

## ATTACHMENT #3

### **2017-18 KDHE Aid to Local Grant Expected Measurable Outcomes – Order by Grant Number Category**

#### **#3 - Public Health Emergency Preparedness (PHEP)**

Program: Public Health Emergency Preparedness

##### **By June 30, 2018:**

- Will conduct an exercise testing public health preparedness capabilities.
- Complete 100% of grant deliverables listed on the grant work plan by June 20, 2018.
- Conduct an annual review of the Division of Health's Emergency Operations Plan during the grant year to be completed by June 30, 2018.

#### **#5 - Family Planning (FP):**

Programs: Family Planning & Laboratory Services

##### **By June 30, 2018:**

- Assure at least 70% of pregnancies among Family Planning clients are intended. (*Healthy People 2020 goal: 56%; SC DOH: CY 2016 = 61%; CY 2015 = 72%*).
- Reduce pregnancies among Family Planning females age 15 to 17 years to less than 36 pregnancies per 1,000 specified populations. (*Healthy People 2020 Target: 36.2; SC DOH: CY 2016 = 11.03; CY 2015 = 15.63*).
- Reduce the percentage of positive Chlamydia trachomatis infections among females aged 15 to 24 years seen in Family Planning clinic from 12% to 10%. (*SC DOH: CY 2016 = 13%; CY 2015 = 12%*).

#### **#16 - Sexually Transmitted Infection (STI) Intervention & Prevention:**

Programs: STI Control & Laboratory Services

##### **By June 30, 2018:**

- By June 30, 2018, Disease Intervention Specialists (DIS) will interview 70% of all syphilis, and 80% of all HIV cases within 7 days of accepting a case. These are grant required goals set by KDHE. (*SC DOH: CY 2016 = DIS interviewed 89% of syphilis and 93% of HIV cases within 7 days; CY 2015 = DIS interviewed 86% of syphilis cases & 80% of HIV cases within 7 days.*)

- By June 30, 2018, DIS will interview an average of 2 contacts per syphilis case and 2 contacts per HIV case. These are grant goals set by KDHE. *(2016 Data: DIS interviewed an average of 2.9 contacts per syphilis case and 2.7 contacts per HIV case.)*
- By June 30, 2018, DIS will interview and test 70% of new, locatable, in jurisdiction partners of syphilis and HIV cases. *(SC DOH: CY 2016 = DIS interviewed and tested 79% of syphilis case partners and 69% of HIV case partners; CY 2015 = DIS interviewed and tested 68% of syphilis case partners and 55% of HIV case partners.)*

\*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.

### #17 - Maternal & Child Health Care Coordination (MCHCC):

Program: MCH Care Coordination

#### By June 30, 2018:

- Preconception counseling post-tests will show that as a result of the counseling, 95% of MCHCC clients age 22 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. *(SC DOH: CY 2016 = 95%; CY 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. *(SC DOH: CY 2016 = 100%; CY 2015 = 100%).*
- Assure that 90% of MCHCC client women up to 60 days 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. *(SC DOH: CY 2016 = 100%; CY 2015 = 100%).*

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

Program: Children's Dental Clinic

#### By June 30, 2018:

- The Children's Dental Clinic will provide preventive services to 380 unduplicated children. *(SC DOH: CY 2016 = 334; CY 2015 = 364).*
- The Children's Dental Clinic will provide 17,000 visual oral screenings annually in Sedgwick County schools. *(SC DOH: CY 2016 = 15,463; CY 2015 = 17,062).*
- The Children's Dental Clinic will provide prenatal dental screenings to 10 expectant mothers, to assess for emergent needs that could affect pregnancy outcome, identify oral disease in a timely manner, and educate families on health. *(SC DOH: CY 2016 = 5; CY 2015 = 7). (This outcome was established during 2015.)*

### #17 - Maternal & Child Health (MCH) Healthy Babies (HB):

Program: Healthy Babies

#### By June 30, 2018:

- Decrease the number of preterm births to Healthy Babies program participants to 10% by 2017. (SC DOH: CY 2016 = 12.88%; CY 2015 = 11.90%).
- Decrease low birth weight births to Healthy Babies program participants to 7.87%. (Healthy People 2020; SC DOH: CY 2016 = 9.52%; 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. (SC DOH: CY 2016 = 88%; CY 2015 = 65.24%).

### #20 – HIV Out-Out:

Programs: STI Clinic & Laboratory Services

#### By June 30, 2018:

- 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. (SC DOH: CY 2016 = 94%; CY 2015 = 83%). (This outcome was established during 2015.)
- Increase the HIV test result notification with post-test counseling rate to 90% or higher. (SC DOH: CY 2016 = 95%; CY 2015 = 95%).
- Provide intensive counseling for STD risk reduction focusing on education and behavior modification for 100% of clients in STD clinic. (SC DOH: CY 2016 = 100%; CY 2015 = 100%).

### #34 - Immunization Action Plan (IAP):

Program: Immunizations

#### By June 30, 2018:

- 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 SC DOH Immunization program clients. (Healthy People 2020 Target is 80%; SC DOH: CY 2016 = 48.66%; CY 2015 = 51.25%).
- Reduce missed opportunities for vaccination to 13% or less among children up to age 2 served through SC DOH vaccination clinics. Missed opportunities % = # of missed opportunities ÷ # of clients served. Measuring children at ages 24-35 months. (SC DOH: CY 2016 = 10.75%; CY 2015 = 15%).

- 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. *(SC DOH: Immunization staff provided training to school nurses during the Annual School Nurse In-Service Conference held in April '16.)*

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

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

#### **By June 30, 2018:**

- SC DOH will provide immunization services at all WIC locations at least three times per month; a total of 108 immunization clinics per year. *(SC DOH CY 2016 = 153 immunization clinics were held at the 3 WIC locations; CY 2015 = 150 immunization clinics were held at the 3 WIC locations).*
- SC DOH WIC/IAP nurse and immunization staff will coordinate a minimum of 4 events to provide immunization education to WIC families that attend to ensure WIC enrolled children are age appropriately vaccinated. *(SC DOH: CY 2016 = 5 educational events were held; CY 2015 = 4 educational events were held.)*
- The WIC/IAP nurse will conduct and/or provide at least 4 Immunization in-service training activities annually to WIC staff. *(SC DOH: CY 2016 = 6 training sessions were provided to WIC staff; CY 2015 = 4 training sessions were provided to WIC staff.)*