

CRITERIA

The first working session brought together CDC staff and Partners in roundtable groups of 8 to 10 people to discuss, in detail, Criteria developed by CDC staff with expert advice. The Criteria were first discussed generally; followed by specific comments on each criterion.

Clarity of the Criteria

When asked about the clarity of the Criteria, participants raised several issues including:

- *Stagnant or Dynamic Criteria:* Participants wondered how the Criteria will be applied and revised over time. Will Objectives be reviewed against the Criteria periodically? How often? If the scientific evidence that supports the Criteria changes, will the ranking of the Objectives change accordingly?
- *Relationship among Criteria:* Participants were unclear on the relationship among the Criteria. Should they be viewed as individual entities or do they interact with one another? Are some Criteria more important than others? How would priorities among Criteria be established?
- *Application of Criteria:* Participants were unsure how the Criteria will be used. Who will use the Criteria to prioritize the Objectives? How much will the Criteria affect the prioritization of the Objectives?
- *Relationship to Other National Health Objectives:* Participants noted the similarity between CDC's current endeavor and those of other health goals projects (e.g., Healthy People, DHHS Secretary's Priorities, Global Millennium Goals, etc.) They asked for clarification of the relationship between CDC's Criteria and those used in other projects.

Discussion of Each Criterion

Next, participants were asked to discuss each specific criterion in their roundtable groups.

"Why is this health issue important?"

- *Rewording:* Participants suggested rewording this criterion as, "How is this health issue important?"
- *Current Realities vs. Future Realities:* Participants commented on the tension between current health burdens and those that may be recognized in the future.
- *Additional Measures:* Participants identified this criterion as lacking measures that look at the burden (both health and economic) as well as the direct and indirect costs of both.
- *Clarity of Terms:* The difference between specific burdens was unclear. What is the difference between burdens of morbidity and mortality and the burden of prevalence?

“How are different groups or communities affected?”

- *More Inclusive Language:* Participants identified areas that could be rephrased to make the category more inclusive. For example, replacing “sex” with “sexuality” and using “demographics” instead of “age”, “gender”, etc.
- *Additional Identified Populations:* Although there is an all inclusive “other” category, many participants wanted more populations specifically named, such as those defined by immigrant status, housing status, and sexual orientation.
- *Domestic versus Global:* Participants asked whether this criterion applied domestically or globally, pointing out differing health needs in the U.S. and the developing world.

“Is it feasible to make progress on the Objective today, or does it present a research opportunity?”

- *Not Mutually Exclusive:* Participants said that they did not want this question to be an “either/or”, but would prefer it phrased as “and/or.” As it reads now most of the Objectives would rank high on both questions because most are likely to provide opportunities to “make progress” and should be addressed through research.
- *Other Considerations:* Participants wanted other means of assessing feasibility explicitly mentioned, such as the existing resources that can be leveraged to achieve the Objective, societal and political factors, and the impact of reducing a specific burden.
- *Considering Both Sides:* Participants recommended that CDC consider both the opportunities present as well as the barriers that exist.

“Is the Objective consistent with CDC’s mission, core values and interests?”

- *Other Actors:* Participants pointed out that in some cases CDC is the only agency that works on the issue. They suggested CDC distinguish between these Objectives and those which other partners or agencies are leading.
- *CDC’s Future Mission:* Participants emphasized the need to consider what CDC’s mission *should* be in the future and not only what it currently is.

Priorities among the Criteria

Next, the participants were asked for their views on prioritizing the Criteria. There was no consensus among the participants about which Criteria were most important. However, importance of the health issue, which includes health burden and risk or threat, and feasibility were often cited as important. Some thought the most comprehensive Objectives should be given priority.

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Finally, the participants offered their general comments on the Criteria:

- *Measurability*: Participants noted that the Criteria would be difficult to measure because there are a lot of unknown variables.
- *Application of Criteria*: Some participants suggested that different Criteria should be applied to different Objectives or the Criteria should be weighted differently depending on the Objective.
- *Eliminate Criteria*: Other participants felt that the Criteria should be eliminated altogether because they may not be helpful in prioritizing the Objectives or they may lessen other important factors that are not specifically named as Criteria. For example, some participants felt the criterion regarding CDC's role should be determined solely by CDC; others felt the importance of coordination among governmental agencies and partners made this an essential criterion for everyone to consider.

Meaning of the Criteria for the Public

Finally, the participants were asked to consider the Criteria in terms of the public and how they might be presented at the public meetings:

- *Who is "the public"?*: There was confusion on the definition of the "public." CDC's definition will determine the recruitment strategies for the upcoming public engagement meetings. Should Partners use affiliates and member networks or nontraditional partners to recruit for the meetings?
- *Role of the Public*: The role of the public was unclear for some participants. How will CDC use the public to make their final decisions? Some participants thought that CDC should use these meetings to gain a sense of what is important to the public.
- *Comprehensibility*: Many participants feared that the public will not understand the Criteria. To ensure comprehension, the language should be appropriate for the general public and explanations should provide all of the necessary information without any excessive or confusing information. They should also explain CDC's role.