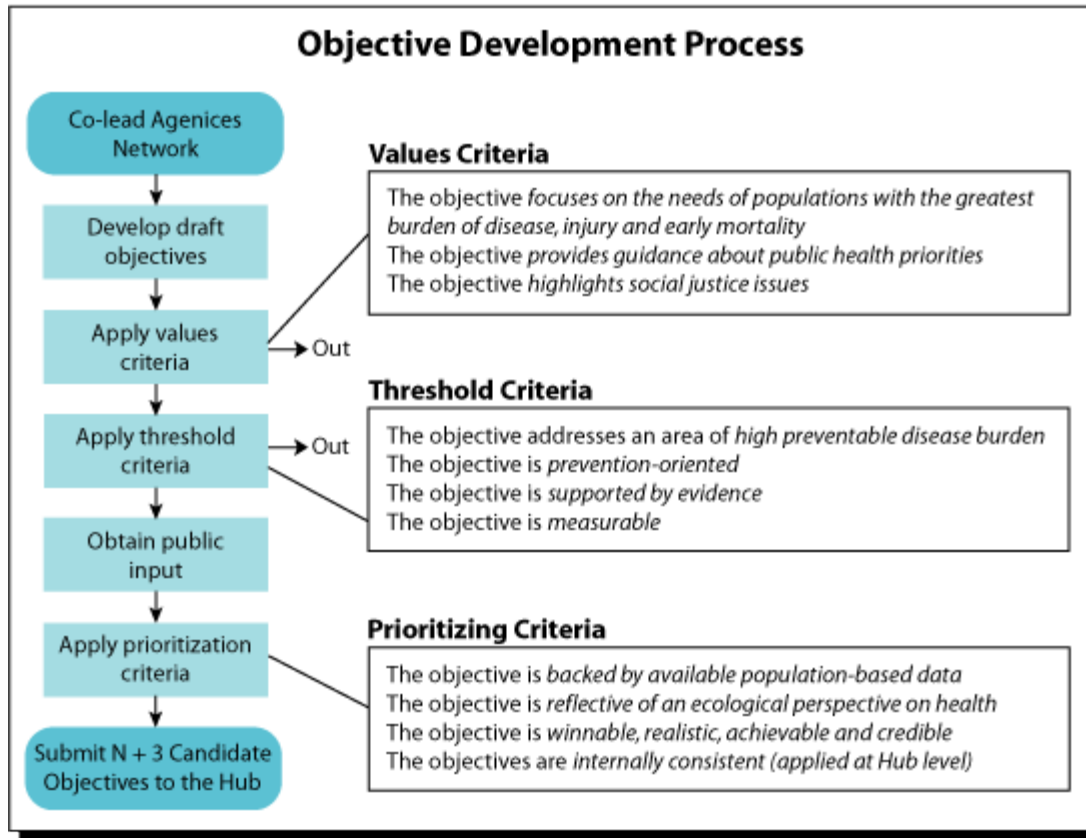
## **STEP 5 Spokes develop, evaluate, and prioritize objectives**

The "Spokes" will use the "Guidelines for the Development of Objectives" established by the "Hub" to develop objectives for their assigned topic areas. The "Guidelines for the Development of Objectives" will detail a four-part, step-wise process for evaluating objectives. In the first two steps, each objective will be individually evaluated against two sets of "in-out" criteria: values criteria and threshold criteria to develop a list of "candidate objectives." In the third step, the "Spoke" will invite members of the public to comment on this list. In the final step, the "Spoke" members will rank the candidate objectives using prioritizing criteria (Figure 3).

To apply the prioritization criteria, the "Spoke" members will examine and weigh available evidence that will have been compiled by their professional staff, as well as information that they are aware of through their own professional training and experience. The "Guidelines for the Development of Objectives" will include specific instructions for how "Spoke" members should gauge the strength of scientific evidence supporting a particular objective, and how they should balance quantitative data with qualitative information and best practices. Once the "Spoke" has prioritized their objectives, they will submit their share (share = the total number of objectives/number of topic areas) plus 3 extra to allow for winnowing at the Hub level. Two of the Spoke's submitted objectives may be "aspirational" (i.e., the objectives meet the "values" criteria and are viewed as important, but they lack the evidence-base required to meet the "threshold" criteria).



Figure 3. Developing, Evaluating and Prioritizing Objectives



## STEP 5.A Apply values criteria

Each objective will be expected to represent the general direction and spirit of the initiative by meeting the following “values” criteria:

- The objective focuses on the needs of populations most impacted by the Topic Area;
- The objective identifies and addresses any disparities in the impact of the Topic Area;
- The objective reflects public health priorities;
- The objective will help to direct, motivate and/or coordinate action on the local, national or international level
- The objective strives to achieve equality for all people impacted by the disease;

Applying the values will be a subjective process. These are criteria that will require each member of the "Spoke" to use his or her understanding of the initiative's values to decide whether a candidate objective meets those values. "Spoke" members will use scaling that is included in the "Guidelines for the Development of Objectives" to rate the extent to which objectives meet the values.

## **STEP 5.B Apply threshold criteria**

All objectives that meet the values criteria will then be judged against the “threshold” criteria:

- The objective addresses an area of high preventable disease burden;
- The objective is prevention-oriented;
- The objective is supported by evidence;
- The objective is measurable.

To a greater degree than for the values criteria, these criteria can be evaluated using objective scientific evidence and data. The "Guidelines for the Development of Objectives" will outline a standard process for determining if objectives meet each criterion. It will be the job of the staff person for each "Spoke" to assist the membership to marshal the evidence for each objective and to make a recommendation on whether the objective meets each criterion. This person would also ensure that each objective meets the structural formatting standards established in the Guidelines.

Once a list of candidate objectives has been compiled, each "Spoke" will make the list available to the public for a 30-day comment period. Special effort will be made to notify patient groups, advocacy organizations, professional societies and other interested groups about the opportunity to review and comment on the candidate objectives. After reviewing the public's comments and revising the list of objectives as appropriate, the "Spokes" will apply the prioritization criteria, and go through a consensus-building process before submitting their recommendations to the "Hub".

## **STEP 5.C Apply prioritizing criteria**

The set of objectives that meet the values and threshold criteria and that reflect an analysis of a public review and comment, will then be prioritized using the following prioritization criteria:

- The objective is backed by available population-based data;
- The objective serves as a "surrogate" marker for interventions that have broad public health impact.
- The objective is winnable, realistic, achievable and credible.

A quantitative approach will be used to evaluate each objective against each prioritizing criterion. Yet, because the type and quality of evidence available may vary, making these decisions will most likely involve some consensus-building. Following instructions outlined in the Guidelines, "Spoke" members will discuss and weigh the evidence and background information supplied by the co-lead agency (e.g., on disease prevalence, availability of data, etc.). They will score each objective. The individual votes of "Spoke"

members will be summed, and the objectives will be ranked based on their aggregated scores. This quantitative voting will inform a consensus-building approach to finalizing the list of objectives submitted to the "Hub".

Narrowing the number of objectives at the "Spoke" level will require attention to the initiative's guiding principals (e.g. health disparities), understanding of the magnitude of the problem addressed by the objectives, and a comprehensive understanding of opportunities to intervene. The Guidelines will instruct each "Spoke" on how to collect information/data on why each health issue is important. "Spoke" staff will assist in compiling this information.

"Spoke" members should use quantitative and other sources of best available data for making the case for specific objectives. They should also note the limitations of the data, and offer suggestions for proxy data when available. Objectives that do not make it through the "Spoke"-level review will not be submitted to the "Hub".

## **STEP 6 Review of objectives by Hub**

Each "Spoke" will submit a set of prioritized candidate objectives to the "Hub", along with documentation of the process used to develop them. The number of objectives submitted by each "Spoke" will be limited to their share of the target for the full set of 2020 objective (N) plus an additional 3 objectives. (The extra 3 objectives will allow for further culling of the objective set at the "Hub" level.) The Expert Panel will review the compiled set of objectives across all topic areas to confirm that they meet the selection criteria, eliminate or merge similar objectives, and assure that all objectives were prepared in a manner consistent with the Guidelines. Once the Expert Panel has assured all candidate objectives meet the Guidelines' requirements, a final paring of the objective-set will be needed (Step 7).

## **STEP 7 Narrow List of Objectives**

At this stage, the "Hub" (Central Committee and OPHS/ODPHP) will narrow the list of candidate objectives to a number that does not exceed 10 times the total number of topic areas (i.e., if there are 12 topic areas, there will not be more than 120 objectives). First, the "Hub" will re-apply the values criteria to ensure that the candidate objectives reflect the values and vision of the initiative. Second, the "Hub" will make the list of candidate objectives available to the public for comment and feedback. Special effort will be taken to assure that a broad cross-section of potentially interested people will be notified of this opportunity for public comment. This will help to ensure a transparent and open process.

Once the "Hub" has gathered input from the public, a final winnowing of the full set of candidate objectives will be conducted by applying the prioritization criteria. The

"Spokes'" Vice Chairs (non-federal) will participate with the "Hub" in this process, so that the "Spoke"-level thinking and discussions can be incorporated into Hub-level decisions. In this final step, a fourth criterion (internal consistency) will be applied to the entire set of objectives.

- The objective is backed by available population-based data;
- The objective is reflective of an ecological perspective on health;
- The objective is winnable, realistic, achievable and credible;
- The objectives are internally consistent.