Priority-setting Framework

Using This Document

At the onset of the Societal Consequences project, 60 report themes were identified. This framework was used to determine the order in which reports would be developed.

This framework uses four key criteria (severity/intensity, size of the population impacted, vulnerability of the impacted population, and anticipated duration of the impact), each on a scale of 1 to 10, to determine which tier a report should be placed in. After an initial assessment, more than half of the 60 reports were placed in Tier 1; therefore, Tier 1 was broken down into Batches 1 to 4, using the same criteria. Tier 1, Batch 1 reports are those determined to be most urgent.

TIERS AND BATCHES

TIER 1: Highest Priority: Warrants immediate action/response

Batch 1 \rightarrow Batch 2 \rightarrow Batch 3 \rightarrow Batch 4

TIER 2: Warrants action/response as soon as possible, but is not an immediate/imminent health risk

TIER 3: Action/response will be needed, but is not urgent (compared to Tiers 1-2)

TIER 4: No action/response is needed, but monitoring/assessment will proceed/continue

NEGATIVE/HARMFUL CON	ISEQUENCES	POSI	TIVE/BENEFICIAL CONSEQUENCES
A- Severity of the harm (scale from highest = death to lowest = inconvenience)		A+ Intensity of the benefit (scale from highest = markedly improved health outcomes to lowest = superficial benefit)	
1 = inconvenience		1 =	superficial benefit
3 = minor health impact (e.g.,	sprain/break; stress/anxiety)	3 =	minor health benefit
5 = moderate health impact (e.g., obesity/diabetes; increased problematic substance use)		5 =	moderate health impact (e.g., reduced substance use; increased physical activity; increased family/community connectedness)
7–8 = serious health impact or r (e.g., non-fatal overdose;		7–8 =	serious physical/mental health benefit or multiple moderate benefits
10 = death		10 =	longer healthier life; or remedy of chronic issue
B- / B+ Size of the population impacted			
1 = less than 10 2–3 = small groups 5 = approximately half the BC	population	8–9 =	many/most of BC population majority of BC population entire BC population
C- Vulnerability of the population impacted, and likelihood of creating increased inequity for underserved populations (3 aspects: how vulnerable is the population, how much wider does the disparity get, how many disparities/issues are included)		C+ Vulnerability of the population impacted, and likelihood of creating increased inequity for underserved populations (3 aspects: is the impacted population a vulnerable one, does it create improved health outcomes, does it create improved access to health/social services)	
1 = somewhat vulnerable pop increased disparity	ulation with low likelihood of	1 =	somewhat vulnerable population with low likelihood of short-term increased access
2–3 = somewhat vulnerable pop short-term disparities	ulation with likelihood of	2–3 =	somewhat vulnerable population with some benefits to access
5 = population with underserv likelihood of moderate dis		5 =	population with underserved needs, with increased access to services and one or more improved health outcomes
7 = underserved and vulnerat likelihood of moderate dis		7–8 =	underserved and vulnerable population, with greater access to several services and improved health outcomes
8–9 = underserved and vulnerab likelihood of widening of (
10 = most underserved and vu irreversible widening of m		10 =	most underserved and vulnerable population having widespread increased access to services
D- / D+ Anticipated duration of the impact			
1 = temporary and short-lived 2-3 = short-term (~2 months); a 1 measures (March 16–M	aligns with COVID-19 phase ay 19, 2020)	8 =	longer term (~12–24 months); aligns with COVID-19 phase 3 and phase 4, including post-immunization ~2–10 years
5 = moderate-term (~6 month phase 1 and phase 2 (Mar			more than 10 years lifelong impact