

ATTACHMENT #3

2016-17 Expected Measurable Outcomes – Alpha Order by Grant Category

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| Family Planning (FP): |
| Programs: Family Planning & Laboratory Services |
| By June 30, 2017: |
| <ul style="list-style-type: none">• Assure at least 70% of pregnancies among Family Planning clients are intended. (<i>Healthy People 2020 goal: 56%; SCHD 2015: 72%</i>).• Reduce the percentage of positive Chlamydia trachomatis infections among females aged 15 to 24 years seen in Family Planning clinic from 12% to 10%. (<i>SCHD 2015: 12%; SCHD 2014: 14%</i>.) |
| HIV Opt Out: |
| Program: STD Clinic |
| By June 30, 2017: |
| <ul style="list-style-type: none">• Increase the HIV testing rate to 90% among eligible STD clients defined as 13-64 year olds who have not been tested within the past 12 months or if requested by the client. (<i>SCHD 2015: 83%</i>) (<i>This is a new outcome established during 2015.</i>)• Increase the HIV test result notification with post-test counseling rate to 90% or higher. (<i>SCHD 2015: 95%</i>)• Provide intensive counseling for STD risk reduction focusing on education and behavior modification for 100% of clients in STD clinic. (<i>SCHD 2015: 100%</i>) |
| Immunization Action Plan (IAP): |
| Program: Immunizations |
| By June 30, 2017: |
| <ul style="list-style-type: none">• Increase by 2% annually the number of children who receive the complete recommended 4-3-1-3-3-1-4 series of vaccines (Diphtheria /Tetanus/Pertussis, Polio, Measles/Mumps/Rubella, Haemophilus influenza type B, Hepatitis B, Chicken Pox, and Pneumonia) by age 2 among SCHD immunization program clients. (<i>Baseline 2014: 49.6%. Healthy People 2020 Target is 80%. The 2015 averaged rate was 51.25%.</i>)• Increase by 2% annually the number of adolescents receiving the Meningitis vaccine among SCHD Immunization program clients (main clinic and school-located vaccine clinics). (<i>Baseline 2014: 37%. Healthy People 2020 target: 80%. Meningitis vaccine adolescent coverage rates among children served by the HD between the ages of 13 to 18 years of age averaged 42.08% during 2015.</i>)• Assure progress towards eliminating vaccine preventable diseases by providing at least one educational presentation to immunization providers on ACIP recommendations, the VFC Program and WebIZ. Immunization staff provided training to school nurses during the Annual School Nurse In-Service Conference held during April of 2015. |

Maternal & Child Health Care Coordination (MCHCC):

Program: MCH Care Coordination

By June 30, 2017:

- Preconception counseling post-tests will show that as a result of the counseling, 90% of MCHCC clients age 21 or under have an improved understanding of the requirements to create and maintain a healthy lifestyle which will decrease the risk of low birth weight deliveries, premature labor, and birth defects. (SCHD 2015: 94%)
- Ensure that 95% of MCHCC clients who are pregnant receive prenatal care at their provider of choice to decrease likelihood of low birth weight deliveries, premature labor, and birth defects. (SCHD 2015: 100%)
- Assure that 90% of MCHCC client women up to 1 year post-delivery will choose a method of contraception to ensure adequate spacing between pregnancies in order to decrease the likelihood of low birth weight deliveries, premature labor, and birth defects in future pregnancies. (SCHD 2015: 100%)

Maternal & Child Health (MCH) Children's Dental Program:

Program: Children's Dental Clinic

By June 30, 2017:

- The Children's Dental Clinic will provide preventive services to 380 unduplicated children. (7/1/15 to 12/31/15 = 245; SCHD: 7/1/14 to 6/30/15 = 359)
- The Children's Dental Clinic will provide 17,000 visual oral screenings annually in Sedgwick County schools. (SCHD: 1/1/15 to 12/31/15 = 16,731; 1/1/14 to 12/31/14 = 20,234).
- The Children's Dental Clinic will provide prenatal dental screenings to 20 expectant mothers, to assess for emergent needs that could affect pregnancy outcome, identify oral disease in a timely manner, and educate families on health. (SCHD: 1/1/15 to 12/31/15 = 7). (This is a new outcome established during 2015.)

Maternal & Child Health (MCH) Healthy Babies (HB):

Program: Healthy Babies

By June 30, 2017:

- Decrease the number of preterm births to Healthy Babies program participants to 10% by 2017. (9/1/14 to 5/31/15 = 15%; CY 2015 = 11.90%.)
- Decrease low birth weight births to Healthy Babies program participants to 7.87%. (Healthy People 2020). (CY 2015 = 9.52%.)
- Increase the proportion of Healthy Babies participants who engage in safe sleep behaviors (which includes the space in which the child is placed to sleep, placing baby on their back for sleeping, removing all toys, blankets, bumper padding, etc. from the sleep environment, as well as if anyone smokes in the home) to 65% by 2017. (9/1/14 to 5/31/15 = 77%; 1/1/15 to 10/31/15 = 77%; CY 2015 = 65.24%.)

Public Health Emergency Preparedness (PHEP)

Program: Public Health Emergency Preparedness

By June 30, 2017:

- Will conduct an exercise testing Fatality Management, Mass Care, and/or Responder Health and Safety public health preparedness capabilities by June 30, 2017.
- Complete 100% of grant deliverables listed on the grant work plan by June 20, 2017.
- Conduct an annual review the Health Department's Emergency Operations Plan during the grant year to be completed by June 30, 2017.

Sexually Transmitted Disease (STD) Intervention & Prevention:

Programs: STD Control & Laboratory Services

By June 30, 2017:

- By June 30, 2017, Behavioral Intervention Specialists (BIS) will meet at least 75% of all KDHE grant objectives relating to STI investigations, testing, treatment and control in accordance with each specific disease criteria for the purpose of controlling the spread of communicable disease. (*SCHD 2015: BIS completed 81% of all KDHE STD grant objectives.*)
- By June 30, 2017, BIS will interview 85% of all gonorrhea, 70% of all syphilis, and 70% of all HIV cases within 7 days of initiation. These are grant required goals set by KDHE. (*2015 Data: BIS interviews completed within 7 days: 93% gonorrhea cases; 86% syphilis cases & 80% HIV cases.*)
- By June 30, 2017, BIS will interview 75% of all new, locatable, in jurisdiction sex partners of gonorrhea cases within 7 days and 70% of syphilis and HIV partners within 7 days. (*2015 Data: BIS completed interviews of all new, locatable sex partners within 7 days: 79% gonorrhea cases; 68% syphilis cases and 55% HIV cases.*)

*These are grant required goals set by KDHE. Future funding may be decreased at the discretion of the funder if goals are not consistently met. Currently we do not have the capacity to increase these goals. The difference in percent is based on past KDHE baseline numbers for each disease in Kansas.

Women, Infant & Children's (WIC) / Immunization Action Collaborative (IAC):

Programs: Immunizations & Women, Infant & Children's (WIC)

By June 30, 2017:

- SCHD will provide immunization services at all WIC locations at least three times a month. Immunization services were available at all WIC locations 3 or 4 times monthly. (*A total of 150 immunization clinics were held at the 3 WIC locations during 2015.*)
- SCHD WIC/IAP nurse will coordinate with immunization staff to participate in four incentive projects annually to ensure that WIC eligible children are age appropriately vaccinated. (*The WIC/IAP nurse held 4 incentive clinics during 2015. Clinics were held during the months of January, March, May, and September.*)
- The WIC/IAP nurse will conduct and/or provide at least four immunization in-service training activities annually to WIC staff. (*The WIC/IAP nurse held 4 WIC staff trainings the months of February, May, September, and December of 2015.*)