**Women’s Health Workgroup Initiatives**

**Survey Ranking Results – July 12, 2012**

|  | **Initiative** | **Ranking** |
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| 1 | Enhance service availability (hours, clinic locations, urgent care, transportation, mobile clinics) to appropriate levels of care: Create community medical clinics to address women’s health (physical and mental) needs, particularly engaging patients in prenatal care earlier in their pregnancies. Include community health workers to educate patients about being involved in care, coverage opportunities, etc. Create education campaign to create awareness; provide care coordination; provide prenatal care and medications; provide navigation program; and phone support to check on patients. | 4.42 |
| 2 | Provide access to care for women between pregnancies: Expand clinic infrastructure for comprehensive women's health care, including women with disabilities and low-income women. Identify areas with high volume birth rate and women underserved. Establish clinics and partnerships. | 4.25 |
| 3 | Increase access to contraception: Increase access to long-acting contraception; decrease unwanted pregnancy; make more convenient for patients (less need for visits). Need social work, provider education and provider training. | 4.17 |
| 4 | Implement a program to increase early enrollment in prenatal care: Target neighborhoods without access to first trimester care (Sunnyside, 5th ward, Settegast, Spring Branch); target populations with high rate of teen births. Develop an evidence based model for bringing patients into systems of care. Provide education about the importance of getting care early in pregnancy. Utilize marketing specialists; subject matter experts; community health workers and navigators. | 4.17 |
| 5 | Expand teen pregnancy prevention program: Decrease teen pregnancy by identifying education and prevention programs and opportunities. Utilize community based safety net providers and Independent School Districts. | 4.00 |
| 6 | Address the needs of domestic violence victims: mprove the resource availability to a victim of domestic violence - mental health treatment, training for OB/GYNs, pediatricians, PCPs, increase visibility - website, materials; improve provider training. | 4.00 |
| 7 | Develop standard performance measurements: Providers agree on standard performance measurement standards based on CMS, NQF, TJC to support data reporting and improve health outcomes. | 4.00 |
| 8 | Develop protocols to reduce elective deliveries prior to 39 weeks: Reduce elective deliveries that could harm mother and baby; reduce risk, cut cost. Need patient education and increased provider and midwife availability. Medical community needs to work in collaboration. | 3.92 |
| 9 | Implement a maternal mortality review board to identify potentially preventable mortality: Create statewide maternal mortality review board. Board would review maternal deaths and recommend strategies to prevent deaths. | 3.83 |
| 10 | Increase coordination of care between pediatric and women's health: Develop programs for FPs, pediatricians and NAPs to screen and educate new mothers, provide weight management, diabetes education, breast feeding and post partum care. | 3.75 |
| 11 | Address lifestyle modification for women with chronic conditions: Target women with diabetes; increase number who engage in meaningful exercise and other healthy behaviors. | 3.67 |
| 12 | Develop data reports to measure women's health/birth outcomes: Create program to measure preterm births, low birth weight babies and other birth outcomes | 3.58 |
| 13 | "Identify baseline rate of exclusive breast feeding during newborn hospitalization: Select and implement evidence-based strategy to enhance breast feeding." Use technology (e.g., Face time) to increase lactation support and continued education. Engage employers and campaigns to educate; create incentives to make breast feeding popular. Use media campaign and non-traditional collaborators (e.g., Victoria’s Secret). | 3.58 |
| 14 | Develop regional plan to identify provider capacity and services: Identify location of providers and survey to identify services provided. Identify gaps in services/provider capacity. | 3.58 |
| 15 | Expand access to evidence based parenting classes: Expand evidence based parenting classes Identify parenting classes and expand services to target population. | 3.58 |
| 16 | Implement a prenatal navigation system (out of ED): Implement an “every woman, every time” program (recommended well-woman care). Implement an “every woman, every time” program. Women presenting to clinics offered free pregnancy tests and linked to prenatal, well-woman family planning in their communities. Women with negative tests are offered well-woman care. Areas of high need include Sunnyside, 5th ward Settegast, Spring Branch; also in community where women are insured but not seeking care. Create vertically integrated system of care – requires salary support for navigators, providers, facilities and medical care. | 3.50 |
| 17 | Access to mammogram screening and well woman exams (all screenings for women): Implement “every woman, every time” program. Implement an “every woman, every time” program. Women presenting to clinics linked to well-woman care in their communities. Areas of high need include Sunnyside, 5th ward Settegast, Spring Branch; also in community where women are insured but not seeking care. Create vertically integrated system of care – requires salary support for navigators, providers, facilities and medical care. Use navigators to recruit/ refer patients; need mammography facilities. | 3.42 |
| 18 | Increase care for women with disabilities: Increase number of providers that treat women health issues for women with disabilities. | 3.42 |