

Step 3: Child Death Review SMARTE Recommendations Discussion Form

This form provides guidance on how to refine recommendations and document them in the Pediatric NFR-CRS Prevention Outcomes section. Using the findings and prevention possibilities from Step 1 and/or Step 2, create SMARTE Recommendations with partners. It may take several SMARTE recommendations to address different facets of a finding. It is important to focus on systems recommendations, prevention type, level of impact, groups impacted, and potential unintended consequences to address poor health outcomes and health outcome gaps.

Example:

COMMON RISK AND PROTECTIVE FACTORS	SMARTE RECOMMENDATION COMPONENTS	LEVEL OF IMPACT	LEAD AGENCY
<i>Poverty, lack of affordable childcare, housing instability, lack of work opportunities with family-friendly policies</i>	Specific: Increase businesses with family-friendly work policies	Community	KEY CONTACT: Our City Chamber of Commerce EMAIL: chamber@ourcity.org
	Measurable: One policy statement issued		
	Achievable: Businesses benefit from family-friendly policies		
	Realistic: Family-friendly policies have been shown to improve retention, productivity, and marketability to recruit qualified employees	PREVENTION TYPE	CAUSE OF DEATH IMPACTED
	Time Sensitive: By January 1, 2027	Secondary	Sleep-related infant deaths
	Everyone: Address gaps and/or barriers preventing employees from taking advantage of family-friendly policies, and include local businesses in high-risk communities		NUMBER OF DEATHS REVIEWED
			15
REFINED PREVENTION RECOMMENDATION			
By January 1, 2027, the Our City Chamber of Commerce will issue a policy statement, created by a volunteer work group that is representative of the community, supporting the implementation of family-friendly workplace policies and practices within Our City businesses.			

COMMON RISK AND PROTECTIVE FACTORS	SMARTER RECOMMENDATION COMPONENTS	LEVEL OF IMPACT	LEAD AGENCY
	Specific:		KEY CONTACT: EMAIL:
	Measurable:		CAUSE OF DEATH IMPACTED
	Achievable:		
	Realistic:	PREVENTION TYPE	
	Time Sensitive:		NUMBER OF DEATHS REVIEWED
	Everyone:		
REFINED PREVENTION RECOMMENDATION			

DEFINITION: SMARTE RECOMMENDATION COMPONENTS

SPECIFIC: Answers to “who, what, where, when, which, and why” are described.
MEASURABLE: Includes standards by which reasonable people can agree on whether the goal has been met.
ACHIEVABLE: Decide how important this activity is to your end goal, and if it is possible.
REALISTIC: Given the political will, community acceptance, and strength of relevant scientific evidence around this issue, can this work be done with the resources available?
TIME SENSITIVE: Identify a timeline and a due date. It is essential to identify a final due date and to set dates to measure progress.
EVERYONE: The refined recommendation considers the impact on the entire community. Analyze the relationship between risk/protective factors common to a specific cause of death and the groups who are disproportionately impacted by that cause of death.

DEFINITION: PREVENTION TYPE

PRIMARY: Prevents the life stressor or death from ever occurring. May occur at any point before or during the child’s life. Often focused on systems.
SECONDARY: Reduces the impact of the life stressor. Identifies high-risk communities and implements prevention. Often focuses on a mix of systems-level solutions and individual education.
TERTIARY: Reduces the impact or progression of what has become an ongoing life stressor. Occurs near the death-causing event. Focuses on how agencies respond.

DEFINITION: LEVELS OF IMPACT

SOCIETAL: Addresses broad societal factors such as health, economic, educational, and social policies that maintain or widen health outcome gaps
COMMUNITY: Setting in which relationships exist (e.g., schools, neighborhoods); focuses on creating safe places for people to live, work, and play, by addressing other conditions such as neighborhood poverty, lack of access to resources, and/or safe routes to school
ORGANIZATIONAL: Relationships between systems (e.g., healthcare, schools, child welfare) related to communication, collaboration (e.g., coordination of care, response to the death)
INTERPERSONAL: Close relationships such as peers, family, and friends that influence behaviors and contribute to the experience
INDIVIDUAL: Biological and/or personal risk and protective factors that impact the likelihood of injury, death, or poor health outcomes (e.g., age, history of abuse)

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