

# **Revised Criteria for Starter Objectives**

September 14, 2006

After careful review of the comments from the September 7, 2006 CDC Internal Leadership meeting; review of recommendations from a workgroup that OSI asked to suggest criteria for the objectives in spring 2006<sup>1</sup>; and discussions with a revered health economist, the following criteria have been prepared.

#### The Criteria

- Why is this health issue important?
- How are different groups or communities affected?
- Is it feasible to make progress on the objective today, or does it present a research opportunity?
- Is the objective consistent with CDC's mission, core values and interests?

## What Do These Questions Mean?

A. Why is this health issue important?

This is really an assessment of burden, and risks or threats.

- Burden (some would refer to this as "urgent realities") would include
  - Morbidity
  - Mortality
  - Prevalence
  - Quality-adjusted Life Years (QALYs)<sup>2</sup>
  - Economic burden
- Risk or Threat (some would refer to this as "urgent threats") would include
  - (probability) x (potential burden) = risk
  - Risk and protective factors
  - Re-emergence of health problem that was believed to have been solved (this includes the possibility that an important public health problem will re-emerge if effective prevention efforts are not maintain.)

Revised Criteria for CDC Objectives

<sup>&</sup>lt;sup>1</sup> Workgroup members submitted their report on March 15, 2006. Members included Ken Bell, Richard Dixon, Anne Haddix, Judy Hannan, Laura Harden, Kristin Pope (co-chair), Michael Schooley (co-chair), Beth Stevenson, John Steward, Bonnie Zell.

<sup>&</sup>lt;sup>2</sup> Quality-adjusted life year is a time-based measure of the impact of both premature death and disability.

### B. How are different groups or communities affected?

This is really an assessment of health disparities.

The list that follows was drawn from the list of dimensions in CDC's Office of Minority Health and Health Disparities, OSI functional statement as approved by HHS are, "...populations as defined by race/ethnicity, socio-economic status (including access to health care), geography, gender, age, disability status, risk status related to sex and gender, and among other populations identified to be at risk for health disparities." Note the "populations" focus versus the approach in your current document.

- Disparities in populations defined by
  - Racial and ethnicity
  - Socioeconomic status (SES)
  - Age
  - Gender
  - Geography
  - Disability status
  - Risk related to sex and gender
  - Other populations identified to be at risk for health disparities

# C. <u>Is it feasible to make progress on the objective today, or does it present a research opportunity?</u>

Important elements to consider here include:

- Practicality of a prevention or intervention strategy
- Opportunity
- Cost effectiveness
- Having an external champion
- Stakeholder support
- Sustainability of the intervention or prevention strategy
- Given the stage of the field, are there research opportunities in:
  - Burden and causes
  - Interventions
  - Effectiveness
  - Cost effectiveness related issues
  - Translational research?

### D. <u>Is the objective consistent with CDC's mission, core values and interests?</u>

Important, but not exhaustive, element to consider here include:

- Takes advantage of the breadth of CDC's research, program, and policy portfolio
- Within CDC's sphere of influence
- Within CDC's authority
- Supports Healthy People 2010 and 2020