

Framework and Priority Setting Options for Healthy Delaware 2010

Before developing objectives for Healthy Delaware 2010, the steering committee must:

- Choose a framework or starting point for developing the state plan.
- Set a process for establishing potential focus areas.
- Decide whether areas will be prioritized. If so, establish criteria and methods to set priorities, then obtain information to evaluate areas according to the criteria.
- Select final priority or focus areas.
- Set a process and criteria for developing measurable objectives and strategies.
- Decide how to form committees or work groups.

The framework is the beginning point for developing priority or focus areas in the plan. These areas are important because they focus the state's attention on a set of behaviors, health problems, strategies, or system issues. The priority or focus areas generally serve as chapter headings for the plan, so they can drive the way objectives are organized, the types of objectives that are developed, and even the issues around which committees are formed.

The options on the following pages can guide the steering committee in choosing an approach to identify priority or focus areas for Delaware. There is no single "best approach," and many elements of the options can be combined.

1. Use health indicators

- Identify a broad set of health indicators that measure what is important to Delaware (e.g., teen tobacco smoking, health insurance coverage, air quality). Begin by looking at national indicator sets. (See enclosed sample sets.) Revise, delete, or add indicators as desired.
- Gather data to look at Delaware according to each indicator, and decide what to do if data are not available.
- Decide whether or not to prioritize indicators. To assign priorities, the committee would need to choose a priority setting method (e.g., developing consensus, assigning numerical scores, or ranking based on comparisons with other jurisdictions) and criteria. Determine the final list of indicators.
- Form committees around the Delaware health indicators. Each committee would identify one main objective based on the indicator, plus sub-objectives and strategies to impact the indicator. Sub-objectives might focus on strategies or other related health objectives drawn from the national objectives or community input.
- Maryland has used a set of health indicators to identify priorities in both the 2000 and 2010 processes.

2. Use health conditions

- Identify health conditions (e.g., cancer, heart disease) important to Delaware (based on a review of the data, focus group results, etc.).
- Follow a process similar to the above approach, except committees would use the conditions to develop objectives instead of indicators.

3. Adopt the national Healthy People 2010 framework

- Select potential focus areas based on the national Healthy People 2010 list of 28 focus areas. (The state alternatively could choose a subset of areas or add areas that are specific to Delaware.)
- Form committees around each focus areas, or around the four broad Healthy People 2010 categories of focus areas. Committees would review the national objectives within their area(s), Delaware health and community information, and recommend objectives to use or adapt for Delaware.
- No areas are ranked in order of importance. (Alternatively, priorities could be set.)
- Many states have used this method. Kentucky is already using this method for its 2010 plan.

4. Develop priorities specific to target audiences for the Healthy Delaware 2010 initiative

- Form committees based on target audience (e.g., business, policy makers, school professionals, community groups, health care organizations, citizens).
- All groups would work from a uniform set of health issues or focus areas, determined by the steering committee.
- Decide whether health issues will be prioritized. If so, all groups would set priorities and objectives based on where the target audiences perceive they can have the greatest impact.
- No states have tried this method yet.

5. Organize around behaviors that most impact health

- Identify key behaviors that most impact health in Delaware (e.g., tobacco use, diet and activity level, alcohol use, firearms, sexual behavior, motor vehicles, drug use).
- Committees would identify factors that contribute to the behavior based on science, and examine factors specific to Delaware. Objectives would focus on these behaviors. The objectives and strategies would be specific to Delaware. In other words, key factors contributing to tobacco use among Delaware youth ages 10 to 15 might include the location of cigarette outlets or local convenience stores that sell cigarettes to minors.
- No states have tried this method yet.

6. Use a consensus method

- This method uses no explicit framework, but relies on the consensus of an informed group of people representing a range of populations and areas of expertise.
- The steering committee would consider both qualitative and quantitative data, including an update on Healthy Delaware 2000 to provide a sense of where Delaware stands and what progress has been made over the last decade.
- The steering committee would then convene break-out groups where they would decide on the top five or ten priority areas in Delaware, based on the data and on their personal experiences and expertise. Priority areas could be of any type, such as health conditions, behaviors, services, or community issues.
- The groups would then reconvene and report their priority lists to the entire committee. In all likelihood, overlap would occur among groups. Discussion would then be open to any “stand-alone” priorities or any issues that are missing.
- States that have used this method include Kansas and Arizona.

Cross-cutting decisions include: committee structure and coordination, how to consider unlike focus areas (e.g., health conditions v. access), and dealing with data gaps.