

**FRAMEWORK FOR DEVELOPING THE PRIORITIZATION PLAN**

In constructing the team’s prioritization, the team asked the following questions:

- *Does the activity or proposal improve the public’s health?*
- *Does the activity or proposal minimize future health care costs through prevention or treatment?*
- *Does the activity or proposal improve the quality of the health care system?*
- *Does the activity or proposal improve or maintain access to health care?*

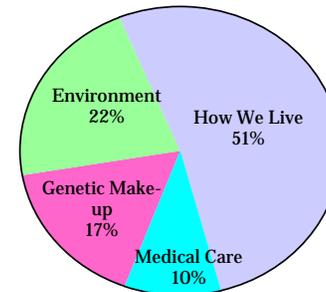
In addition, the team applied the ranking of the performance data developed for Tollgate II. Using these criteria, the team developed an initial ranking of all current activities and new policy requests. The outcome of this preliminary ranking placed many activities meeting this criteria low in priority.

To provide additional clarification to the team’s priorities, the group was asked to disaggregate some of the larger activities. As an example, the ‘Mandatory Medicaid Program for Children and Families’ represents approximately 47 percent of the result area’s proposed expenditures. Theses sub activities allowed the team to further refine the priority list.

**HIGHEST PRIORITIES**

As in prior years, the team remained aware of the efficacy of investments and their ability to improve our lives. As detailed in the chart which represents “Factors that Influence Health,” investments in medical care have the least impact on health outcomes overall. Despite its low influence on health, 91 percent of the result area budget is directed at providing access to health care. The team recognizes the state’s role in operating the health care safety net for many of the state’s most vulnerable populations.

**FACTORS THAT INFLUENCE HEALTH**



The team’s final prioritization emphasizes the need to maintain the state’s efforts in the most effective strategies that influence health, and placed as a high priority those items that:

- Identify and mitigate health risk factors,
- Increase healthy behaviors,
- Mitigate environmental hazards.