

Florida Cancer Plan Goals, Objectives and Strategies Selection Criteria

Florida Cancer Control and Research Advisory Council (CCRAB)
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Goal Selection Criteria

What major changes do we hope to bring about through a collaborative effort?

Goals in the Florida Cancer Plan must strive for

- **Impact on Cancer Incidence:** Evidence indicates significant reduction in the incidence of cancer through this issue. Special emphasis on reducing late stage cancer incidence because of the challenges in eradicating advanced disease, and the severe and numerous sequelae of advanced cancers.
- **Impact on Cancer Patient Survival:** Evidence indicates improved survival outcomes or reduction in mortality through this issue.
- **Improved Quality of Life:** Evidence indicates that physical, psychological, social or spiritual well-being can be improved by addressing this issue.
- **Deeper Understanding of Cancer Biology:** Addressing this issue will lead to a deeper understanding of cancer biology that can be translated to improved cancer prevention or control.
- **Health Equity for All Floridians:** Addressing this issue will close gaps or serve unmet needs of subpopulations of Floridians in accessing high quality cancer prevention and control.

Objective Selection Criteria

What must we accomplish along the way in order to achieve each of the major Goals?

Objectives in the Florida Cancer Plan must be

- **Important:**
 - Is it important that Floridians achieve this objective over the next 5 years?
 - Is the objective a sentinel or bellwether for change?

- **Effective:**
 - Is this objective the most useful effort we can make to achieve the goal?
 - Are there evidence-based interventions to accomplish the objective?
 - Achieving this objective will lead to a meaningful impact on Florida's cancer burden.

- **Measurable:**
 - The objective contains baseline data, a direction for change, and a data target derived from scientific projection.
 - Reliable data are available now or could be developed with existing data.
 - Progress towards the objective can be measured for the next 5 years.

- **Equitable:**
 - If the objective is met, to what degree would all people benefit?
 - Are there objectives aimed at eliminating avoidable, systematic inequalities affecting groups of people within Florida?
 - Groups may be according to sex, race, ethnicity, age, education, family income, health insurance status, geographic location, marital status, sexual orientation, gender identify, disability status or occupation.
 - Are there data deserts that obscure our understanding of health equity in Florida? How do we fill data deserts with reliable data?
 - What is the magnitude of the health disparity in Florida?

S.M.A.R.T. Objectives

When you write Objectives that are linked to a Goal they should have the following characteristics:

- They are **specific**. That is, they tell how much (e.g., 40 %) of what is to be achieved (e.g., what behavior of whom or what outcome) by when (e.g., by 2013)?
- They are **measurable**. Information concerning the objective can be collected, detected, or obtained from records (at least potentially).
- They are **achievable**. Not only are the objectives themselves possible, it is likely that you will be able to do them.
- They are **relevant**. They are linked to the goal.
- They are **timed**. You have developed a timeline (a portion of which is made clear in the objective) by when they will be achieved.

Strategy Selection Process for Implementation Plan

How will we go about achieving each of the Objectives? There may be multiple strategies for an objective.

Selecting strategies for achieving targets in the Florida Cancer Plan will be prioritized in a Florida Cancer Plan Implementation Plan based on the following features:

- **Evidence-Based:**
 - The Strategy should be based on research or proven best practices. This increases the likelihood that the Strategy will be successful.
- **Meaningful Change:**
 - Will this Strategy lead to a change that aligns with an Objective?
- **Feasible:**
 - Is it feasible to execute the Strategy, considering the costs associated, resources required, cultural appropriateness, political will, likelihood of stakeholders working cooperatively, etc.?
- **Synergistic:**
 - Is this Strategy one we need to accomplish together, rather than one stakeholder bearing sole responsibility?
 - More favored Strategies are ones that need to be accomplished with collaboration.
 - Stakeholders can be identified for cooperatively executing the Strategy.

Evidence

Levels of evidence for clinical interventions can be classified from weak to rigorous (Table 1).

Table 1. Levels of Evidence for Clinical Interventions

Level		Description
Rigorous	4	systematic reviews of published randomized, controlled trials
Strong	3	nonsystematic reviews published by the federal government and nonsystematic reviews published in peer-reviewed journals
Moderate	2	journal articles of individual studies, published intervention research, and published pilot studies
Weak	1	intervention evaluations or studies without peer review that have evidence of effectiveness, feasibility, reach, sustainability, and transferability
Invalid	0	reliable evidence exists that the intervention is harmful or not effective

Adapted from U.S. Preventive Task Force, the Community Preventive Task Force, the National Academy of Medicine's National Criteria for Healthy People 2030, and review of peer-reviewed literature.

CCRAB acknowledges that many public health interventions are not amenable to randomized, controlled trials due to issues of ethics, complexity, and practicality, and that a highest level of evidence be considered in context for each goal, objective and strategy. Furthermore, there may be other types of analyses in the public health sector, such as health impact assessments, that may provide robust levels of evidence that justify a particular goal, objective or strategy.