

CRITERIA

Participants were asked which of the four Goal Areas they most wanted to discuss. They then moved to a table corresponding to the Goal Area they selected. Each table began with a discussion on CDC's criteria generally.

What criteria would you use in your community when prioritizing CDC health Objectives?

- *Health Disparities*: Participants said that health disparities should be a separate criterion and is very important in Oakland.
- *Prevention*: Participants felt that Objectives that promote prevention over treatment should be given higher priority.
- *Impact*: Participants wanted the health impact specifically in Oakland to be considered while ordering the Objectives.
- *Cultural Sensitivity*: Participants thought the Objectives should respect cultural sensitivities.
- *Community's Needs*: Participants said that the community's needs and what is important to the community should be included in the criteria.
- *Accountability*: Participants wanted to include a measure of accountability to the criteria.
- *Relevance to Preparedness Objectives*: The Preparedness table found that all four of CDC's Criteria are applicable to the Preparedness Objectives.

Are there any major criteria missing?

In addition to identifying new criteria, participants reiterated the lack of criteria that consider the needs and wants of the community and considered the Objectives' cultural sensitivity.

- *Plausible*: Participants said that the plausibility and feasibility of the Objective should be considered in the prioritization process.
- *Education*: Participants thought Objectives that educate community members should be given higher priority than those that do not.
- *International Health*: Participants at the Healthy World table encouraged the addition of a criterion focused on the level of humanitarian effort and one that ensures that the Objectives are implemented respectfully.

Overall assessment of the group of Criteria as a whole – balanced, reasonable?

Overall, participants thought that the Criteria are balanced and reasonable. Some, thought that cultures should be taken in account and the Preparedness table added that "threat" should be changed to "burden" in Criteria A to balance them for the Preparedness Objectives.

Are CDC's Criteria clear?

One group asserted that the Criteria do not get at what is really important. Other tables offered conflicting responses, one responding "yes", and the other "no", offering no additional rationale.

Oakland Meeting
October 14, 2006

Are there any that don't belong?

Most participants thought that all four Criteria belonged though one table said that Criteria A and D should be removed because they are "superficial."