

State Action Plan Table (Kentucky)

Women/Maternal Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Maternal Morbidity	1. Decrease by 10% the proportion of non-medically indicated singleton early term births by September 30, 2020.	<p>1.1 Increase the number of health departments implementing the MCH Evidence Informed Strategy: Healthy Babies are Worth the Wait</p> <p>1.2 Increase the number of hospitals receiving the March of Dimes-KHA Banner for Early Elective Delivery Rates Below 3%</p> <p>1.3 Increase the number of birthing hospitals with a hard stop policy</p> <p>1.4 Increase provider educational opportunities related to cesarean sections and early elective deliveries</p> <p>1.5 Implement recommendations from the Perinatal Advisory Committee</p>	<p>Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>Maternal mortality rate per 100,000 live births</p>	Percent of cesarean deliveries among low-risk first births		

State Action Plan Table (Kentucky)

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		<p>1.6 Targeted outreach to offer technical assistance to birthing hospitals with high cesarean section and early elective delivery rates</p> <p>1.7 Expand the current team on the preterm CoIIN to include additional partners</p> <p>1.8 Conduct quality improvement activities through the CoIIN to identify new strategies and activities to reduce early elective deliveries and preterm births</p>				
Maternal Morbidity	2. Increase by 20 the number of community partners that utilize evidence-based materials to educate the general public by September 30, 2020.	<p>2.1 Utilize MCH partners to distribute evidence-based materials</p> <p>2.2 Promote text4baby to promote awareness through text messaging</p>	<p>Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>Maternal mortality rate per 100,000 live births</p>	Percent of cesarean deliveries among low-risk first births		

State Action Plan Table (Kentucky)

Women/Maternal Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		2.3 Utilize media opportunities to educate about cesarean sections and early elective deliveries				
Maternal Morbidity	3. Increase the availability of Kentucky-specific data on cesarean sections and early elective deliveries by completing a minimum of three reports and/or presentations on this topic by September 30, 2016 with at least one additional report in each subsequent year to September 30, 2020.	<p>3.1 Implement a quality improvement project to improve the accuracy of data on the birth certificate</p> <p>3.2 Develop and distribute hospital-specific MCH reports that include data on cesarean sections and early elective deliveries</p> <p>3.3 Establish a business case or return on investment document for Kentucky on early elective deliveries and preterm births</p>	<p>Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>Maternal mortality rate per 100,000 live births</p>	Percent of cesarean deliveries among low-risk first births		

State Action Plan Table (Kentucky)

Perinatal/Infant Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Infant Mortality	1. Increase to 25% the proportion of Kentucky infants born in either a baby friendly designated hospital or a hospital that has implemented the 10 steps towards becoming baby friendly by September 30, 2020.	<p>1.1 Educate the general public and health care providers on the importance and benefits of breastfeeding</p> <p>1.2 Partner with WIC to assist birthing hospitals in implementing Kangaroo Kare and working towards baby friendly designation</p> <p>1.3 Encourage birthing hospitals to participate in the KISS hospital recognition program</p>	<p>Post neonatal mortality rate per 1,000 live births</p> <p>Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>	A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months		
Infant Mortality	2. Implement a PRAMS like surveillance system by September 2017.	2.1 Model the PRAMS protocol to collect state specific data on safe sleep practices	<p>Infant mortality rate per 1,000 live births</p> <p>Post neonatal mortality rate per 1,000 live births</p> <p>Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>	Percent of infants placed to sleep on their backs		

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Perinatal/Infant Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Infant Mortality	3. Increase by 5 the number of local review teams that integrate SUID data to develop targeted interventions by September 30, 2016 with 1 additional team added each year to September 30, 2020.	<p>3.1 Analyze SUID data from all sources to identify program target areas and inform interventions</p> <p>3.2 Develop a data fact sheet on SUID deaths</p> <p>3.3 Increase the percent of infant deaths that are reviewed by a multi-disciplinary review team</p>				
Infant Mortality	4. Increase to 50% the proportion of infants born in a hospital with a policy/certification that models safe sleep by September 30, 2020.	<p>4.1 Increase the number of hospitals that have received a star rating through the KISS program</p> <p>4.2 Increase the number of Kentucky hospitals that have received National Safe Sleep Hospital Certification by Cribs for Kids®</p>				
Infant Mortality	5. Reduce by 15% the	5.1 Implement a state-				

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Perinatal/Infant Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	<p>proportion of parents' and caregivers with perceived barriers/resistance to creating and using a safe sleep environment by September 30, 2020.</p>	<p>wide safe sleep campaign to educate the general public on safe sleep</p> <hr/> <p>5.2 Educate child care providers on the current recommended safe sleep practices and implement policies related to safe sleep in child care facilities</p> <hr/> <p>5.3 Work with community partners to identify families who are unable to provide a safe sleep environment in their home and provide them with a Cribs for Kids package, safe sleep education, and follow up services</p> <hr/> <p>5.4 Continue participation in the Collaborative Improvement and Innovation Network for safe sleep</p>				

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**Perinatal/Infant Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs

**State Action Plan Table (Kentucky)**

**Child Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Child Abuse and Neglect	1. Develop a comprehensive surveillance system for child maltreatment and abusive head trauma by September 30, 2020.	1.1 Create data definitions for child maltreatment and abusive head trauma 1.2 Improve the completeness of data on child maltreatment and abusive head trauma	Child Mortality rate, ages 1 through 9 per 100,000 Adolescent mortality rate ages 10 through 19 per 100,000 Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000 Adolescent suicide rate, ages 15 through 19 per 100,000	Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19		
Child Abuse and Neglect	2. Increase by 3 the number of evidence-based injury prevention	2.1 Implementation of abusive head trauma education in birthing				

State Action Plan Table (Kentucky)

Child Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	<p>materials for health care providers by September 30, 2016 with an additional 1 each year to September 30, 2020.</p>	<p>hospitals</p> <hr/> <p>2.2 Development of standardized Kentucky-specific evidence-based materials on childhood injuries</p> <hr/> <p>2.3 Collaboration with injury prevention partners and health care providers to disseminate materials</p> <hr/> <p>2.4 Utilize evidence-based materials in programs for young children (i.e. home visitation, early intervention services, well child)</p>				
<p>Child Abuse and Neglect</p>	<p>3. Decrease by 10% the rate of hospitalizations related to motor vehicle accident injuries among children ages 0 to 19 years by September 30, 2020.</p>	<p>3.1 Increase the number of car seats that are installed and used appropriately</p> <hr/> <p>3.2 Reduce distracted driving among the teen population</p>				

**State Action Plan Table (Kentucky)**

**Child Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Child Abuse and Neglect	Increase by 5 the number of child serving agencies that implement the Strengthening Families Protective Factors Framework by September 30, 2020.	4.1 Provide SF training and materials to child serving agencies 4.2 Develop community-based projects to implement Strengthening Families Protective Factors/Safe, Stable and Nurturing Environments				

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**Adolescent Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Overweight and Obesity Among Teens	1. Increase by 20% the number of participants attending the Kentucky	1.1 Provide one (1) free physical activity leadership training and one (1) free KY	Percent of children in excellent or very good health	Percent of children ages 6 through 11 and adolescents 12		

State Action Plan Table (Kentucky)

Adolescent Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	SHAPE (School Health and Physical Education) and/or Physical Activity Leader professional development workshops by September 30, 2016 with an additional 3% increase each year until September 30, 2020.	SHAPE training to school district staff and administrators annually	Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	through 17 who are physically active at least 60 minutes per day		
Overweight and Obesity Among Teens	2. Decrease by 10% the number of children ages 2 to 4 that are obese or overweight by September 30, 2020.	2.1. Provide one (1) 5-2-1-0 Toolkit Training of Trainers workshop annually to Early Childhood Educators in the state of Kentucky to train childcare staff throughout the state on the importance of daily intake of five servings of fruits and vegetables, limiting screen time to two hours a day for children 2 and older, one hour a day of physical activity, and zero sugary drinks	Percent of children in excellent or very good health Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day		

State Action Plan Table (Kentucky)

Adolescent Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>2.2. Provide ongoing communication to child care centers and preschools regarding the accessibility of the 5-2-1-0 Toolkit materials and resources available online</p> <p>2.3. Record and archive one (1) webinar on TRAIN for use by local health departments, child care centers and families to provide an overview of the 5-2-1-0 Toolkit</p> <p>2.4. Measure the number of child care centers participating in Nutrition and Physical Activity Self Assessment for Child Care (NAPSACC)</p>				
Overweight and Obesity Among Teens	3. Increase by 20% the proportion of schools in Kentucky that have implemented a school wellness policy and a comprehensive school physical activity program (CSPAP) by	3.1. The DPH Coordinated School Health administrator will encourage the local health department staff to participate in at least three (3) school wellness committees within their school district per school year				

State Action Plan Table (Kentucky)

Adolescent Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	September 30, 2020.	<p>3.2. The local health department staff will provide ongoing education to the Wellness Committee throughout the school year on the importance of implementation and periodic assessment of their local wellness policy</p> <p>3.3. The School Wellness Committee will provide an annual assessment of the school wellness policy to assure that it includes goals for nutrition promotion and education, physical activity, and other school-based activities that promote student wellness (USDA Department of Agriculture, Team Nutrition-<a href="http://www.fns.usda.gov/tn/local-school-wellness-policy-requirements">http://www.fns.usda.gov/tn/local-school-wellness-policy-requirements</a>)</p>				
Overweight and Obesity Among Teens	4. Increase by 5 each the number of Farm to	4.1. Partner with state and community agriculture				

**State Action Plan Table (Kentucky)**

**Adolescent Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	School programs and trail towns in Kentucky by September 30, 2020.	resources to increase Farm-to-School programs and Farmer's Markets 4.2. Increase walkable communities and "trail towns" across the state				

**State Action Plan Table (Kentucky)**

**Children with Special Health Care Needs**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Transitions Services for CSHCN	1. By 2019, achieve an increase from 37.1% to over 40% (current national average) of Kentucky families of CYSHCN reporting that the youth has received services needed for transition to adulthood (CYSHCN Outcome	1.1 Develop Evidence-Based or Evidence-Informed Strategy Measures (ESMs), in conformity to CYSHCN standards, recent research, and technical assistance/ guidance available from National Resource Centers	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system Percent of children in excellent or very good health	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care		

State Action Plan Table (Kentucky)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	<p>#6), as measured in the National Survey of Children's Health</p>	<p>1.2 Consider development of formal written policy for transition preparation to document current and desired processes</p> <p>1.3 Continue transition preparation activities for direct services populations (including use of transition checklist tool, in partnership with youth and family, to track and update completion of transition process and assess readiness; preparation of portable medical summaries to assist with transfer from pediatric care to adult medical home or provider; outreach to youths upon 14th, 16th, and 18th birthdays; provision of assistance and consultation with</p>				

State Action Plan Table (Kentucky)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>adult medical home or provider as needed, and follow-up post-transfer)</p> <p>1.4 Expansion of activities beyond direct services populations (including development of transition processes for contracted programs; maintaining community lists of available adult medical homes or providers accepting CYSHCN as patients; and cultivating awareness on available resources through website and social media, through active involvement of Youth Advisory Committee, agency staff, and F2F program)</p>				
Access to Care and Services for CSHCN	2. By 2019, achieve a 5% increase, (from 63.8%) in Kentucky	2.1 Access to medical and specialty care efforts (eligibility and				

State Action Plan Table (Kentucky)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	<p>families of CYSHCN reporting community-based services are organized for easy use (CYSHCN Outcome #5), as measured in the National Survey of Children's Health</p>	<p>discipline expansion, clinic flow, targeted outreach, telemedicine, etc.)</p> <hr/> <p>2.2 Assuring the availability of provider networks to reach CYSHCN (contract with community providers, provide training and capacity building, support KHIE, university partnerships, etc.)</p> <hr/> <p>2.3 Development and promotion of an easy to access system of supports and resources for CYSHCN and their families (Spanish support group and monitoring of gaps in system for diverse populations, funding innovative strategies per SNAP mini-grant program, Autism work to connect and develop</p>				

State Action Plan Table (Kentucky)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		system, EHDl Early Intervention initiatives, foster care services, etc.)				
Adequate Insurance for CSHCN	3. By 2019, achieve an increase to over 70% (from 66.8%) in families of CYSHCN reporting that the youth has adequate insurance to cover needed services (CYSHCN Outcome #3), as measured by National Survey of Children's Health (supplemented internally with CUP or other patient survey data to capture subset of CSHCN-affiliated CYSHCN families)	<p>3.1 Develop strategies, in conformity to CYSHCN standards, recent research, and technical assistance/ guidance available from National Resource Centers</p> <p>3.2 Coordinate with agency partners, both in-state and through learning collaborative opportunities, to address gaps in covered services and provider networks, streamline processes in Kentucky (such as contract modifications, rate and requirement negotiations)</p> <p>3.3 Assist CYSHCN</p>				

State Action Plan Table (Kentucky)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		and other MCH populations through assistance with state health benefits exchanges and education about system navigation				
Data Capacity for CSHCN	4. Achieve phased implementation of CSHCN's Data Action Plan, with improvement of at least 10% each year.	4.1 Develop formal plan for bridging the gap between internal service data regarding CSHCN direct service enrollees (~9000) and national data regarding all federally-defined and self-reported CYSHCN in Kentucky (~200,000), as well as studying available data regarding provider network adequacy in geographic areas of the state.				

State Action Plan Table (Kentucky)

Cross-Cutting/Life Course						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Substance Abuse	1. Refine the methodology for surveillance of neonatal abstinence syndrome (NAS) by September 30, 2020.	<p>1.1 Collaborate with the Department for Medicaid Services to develop a consistent methodology for reporting cases of NAS</p> <p>1.2. Utilize the consistent methodology developed with Medicaid to report cases of NAS from hospital discharge data</p> <p>1.3. Collaborate with the Kentucky Perinatal Quality Collaborative to improve care for infants with NAS</p> <p>1.4. Collaborate with the Department for Community Based Services, Medicaid, and the Department for Behavioral Health to improve access to treatment services for pregnant women with substance use disorder</p>	<p>Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>Maternal mortality rate per 100,000 live births</p> <p>Percent of low birth weight deliveries (&lt;2,500 grams)</p> <p>Percent of very low birth weight deliveries (&lt;1,500 grams)</p> <p>Percent of moderately low birth weight deliveries (1,500-2,499 grams)</p> <p>Percent of preterm births (&lt;37 weeks)</p> <p>Percent of early preterm births (&lt;34 weeks)</p> <p>Percent of late preterm births (34-36 weeks)</p> <p>Percent of early term births (37, 38 weeks)</p> <p>Perinatal mortality rate per 1,000 live births</p>	A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes		

State Action Plan Table (Kentucky)

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
			plus fetal deaths <hr/> Infant mortality rate per 1,000 live births <hr/> Neonatal mortality rate per 1,000 live births <hr/> Post neonatal mortality rate per 1,000 live births <hr/> Preterm-related mortality rate per 100,000 live births <hr/> Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births <hr/> Percent of children in excellent or very good health			
Substance Abuse	2. Increase by 5% the proportion of women who report that a health care provider discussed	2.1. Incorporate more extensive smoking cessation materials in existing MCH programs				

State Action Plan Table (Kentucky)

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	<p>smoking cessation during pregnancy by September 30, 2020.</p>	<p>2.2. Increase the number of local health departments that implement the MCH Evidence Informed Strategy: Baby and Me are Smoke Free</p> <p>2.3 Explore opportunities to make the GIFTS smoking cessation program available to a broader audience</p> <p>2.4 Increase the availability of information on Quit Now Kentucky to MCH stakeholders</p> <p>2.5 Increase the number of educational presentations and materials on smoking cessation available to health care providers</p> <p>2.6 Implement a PRAMS-like survey to</p>				

State Action Plan Table (Kentucky)

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		obtain data to establish the baseline and monitor progress				
Substance Abuse	3. Increase by 10 the number of smoke-free policies implemented in Kentucky by September 30, 2020.	3.1. Increase the number of local communities with smoke-free laws and/or ordinances 3.2. Increase the number of 100% Tobacco Free Schools				
Oral Health	1. Decrease by 25% the proportion of children with untreated dental decay by September 30, 2020.	1.1 The KOHP will continue to train LHD nurses in the procedures required for a successful varnish application through the KIDS Smile curriculum 1.2 Promote public health dental hygiene program and referrals to dentists 1.3 Promote and encourage LHD	Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months Percent of children in excellent or very good health	A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year		

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Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>selection of the MCH Evidence Informed Strategy: Fluoride Varnish for Children through the Fifth Grade</p> <p>1.4 Increase the number of local health departments that have a public health dental hygiene program</p>				
Oral Health	2. Increase by 10% the number of fluoride varnish applications provided by public health registered dental hygienists by September 30, 2020.	<p>2.1 Expand the number of funded public health hygiene pilot sites</p> <p>2.2 Increase effectiveness and efficiency of preventive service delivery through data evaluation and observational audit tools</p>				
Oral Health	3. Develop and refine methodologies for ongoing oral health surveillance among children by September	3.1 Develop methodologies for service data from the Department for Medicaid Services to				

**State Action Plan Table (Kentucky)**

**Cross-Cutting/Life Course**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	30, 2020.	reflect oral health services for children 3.2 Continue to work with University of Kentucky and University of Louisville Schools of Dentistry to create surveillance on dental services for children under six years of age				