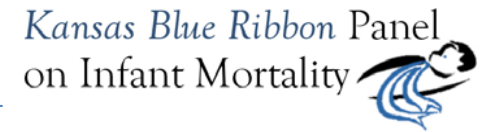


Recommendation Worksheet Results

November 2009



These are the results of the Blue Ribbon Panel Member prioritization process. Thirteen Panel Member responses were received.

		Summary				
	Recommendation	Average	Rank	High (1)	Medium (2)	Low (3)
5	Apply for Medicaid 1115 Waiver	1.27	1	84.6%	0.0%	15.4%
8	Tobacco-prevention legislation	1.33	2	83.3%	0.0%	16.7%
2	Public health MCH surveillance (PRAMS, FIMR)	1.38	3	76.9%	7.7%	15.4%
6	Legislation to support PRAMS and FIMR data	1.38	3	76.9%	7.7%	15.4%
13	Partnership with Child Death Review Board	1.38	3	69.2%	23.1%	7.7%
16	Early, targeted, and comprehensive prenatal care and education	1.38	3	69.2%	23.1%	7.7%
7	Funding for Medicaid 1115 Waiver	1.46	7	69.2%	15.4%	15.4%
12	Support perinatal health collaborative efforts	1.50	8	58.3%	33.3%	8.3%
21	Comprehensive community-based assessment and approaches	1.50	8	66.7%	16.7%	16.7%
4	Research other successful national and international programs	1.58	10	50.0%	41.7%	8.3%
14	Promote healthy lifestyles for women of child-bearing age	1.65	11	46.2%	38.5%	15.4%
15	Promote healthy behaviors among teens	1.65	11	46.2%	38.5%	15.4%
1	Public awareness campaign	1.69	13	38.5%	53.8%	7.7%
9	Support model programs like FIMR and Healthy Start	1.69	13	46.2%	38.5%	15.4%
10	Support SIDS Network, safe sleep practices	1.69	13	53.8%	23.1%	23.1%
3	Alternative data collection systems	1.75	16	50.0%	25.0%	25.0%
19	Implement perinatal care statewide surveillance system	1.77	17	46.2%	30.8%	23.1%
11	Support State Genetics Plan	1.83	18	41.7%	33.3%	25.0%
18	Statewide perinatal-neonatal collaborative for quality improvement	1.83	18	41.7%	33.3%	25.0%
20	State PPOR assessment	1.92	20	30.8%	46.2%	23.1%
17	Access to genetic counseling	2.00	21	27.3%	45.5%	27.3%

General comments:

- I completed the Recommendation Worksheet and I have put a number 1 on all 21 items. As you noted several items overlap. I tried to put a 2 or 3 on some but believe all are a high priority based on our discussions over the past few months. Before receiving this chart my thoughts after the last meeting were to prioritize two items: development of FIMR in Kansas and extending Medicaid longer than the current 6 weeks to include primary health care for at least 1 year or longer.
- I had a hard time with this worksheet, primarily because I could not decide if my priority rated should be based on what would be good to do or what I think can be practically done given the state's fiscal situation.

Recommendation		Average Score	Rank	Priority-Level Percents			Comments
				High	Med.	Low	
<i>Public Awareness and Education</i>							
1	Develop a public awareness campaign on infant mortality.	1.69	13	38.5%	53.8%	7.7%	<ul style="list-style-type: none"> • The content of the campaign depends upon the results of FIMR • Who would sponsor this? • Public awareness or social marketing campaign should focus on preconception health and how it can impact infant mortality
<i>Data Improvements and Research</i>							
2	Support public health surveillance of maternal and child health issues, including PRAMS and FIMR. [related to Rec. #6]	1.38	3	76.9%	7.7%	15.4%	<ul style="list-style-type: none"> • Should be done in collaboration with #6 below
3	Explore alternative data collection systems to promote focused, readily-accessible, usable data for research, monitoring and measurement of quality.	1.75	16	50.0%	25.0%	25.0%	<ul style="list-style-type: none"> • This likely depends upon the results from FIMR
4	Continue to explore other successful programs and evidence-based practices, both nationally and internationally.	1.58	10	50.0%	41.7%	8.3%	

Recommendation		Average Score	Rank	Priority-Level Percents			Comments
				High	Med.	Low	
State Level Policy Change							
5	<p>Apply for and implement Medicaid 1115 Waiver for healthy pregnancies.</p> <p><i>Additional notes/recommendations:</i></p> <ul style="list-style-type: none"> o The Panel suggested considering exploring alternative language to the typical descriptions (“1115 Waiver for birth spacing” or “1115 Waiver for family planning”) to better communicate the benefits of the program. o Possible descriptors suggested by KDHE focusing on a <i>health</i> theme: healthy pregnancy waiver, healthy babies waiver, improved birth outcomes waiver, healthy mothers/healthy babies waiver. o Possible descriptors suggested by KDHE focusing on a <i>cost</i> theme: reducing high-cost pregnancy waiver, reducing NICU admissions waiver 	1.27	1	84.6%	0.0%	15.4%	<ul style="list-style-type: none"> • The most immediate way to have an impact on Infant Mortality • In combination with 7 and 16 • I do want to be sure the Medicaid 1115 Waiver recommendation is comprehensive enough as the Missouri folks say their Family Planning Waiver does not cover much more than a pap smear.
Legislative Priorities							
6	<p>Support legislation to promote public health surveillance of maternal and child health issues, including PRAMS and FIMR. In particular, the Panel supports proposed amendments to K.S.A. 65-177 and K.S.A. 65-2422d, with the below revisions. [related to Recommendation #2]</p> <p><i>Note:</i></p> <ul style="list-style-type: none"> o MCH Surveillance is “subject to IRB approval when necessary/when indicated”. 	1.38	3	76.9%	7.7%	15.4%	<ul style="list-style-type: none"> • FIMR is key to a long-term effect • Should be done in collaboration with 2 above
7	<p>Secure funding (10% match) for Medicaid 1115 Waiver for pregnancy planning [related to Recommendation #5]</p>	1.46	7	69.2%	15.4%	15.4%	<ul style="list-style-type: none"> • Where would this funding come from? • In combination with 5 and 16
8	<p>Support the following tobacco-prevention legislative policy</p>	1.33	2	83.3%	0.0%	16.7%	<ul style="list-style-type: none"> • As long as we are able to tie it to birth

Recommendation		Average Score	Rank	Priority-Level Percents			Comments
				High	Med.	Low	
	<p>priorities:</p> <ul style="list-style-type: none"> Adoption of 100% smokefree policies for indoor public places and workplaces at state and local levels to protect all Kansas residents from exposure to secondhand smoke. Significant increase in excise taxes on cigarettes and tobacco products to reduce tobacco-use prevalence rates. <p>Notes:</p> <ul style="list-style-type: none"> Above language is from Tobacco Free Kansas Coalition's 2010 Legislative Priorities. Tobacco prevention is a key SIDS initiative and prematurity/prevention initiative (March of Dimes). Smoking is a known cause of some cases of preterm births, low birthweight, and very low birthweight, resulting in increased neonatal deaths and increased health care costs. 						outcomes and child development, I think we can make it work
Endorsements of Current Initiatives or Programs							
9	<p>Support Kansas communities in addressing their own infant mortality problems through model programs like FIMR and Healthy Start.</p> <p><i>Additional notes/recommendations:</i></p> <ul style="list-style-type: none"> Consider bolder/stronger language, but also... Use term "best practice" only if clearly supported by the data. 	1.69	13	46.2%	38.5%	15.4%	<ul style="list-style-type: none"> We need to continue to use programs already in place that work Dependent upon getting FIMR passed I recently learned that the model program is a higher level than best practice. I was thinking it was the reverse. Linda probably has the original language she had at an earlier meeting. It may be on the CDC website for best/proven practices criteria.
10	Support SIDS network as the anchor of a statewide initiative	1.69	13	53.8%	23.1%	23.1%	<ul style="list-style-type: none"> Need FIMR data to determine if efforts in these areas should be a priority

Recommendation		Average Score	Rank	Priority-Level Percents			Comments
				High	Med.	Low	
	<p>involving all professional and community-based organizations to promote safe sleep practices.</p> <p><i>Key points in Panel's recommendation:</i></p> <ul style="list-style-type: none"> o SIDS Network is taking the lead. o Expand partnership beyond SIDS Network and SAFE Kids to a broad and diverse group of professionals and organizations. 						<ul style="list-style-type: none"> • The SIDS piece is a vital part of FIMR, PRAMS and social marketing so it needs to be combined with other initiatives while also promoting it as the lead agency
11	Support State Genetics Plan to develop state capacity to address causes of early death and lifelong disability.	1.83	18	41.7%	33.3%	25.0%	<ul style="list-style-type: none"> • Need FIMR data to determine if efforts in these areas should be a priority
12	<p>Support perinatal health collaborative efforts, such as the Maternal and Child Health (MCH) Council and perinatal casualty studies.</p> <p><i>Additional notes/recommendations:</i></p> <ul style="list-style-type: none"> o Perinatal Council merged with another group and renamed MCH Council. o Consider broadening language to support other organizations doing similar work. o Perinatal casualty studies have been ongoing and are provided annually by KDHE vital statistics. 	1.50	8	58.3%	33.3%	8.3%	
<i>New/Enhanced Partnership</i>							
13	<p>Endorse partnership between Child Death Review Board and Kansas Department of Health and Environment to enhance review of neonatal and infant deaths.</p> <p><i>Note:</i></p> <ul style="list-style-type: none"> o Blue Ribbon Panel and KDHE representatives will meet with the Child Death Review Board on November 17th, 2009. 	1.38	3	69.2%	23.1%	7.7%	
<i>Endorsements of Current Initiatives or Programs</i>							
14	Promote healthy lifestyles for women of childbearing age.	1.65	11	46.2%	38.5%	15.4%	<ul style="list-style-type: none"> • Needs to be part of a public

Recommendation		Average Score	Rank	Priority-Level Percents			Comments
				High	Med.	Low	
	<p><i>Additional notes/recommendations:</i></p> <ul style="list-style-type: none"> ○ Support not only health lifestyles, but also programs and policies that support healthy behaviors. ○ Targeted healthy behaviors/lifestyle components include <ul style="list-style-type: none"> - Abstinence from alcohol, tobacco, and other drugs. - Healthy weight - Early intervention - Prevention of domestic/partner violence - Access to primary health care, including oral health and mental health services 						awareness/social marketing campaign
15	<p>Promote healthy behaviors among teens, including preconception health knowledge.</p> <p><i>Key point of Panel's recommendation:</i></p> <ul style="list-style-type: none"> ○ Within adolescent health education, include materials for teens on the effect of behaviors (see list in #14) on future child-bearing, i.e., what lifestyle habits are necessary now for you to be a healthy mom and have a healthy baby in the future? 	1.65	11	46.2%	38.5%	15.4%	<ul style="list-style-type: none"> • Preconception health should be the focus of a social marketing campaign as it can ultimately impact infant mortality
16	<p>Support practices and policies that improve access to early, targeted, and comprehensive prenatal care and education, including</p>	1.38	3	69.2%	23.1%	7.7%	<ul style="list-style-type: none"> • Should be done in combination with 5 and 7

Recommendation		Average Score	Rank	Priority-Level Percents			Comments
				High	Med.	Low	
	<ul style="list-style-type: none"> Improved pregnancy dating through a State program that provides access to early, low-level sonograms and an individualized care plan. Broadened scope and availability of educational materials and services, including breastfeeding classes and classes for dads. Expedited Medicaid application processing for pregnant women. Prenatal care coordination for targeted high-risk groups, to encompass medical, nutritional, and social service needs. Adequate insurance reimbursement, including reimbursement for group visits and centering care. 						
17	<p>Improve access to genetic counseling services in the state:</p> <ul style="list-style-type: none"> Develop regionalized system for genetic counseling services. Consider telemedicine options. Encourage policy changes that would provide reimbursement for maternal genetic screening and genetic counseling. 	2.00	21	27.3%	45.5%	27.3%	<ul style="list-style-type: none"> I need to learn more so I will wait to score
18	<p>Create a statewide perinatal-neonatal collaborative to monitor quality and promote quality improvement. [could be implemented in conjunction with #19]</p>	1.83	18	41.7%	33.3%	25.0%	
19	<p>Implement a statewide surveillance system for perinatal care. [could be implemented in conjunction with #18]</p>	1.77	17	46.2%	30.8%	23.1%	
20	<p>Conduct a State Perinatal Periods of Risk (PPOR) assessment approximately every five years to help target resources to key problems.</p>	1.92	20	30.8%	46.2%	23.1%	<ul style="list-style-type: none"> May be surpassed by FIMR
21	<p>Encourage communities to adopt a comprehensive, community-based assessment and approach to address infant mortality using one or more of the following:</p> <ul style="list-style-type: none"> Life-course perspective, including providing continuity of care, 	1.50	8	66.7%	16.7%	16.7%	

Recommendation		Average Score	Rank	Priority-Level Percents			Comments
				High	Med.	Low	
	<p>promoting healthier neighborhoods and communities, and addressing social conditions</p> <ul style="list-style-type: none"> • Perinatal Periods of Risk • Fetal and Infant Mortality Review (FIMR) and Healthy Start programs • Focus resources on high-impact neighborhoods or populations 						