



Healthy Kentuckians

2020



Kentucky Public Health
Prevent. Promote. Protect.

June 2013

KY Department for Public Health
Cabinet for Health and Family Services
275 East Main Street
Frankfort, KY 40621

TABLE OF CONTENTS:

[ACKNOWLEDGEMENTS](#) 2

[MESSAGE FROM THE COMMISSIONER](#)..... 3

[EXECUTIVE SUMMARY](#) 4

[INTRODUCTION](#) 5

[METHODOLOGY](#)..... 5

[IMPLEMENTATION AND EVALUATION](#) 6

EVIDENCE BASED GOALS AND OBJECTIVES..... 7

INTERVENTION AGENT (IA)

[IA-1-Access to Health Services](#).....9

[IA-2-Disability and Health](#)9

[IA-3-Social Determinants of Health](#) 11

[IA-4-Educational and Community-Based Programs](#)..... 11

[IA-5-Public Health Infrastructure](#)..... 11

POPULATION GROUP (PG)

[PG-1-Adolescent Health](#)..... 13

[PG-2-Arthritis, Osteoporosis, and Chronic Back Conditions](#) 14

[PG-3-Dementias, Including Alzheimer’s Disease](#) 15

[PG-4-Early and Middle Childhood](#)..... 16

[PG-5-Lesbian, Gay, Bisexual and Transgender Health Issues](#) 17

[PG-6-Maternal, Infant and Child Health](#) 17

[PG-7-Older Adults](#) 19

PREVENTION (PREV)

[Prev-1-Cancer](#) 19

[Prev-2-Environmental Health](#) 20

[Prev-3-Family Planning](#) 21

[Prev-4-Food Safety](#)..... 22

[Prev-5-Immunization](#) 24

[Prev-6-Injury and Violence](#)..... 25

[Prev-7-Nutrition and Weight Status](#) 27

[Prev-8-Occupational Safety and Health](#)..... 28

[Prev-9-Oral Health](#) 29

[Prev-10-Physical Activity](#)..... 31

[Prev-11-Preparedness](#)..... 32

[Prev-12-Tobacco Use](#) 34

TYPES OF HEALTH CONDITION (HCC)

[HCC-1-a-Diabetes](#)..... 35

[HCC-1-b-Heart Disease and Stroke](#) 38

[HCC-1-c-Mental Health and Mental Disorders](#) 41

[HCC-2-a-Healthcare-Associated Infections](#)..... 43

[HCC-2-b-HIV](#) 45

[HCC-2-c-Respiratory Diseases](#)..... 46

[HCC-2-d-Sexually Transmitted Diseases](#) 47

[HCC-2-e-Infectious Disease](#)..... 49

ACKNOWLEDGEMENTS

The goal of Healthy Kentuckians 2020 is to highlight topical areas and objectives with science-based benchmarks that could be monitored over time in an effort to achieve better health for all Kentuckians by 2020. To this end, a Healthy Kentuckians 2020 Advisory Workgroup was formed with Kentucky Department of Public Health (KDPH) staff, epidemiologists, and subject matter experts. The workgroup strove to streamline Healthy Kentuckians 2020 into a user-friendly, focused, and manageable document for our internal and external partners. The Kentucky Department for Public Health would like to acknowledge the following individuals for their hard work and dedication to the Healthy Kentuckians 2020 process:

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MESSAGE FROM THE COMMISSIONER

Healthy Kentuckians (HK) 2020 serves to provide science-based strategies as a foundation for moving the health of Kentucky forward. We can do this by having measurable goals and objectives and a mechanism to monitor these going forward. By prioritizing our focus, we are paving the way for healthier people in healthier communities. The data used to complete the final report was the most current at the time of release. A mid-decade review will be conducted of this document to assess movement towards the current goals and objectives using any updated data sources. In addition, HK 2020 goals and objectives may be updated at this review to align with any statewide initiatives or priorities. We thank you for your interest in the HK 2020 document and encourage you all to be a partner to improve the health and safety of people in Kentucky through prevention, promotion, and protection.



Stephanie K. Mayfield Gibson, MD, FCAP

kyhealthnow Update (February 2014):

Governor Steve Beshear has made improving the health and wellness of Kentucky's children, families and workforce one of his highest priorities. To significantly advance the wellbeing of Kentucky's citizens, Governor Beshear is announcing the following health goals for the Commonwealth. He is outlining a number of strategies to help achieve these goals over the next five years, and will continue to add strategies throughout his term. These strategies will be implemented through executive and legislative actions, public-private partnerships and through the success of enrolling Kentuckians in health care coverage. The mid-decade review of HK 2020 will involve a crosswalk to update and goals and strategies listed in this document to meet those of kyhealthnow.

To learn more about this initiative and see a detailed listing of all the strategies visit kyhealthnow.ky.gov.

kyhealthnow 2019 Goals

- Reduce Kentucky's rate of uninsured individuals to less than 5%.
- Reduce Kentucky's smoking rate by 10%.
- Reduce the rate of obesity among Kentuckians by 10%.
- Reduce Kentucky cancer deaths by 10%.
- Reduce cardiovascular deaths by 10%.
- Reduce the percentage of children with untreated dental decay by 25% and increase adult dental visits by 10%.
- Reduce deaths from drug overdose by 25% and reduce by 25% the average number of poor mental health days of Kentuckians.

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EXECUTIVE SUMMARY:

Healthy Kentuckians 2020 (HK2020) is a compilation of health goals to guide efforts to improve the status of health in Kentucky's citizens. The goals were developed by an advisory committee comprised of subject matter experts and state public health staff. The committee was guided by Healthy People 2020, a set of national goals developed by the Centers for Disease Control and Prevention. Healthy People goals have been published every decade since 1990.

HK2020 focuses on 32 state level goals for promoting health, preventing disease and disability, eliminating disparities, and improving health-related quality of life. Each goal is science-based and has established benchmarks to measure progress during the decade.

Kentucky has some of the worst health statistics in the nation, ranking 44th out of 50 states. Kentucky ranks 1st (highest) for cancer deaths and adult smoking. We are also 3rd for childhood obesity and 10th for adult obesity and adult diabetes. Oral health is also an issue in Kentucky, as we are ranked 5th for toothlessness (adults over 65). Kentucky is also ranked 5th for diagnosed adult hypertension. Evidence based programs and activities are included in the strategic plans within the program areas in addressing the disparities that exist among citizens of the commonwealth. There are efforts however to change these statistics through the development of the Kentucky State Health Improvement Plan (SHIP). The SHIP highlights four priority areas: access (including oral health), tobacco, obesity, and preventive practices. Metrics for the SHIP will mostly come from Healthy Kentuckians 2020. Much work still needs to be done as far as developing strategies for some of these areas, in order for Kentucky to be a more healthy state. Supporting these activities are policy, public private partnerships, Kentucky's health care exchange, expanded Medicaid and Kyhealthnow all working to improve the health of Kentucky's children, families, and workforce.

INTRODUCTION:

According to the Official 2010 Census, Kentucky's population was 4,339,367, making it rank 26th among the 50 states. Kentucky has a higher percentage of White persons and fewer Black or African-Americans and Hispanic/Latino than found in the general U.S. population. Although the percentage is small, the Hispanic/Latino population doubled from 1.5 percent in 2000 to 3.1 percent in 2010.

Kentucky is divided into 120 counties. These counties receive public health services from local health departments, configured as single-counties or districts.

[American's Health Rankings](#) ranks states based on a set of health and socioeconomic measures. The latest rankings were released in December, 2012, in which Kentucky ranked 44th. This was down from 2011's 43rd rank and back to 2010's 44th rank. State rankings are determined by lifestyle behaviors, community and environment, public and health policies, and clinical care. Kentuckians have a high prevalence of smoking, obesity, diabetes, heart disease, and cancers, which contribute to its lower ranking.

Healthy Kentuckians 2020 (HK 2020) is designed to mirror the national [Healthy People 2020](#) initiative. Like Healthy People 2020, Healthy Kentuckians provides a framework for health promotion and disease prevention by including goals and objectives, baseline and target data, and strategies for implementation to reduce the morbidity and mortality across the commonwealth. This document will be an integral part of the Kentucky's State Health Improvement Plan which will be a guide and tool for communities to use in program planning, building partnerships, with a common goal of moving Kentucky forward in reducing health disparities and addressing negative health outcomes, set to be completed by 2014. In 2013, Kentucky completed a State Health Assessment, which served as a compilation of Kentucky data to help inform the development of Healthy Kentuckians 2020 and the State Health Improvement Plan. For more information about the State Health Assessment and State Health Improvement plan go to <http://chfs.ky.gov/dph/CenterforPerformanceManagement.htm>.

METHODOLOGY:

The Advisory Workgroup strived to provide a document that had focused, streamlined and measurable objectives that were supported by national, state, regional and local data by utilizing the [Healthy People 2020 MAP-IT](#) process as a framework for action. The workgroup had several goals while developing this document.

- 1.) Ensure the objectives within the document are SMART (specific, measurable, achievable, relevant and timely)
- 2.) Craft a living document that will be used
- 3.) Provide a quality document that is effective in improving outcomes by strengthening collaborations and partnerships at the program level
- 4.) Support the mission of improving the health and safety of Kentuckians by providing science-based foundation expertise and accountability

Program leaders were given guidelines and directions for submitting their objectives on templates provided by the Healthy Kentuckians 2020 project coordinator. Each program leader was asked to select and submit up to 5 objectives per topical area in an effort to follow the Institute of Medicine's

recommendation to Health and Human Services (HHS) to concentrate efforts and resources for greater impact. Objectives were to be measurable, evidence based, capture sub-populations, potential for partnerships and motivate persons to act with limited funding and resources. In addition, program areas were asked to indicate their data source, have a baseline and target measure that was realistic and obtainable and note disparities among racial, ethnic and geographic disparities when data permitted. Finally, each objective was to include a minimum of 3 proposed activities/interventions that would address the disparities.

Where available, baseline data was identified. For some objectives, no source of Kentucky data could be identified. If baseline data for Kentucky was identified, a Kentucky-specific 2020 target goal was set. For consistency and comparability, the wordings of objectives were left the same as those formed in the national objectives of the Healthy People 2020 document. These target goals were decided on by one of the following methods:

- Projections and trend data, where available; or
- Use of goals already set by coalitions/programs as part of a strategic plan; or
- Consensus among committee members; or
- A 10% improvement over baseline.

IMPLEMENTATION & EVALUATION PLAN:

Since 1990, the Kentucky Department of Public Health has incorporated national goals and objectives based on Kentucky's priorities, which, sometimes differed from those of the U.S. as a whole. Over the past three decades, the Healthy People project has guided the nation's efforts toward common health objectives. In Kentucky, national objectives are used to measure progress in reaching our goals and evaluating the performance of various programs and plans.

Performance Management techniques will be utilized to evaluate and monitor the progress of set goals and objectives from Healthy Kentuckians 2020. If these goals and objectives are not being met, then quality improvement initiatives will be explored.

It is up to programs, coalitions, and partners to develop the roadmaps toward these goals and beyond by 2020. Partners are needed to come together to address those topical areas that do not currently have any baseline and/or target data, along with those implementation strategies that are still under development. Healthy Kentuckians 2020 sets the stage for collaboration across many sectors to achieve common objectives. It is the hope that the streamlined and focused approach given to Healthy Kentuckians 2020 will continue to foster even greater partnerships, alliances, and coordinated activities within the state.

EVIDENCE-BASED GOALS & OBJECTIVES

In this section, the topical areas for Healthy Kentuckians 2020 are included, along with baseline, target data, and set goals and objectives that was vetted with various stakeholders and subject matter experts. For some objectives, local data could not be found, but Kentucky data was available that closely matched. Some objectives were designated as ‘developmental’ objectives, meaning no current national data was available. For some of these it was possible to identify Kentucky data, and, therefore, target goals were set. For some National objectives, no Kentucky data was identified. Those were designated as ‘potential’ objectives, meaning they were included with the hope of a data source being identified during the course of the monitoring timeframe. Implementation strategies were also undetermined for some of the topical areas and need to be explored with community partners utilizing available resources. For organizational purposes, the topical areas of Healthy Kentuckians 2020 have been grouped according to the following [Healthy People 2020 categories](#): intervention agent, population group, prevention areas, and types of health conditions, with some areas having overlap depending upon the actual goals and objectives. For example, heart disease and stroke is in the category of health conditions, but also have prevention strategies associated with the target goals and objectives.

Intervention Agent (IA)

- [IA-1-Access to Health Services](#)
- [IA-2-Disability and Health](#)
- [IA-3-Social Determinants of Health](#)
- [IA-4-Educational and Community-Based Programs](#)
- [IA-5-Public Health Infrastructure](#)

Population Group (PG)

- [PG-1-Adolescent Health](#)
- [PG-2-Arthritis, Osteoporosis, and Chronic Back Conditions](#)
- [PG-3-Dementias, Including Alzheimer’s Disease](#)
- [PG-4-Early and Middle Childhood](#)
- [PG-5-Lesbian, Gay, Bisexual and Transgender Health Issues](#)
- [PG-6-Maternal, Infant and Child Health](#)
- [PG-7-Older Adults](#)

Prevention (Prev)

- [Prev-1-Cancer](#)
- [Prev-2-Environmental Health](#)
- [Prev-3-Family Planning](#)
- [Prev-4-Food Safety](#)
- [Prev-5-Immunization](#)
- [Prev-6-Injury and Violence](#)
- [Prev-7-Nutrition and Weight Status](#)
- [Prev-8-Occupational Safety and Health](#)
- [Prev-9-Oral Health](#)
- [Prev-10-Physical Activity](#)
- [Prev-11-Preparedness](#)
- [Prev-12-Tobacco Use](#)

Types of Health Condition (HCC)

1. HCC-1-Chronic Conditions
 - a. Diabetes
 - b. Heart Disease and Stroke
 - c. Mental Health and Mental Disorders

2. HCC-2-Communicable Diseases and Acute Infections
 - a. Healthcare-Associated Infections
 - b. HIV
 - c. Respiratory Diseases
 - d. Sexually Transmitted Diseases
 - e. Infectious Disease

INTERVENTION AGENT (IA)

Access to Health Services

GOAL: Improve access to comprehensive, quality health care services.

IA-1-1. Increase the proportion of persons with medical insurance.
BASELINE: Adults 18-64= 79.7% 2010 BRFSS/2010 Current Population Survey - All ages = 83.8%; Under 65 = 81.6%; Under 18 = 91.8%
DATA SOURCE: 2010 BRFSS for adults aged 18 to 64; 2010 Current Population Survey
TARGET: Adults 18-64=87.7; All ages = 92.2%; Under 65= 89.8%; Under 18 = 100%
IMPLEMENTATION: Provide outreach and enrollment assistance to those eligible for Medicaid or KCHIP programs.

IA-1-2. Increase the proportion of adults with a usual medical provider.
BASELINE: 83.3% of adults 18 and older (2010 BRFSS)
DATA SOURCE: 2010 BRFSS
TARGET: > 90%
IMPLEMENTATION: (Developmental)

IA-1-3. Increase the proportion of eligible individuals who obtain prescriptions via the Kentucky Prescription Assistance Program (KPAP).
BASELINE: 3% (as of December 2011)
DATA SOURCE: Numerator - # of eligible population who receive prescriptions via KPAP; (30,000 in Dec 2011); Denominator - Estimated # of Kentuckians eligible for the prescription assistance program. (est. 1,000,000 in 2011)
TARGET: (Developmental)
IMPLEMENTATION: Establish and maintain community partnerships to provide access to KPAP. Increase KPAP eligibility by raising the Federal Poverty Level for KPAP eligibility. Establish and maintain partnerships between KPAP and pharmacies to provide increased access to prescription assistance.

Disability and Health

GOAL: Promote the health and well-being of persons with disabilities.

IA-2-1. Reduce the number of adults (aged 22 years and older) with developmental disabilities living in congregate care residences that serve 16 or more persons.
BASELINE: 1522 (2009)
DATA SOURCE: Coleman Institute State of the States Report.
TARGET: 837
IMPLEMENTATION: Work with community partners and Cabinet departments to explore ways to increase the capacity of community based providers to support individuals in the community, awareness of community residential options, and provision of person-centered services.

IA-2-2. Reduce the number of persons with disabilities who use psychotropic medications.

BASELINE: 77.4%
DATA SOURCE: National Core Indicators. Percentage answering “yes” to item “Consumer takes at least one med for mood/ anxiety/ behavior/ psychotic disorders”
TARGET: 61.9%
IMPLEMENTATION: Work with partners to encourage providers to use behavioral support whenever possible and appropriate. Utilize Person-Centered coaching to increase life and community connections. Implement health risk screening tool and approved medication administration training to insure the correct administration of medications.

IA-2-3. Increase employment among persons with disabilities.
BASELINE: 28.03%
DATA SOURCE: BRFSS, Item="Are you currently employed? "(EMPLOY) Analysis restricted to persons with disabilities (QLACTLM2=1) aged less than 65 (AGE<65). Numerator = 'employed for wages' and 'self-employed.' Denominator includes 'out of work for more than 1 year,' 'out of work for less than 1 year' 'a homemaker,' 'retired,' and 'unable to work.'
TARGET: 30.8%
IMPLEMENTATION: Work with partners to increased transition planning during high school. Improvements in supported employment training and job coaching. Awareness efforts regarding ability to maintain benefit programs while working.

IA-2-4. Increase access to routine healthcare services for persons with disabilities.
BASELINE: 67.9%
DATA SOURCE: BRFSS, Item="About how long has it been since you last visited a doctor for a routine checkup? "(CHECKUP1) Percentage answering, "within the past year." Analysis restricted to persons with disabilities (QLACTLM2=1) aged less than 65 (AGE<65).
TARGET: 74.7%
IMPLEMENTATION: Requirement for all Medicaid waiver providers. Increase health literacy skills of adults with developmental disabilities through individualized activities. Improve awareness of health disparities by providers of disability services.

IA-2-5. Increase physical activity among persons with disabilities.
BASELINE: 50.79%
DATA SOURCE: BRFSS, Item= "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" (EXERANY2) Analysis restricted to persons with disabilities (QLACTLM2=1) aged less than 65 (AGE<65).
TARGET: 55.87%
IMPLEMENTATION: Carry out recommendations of the Kentucky National Core Indicators (NCI) Quality Improvement committee. Health training collaborative with Kentucky’s University Centers for Excellence in Developmental

Disabilities Education (UCEDD). Work with Division of Developmental and Intellectual Disabilities (DDID) to provide targeted trainings to Medicaid Waiver provider agencies on implementing health and fitness programs.

Social Determinants of Health

GOAL: Create social and physical environments that promote good health for all.

IA-3 (Developmental)
BASELINE: (Developmental)
DATA SOURCE: (Developmental)
TARGET: (Developmental)
IMPLEMENTATION: (Developmental)

Educational and Community-Based Programs

GOAL: Increase the percent of elementary, middle, and senior high school districts that provide comprehensive school health education to prevent tobacco use and addiction.

IA-4-1. Demonstrate a 35 percent improvement in the provision of comprehensive school health education to prevent tobacco use and addiction by 2020.
BASELINE: 18%
DATA SOURCE: School Level Impact Measures (SLIMS) - assessment process used for funded CSH states through CDC-DASH using measures from PROFILES. PROFILES is a system of surveys assessing school health policies and practices in states that are conducted biennially by education and health agencies among middle and high school principals and lead health education teachers that monitor the status of school health education requirements & content, physical education requirements, school health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition, asthma management activities, and family and community involvement in school health programs.
TARGET: 25%
IMPLEMENTATION: 100% Tobacco-Free School campuses, including Tobacco-Free Sports Zones, board-owned buildings or vehicles and during school-related student trips. Students Taking Charge. Collaboration between Coordinated School Health Program in Kentucky Department for Public Health and Kentucky Department of Education.

Public Health Infrastructure

GOAL: To ensure that State and local health agencies have the necessary infrastructure to effectively provide essential public health services.

- IA-5-1. Increase the proportion of State and local public health agencies that incorporate Core Competencies for Public Health Professionals into job descriptions and performance evaluations.
- BASELINE: Unknown
- DATA SOURCE: State Level: KDPH Personnel for state employees; LHDs: Survey of all LHDs (includes 3 independent) and coordination with DPH Local Personnel Branch
- TARGET: 30%
- IMPLEMENTATION: Department for Public Health Personnel Liaison will work with Kentucky's Office of Human Resources Management (OHRM) to explore the possibility of modifying position descriptions to include core competency requirements. KDPH Local Personnel Branch will explore revision of 902 KAR 8:096 to incorporate Core Competencies for LHD personnel.
- IA-5-2. Increase the proportion of state and local public health personnel who complete the TRAIN self-assessment, which is linked to Core Competencies.
- BASELINE: 0%
- DATA SOURCE: TRAIN Database
- TARGET: 50% of state and local public health personnel will complete a self-assessment; of those completing the self-assessment, 50% will complete competency based training identified through the self-assessment process.
- IMPLEMENTATION: Provide guidance to all course developers using TRAIN and ensure that all course additions to TRAIN identify which Core Competencies are addressed. Develop and implement the competency self-assessment survey within TRAIN. Compile results of competency self-assessment for reference for LHD and DPH employees agency training plans.
- IA-5-3. Achieve agency accreditation from the Public Health Accreditation Board (PHAB).
- BASELINE: Not accredited
- DATA SOURCE: PHAB Standards and Measures, Version 1.5, dated 2014. (Note: 1.5 was adopted Dec. 2013 with a July 2014 effective date)
- TARGET: 100 percent = Full 5 year accreditation for state agency announced in 2016.
- IMPLEMENTATION: Complete and maintain Kentucky (State) Health Assessment including data addressing disparities. Develop a Kentucky (State) Health Improvement Plan with updates. Implement quality improvement processes via a Quality Improvement Plan. Complete and maintain a Strategic Plan. Complete and maintain a Performance Management System (PMS). PHAB application submitted in 2015 with site visit expected in 2016.
- IA-5-4. Provide comprehensive laboratory services to support essential public health services by continued participation in the Comprehensive

Laboratory Services Survey conducted by the Association of Public Health Laboratories (APHL).

BASELINE: The Kentucky Division of Laboratory Services currently participates in the Comprehensive Laboratory Services Survey.

DATA SOURCE: APHL "A Comprehensive Laboratory Services Survey Of State Public Health Laboratories" 2008, Division of Laboratory Services

TARGET: Continue to participate in the Comprehensive Laboratory Services Survey conducted by APHL.

IMPLEMENTATION: Continue to monitor activities that are specified on the survey. Participate in survey when administered by APHL.

POPULATION GROUP (PG)

Adolescent Health

GOAL: Increase the number of adolescents who are healthy, have a sense of well-being and are prepared for adulthood.

PG-1-1. Increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems.

BASELINE: 75.7%

DATA SOURCE: National Survey on Drug Use and Health (NSDUH), Substance Abuse and Mental Health Services Administration (SAMHSA). National Data 2010

TARGET: 83.3%

IMPLEMENTATION: (Developmental)

PG-1-2. Increase the proportion of adolescents who received formal instruction on how to prevent HIV, other STDs and pregnancy.

BASELINE: Middle School- 77.3%; High School-97.5%

DATA SOURCE: Kentucky School Health Profiles Report 2010

TARGET: Middle School- 85%; High School- 99.8%

IMPLEMENTATION: DPH and Kentucky Department of Education (KDE) Coordinated School Health will partner to increase middle and high school administration awareness of the program of studies requirements and importance of sexuality education to prevent HIV, STDs and teen pregnancy. Continue to provide federal grant funding, via the KDPH, to local health departments and Kentucky schools to provide evidence-based sexuality education that includes abstinence and contraception. Prioritize funding to areas with high teen birth rates and 20% or more residents living in poverty. Provide adolescent reproductive health education and curriculum trainings to increase the knowledge of health educators and other adolescent health partners and increase the success and fidelity of the curriculum taught.

PG-1-3. Increase the number/proportion adolescents aged 15 and under who have never had sexual intercourse.

BASELINE: 34.7%

DATA SOURCE: 2011 Youth Risk Behavior Survey Q. N60

TARGET: 31.2%
IMPLEMENTATION: Increase the use of evidence-based abstinence and personal responsibility education to female and male adolescents aged 10-15 in schools and community-based/faith based settings. Provide federal funding, when available, to local health departments and Kentucky schools. Prioritize funding to areas with high teen birth rates and 20% or more residents living in poverty. Provide parent and community awareness education and trainings with resources to prevent early sexual risk taking in adolescents. Utilize adolescent peer leader groups in planning, implementation and evaluation of all sexual risk prevention programs on a local and state level.

PG-1-4. Increase the proportion of sexually active persons aged 15-19 who use condoms to both effectively prevent pregnancy and provide a barrier to disease.

BASELINE: 50.6%
DATA SOURCE: 2011 YRBS Results Q N65
TARGET: 55.7%

IMPLEMENTATION: Increase the use of evidence-based abstinence and personal responsibility education to female and male adolescents aged 10-15 in schools and community-based/faith based settings. Provide federal funding, when available, to local health departments and Kentucky schools. Prioritize funding to areas with high teen birth rates and 20% or more residents living in poverty. Continue to provide access to reproductive healthcare in all county health departments and other health facilities. Increase adolescent knowledge of the availability these services, provide adolescent-friendly services and clinic hours. Utilize adolescent peer leader groups in planning, implementation and evaluation of all sexual risk prevention programs on a local and state level.

PG-1-5. Reduce Birth Rates among adolescent females ages 15-19.

BASELINE: 51.6 births per 1,000 females aged 15-19 years occurred in 2009.
DATA SOURCE: KY Vital Statistics Data 2009.
TARGET: 41.3 births per 1,000 females aged 15-19 years.

IMPLEMENTATION: Increase abstinence, contraception and personal responsibility education to female and male adolescents aged 12-19. Coordinate programs with community-based services to reduce sexual risk behaviors in adolescents. Increase access to reproductive/family planning healthcare for adolescents in rural counties.

Arthritis, Osteoporosis, and Chronic Back Conditions

GOAL: Prevent illness and disability related to arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions.

PG-2-1. Reduce the mean level of joint pain among adults with doctor-diagnosed arthritis.

BASELINE: Mean 5.0 on a scale of 1 to 10 with 10 being the most pain.
DATA SOURCE: BRFSS 2009 Arthritis Rotating core question (JOINPAIN) which rates the average joint pain in the previous 30 days.
TARGET: 4.5 on a scale of 1 to 10 with 10 being the most pain.
IMPLEMENTATION: Promote Chronic Disease Self-Management Classes; Promote Walk with Ease and Arthritis Foundation Exercise Classes; Promote programs to improve physical activity, nutrition and decrease obesity.

PG-2-2. Reduce the proportion of adults with doctor-diagnosed arthritis who experience a limitation in activity due to arthritis or joint symptoms.
BASELINE: 51%
DATA SOURCE: BRFSS 2009 Arthritis Rotating Core questions (LMTJOIN2) which asks if the person is limited in activities due to arthritis or joint symptoms.
TARGET: 46%
IMPLEMENTATION: Promote Chronic Disease Self-Management Classes; Promote Walk with Ease and Arthritis Foundation Exercise Classes; Promote programs to improve physical activity, nutrition and decrease obesity.

PG-2-3. Reduce the age adjusted hospitalization rate for hip fractures among females 65 & older.
BASELINE: 1,004 per 100,000
DATA SOURCE: IDC9 Codes (820.0-820.9) Hospital Discharge data 2010 Age adjusted rate per 100,000 females aged 65 and older.
TARGET: 904 per 100,000
IMPLEMENTATION: Promote "Matter of Balance" classes offered through local health departments, and Area Agencies on Aging. Promote programs that increase physical activity to build bone density. Promote programs that improve nutrition and intake of calcium.

PG-2-4. Reduce the age adjusted hospitalization rate for hip fractures among males 65 & older.
BASELINE: 449 per 100,000
DATA SOURCE: IDC9 Codes (820.0-820.9) Hospital Discharge data 2010 Age adjusted rate per 100,000 males aged 65 and older.
TARGET: 404 per 100,000
IMPLEMENTATION: Promote "Matter of Balance" classes offered through local health departments, and Area Agencies on Aging. Promote programs that increase physical activity to build bone density. Promote programs that improve nutrition and intake of calcium.

Dementias, Including Alzheimer's Disease

GOAL: Reduce morbidity and costs, and maintain or enhance the quality of life for persons with dementias including Alzheimer's disease.

PG-2-1. Establish a baseline by 2014 of the number of persons in Kentucky who report confusion or memory loss that is getting worse and/or interfering with daily living.

BASELINE:	Not yet available
DATA SOURCE:	BRFSS Survey, Cognitive impairment Module, 2012
TARGET:	Need baseline
IMPLEMENTATION:	Partner with external and internal partners to analyze BRFSS data for (1) geographic location; (2) race and ethnicity; (3) gender and years of education
PG-2-2.	Identify public health and community entities in Kentucky by 2014 that are capable of providing information or support services designed to assist individuals with dementias, including Alzheimer's disease to better manage their medical condition(s).
BASELINE:	(Developmental)
DATA SOURCE:	(Developmental)
TARGET:	(Developmental)
IMPLEMENTATION:	(Developmental)
PG-2-3.	Develop plan by 2015 to disseminate information about the warning signs of cognitive impairment and dementias, including Alzheimer's disease and the importance of diagnosis.
BASELINE:	(Developmental)
DATA SOURCE:	(Developmental)
TARGET:	(Developmental)
IMPLEMENTATION:	(Developmental)

Early and Middle Childhood

GOAL: Increase the proportion of Kentucky children who reach their maximal healthy development.

PG-4-1.	Report of children with positive overall child health status will increase by 5%.
BASELINE:	Overall child health status: 83% report excellent health
DATA SOURCE:	National Survey of Children's Health (NSCH), national health survey conducted via telephone random sample every 3 years - baseline from 2007 report
TARGET:	Overall child health status: 87% report excellent health
IMPLEMENTATION:	HANDS program - provides home visiting support for families with children under age 2 who are at risk for social, emotional, developmental, or physical delays due to disability status, poverty, poor social supports, or inadequate access to resources. First Steps - provides services to children with identified delays in order to ensure their optimal development. Reach Out and Read - local chapter of national program to promote early literacy and school readiness by providing new books to children and advising parents about the importance of reading aloud to their children
PG-4-2.	Children at risk for developmental or behavioral problems will decrease by 5%.
BASELINE:	At-risk for developmental or behavioral problems: 74% at low or no risk

DATA SOURCE: National Survey of Children's Health (NSCH), national health survey conducted via telephone random sample every 3 years - baseline from 2007 report

TARGET: At-risk for developmental or behavioral problems: 78% at low or no risk

IMPLEMENTATION: HANDS program - provides home visiting support for families with children under age 2 who are at risk for social, emotional, developmental, or physical delays due to disability status, poverty, poor social supports, or inadequate access to resources. First Steps - provides services to children with identified delays in order to ensure their optimal development. Reach Out and Read - local chapter of national program to promote early literacy and school readiness by providing new books to children and advising parents about the importance of reading aloud to their children

PG-4-3. Children receiving preventative health care will increase by 5%.

BASELINE: Preventative health care: 88% access

DATA SOURCE: National Survey of Children's Health (NSCH), national health survey conducted via telephone random sample every 3 years - baseline from 2007 report

TARGET: Preventative health care: 92% access

IMPLEMENTATION: HANDS program - provides home visiting support for families with children under age 2 who are at risk for social, emotional, developmental, or physical delays due to disability status, poverty, poor social supports, or inadequate access to resources. First Steps - provides services to children with identified delays in order to ensure their optimal development. Reach Out and Read - local chapter of national program to promote early literacy and school readiness by providing new books to children and advising parents about the importance of reading aloud to their children

Lesbian, Gay, Bisexual and Transgender Health Issues

GOAL: Improve the health, safety and well-being of lesbian, gay, bisexual and transgender (LGBT) individuals.

PG-5 (Developmental)

BASELINE: (Developmental)

DATA SOURCE: (Developmental)

TARGET: (Developmental)

IMPLEMENTATION: (Developmental)

Maternal, Infant and Child Health

GOAL: Improve maternal health and pregnancy outcomes and reduce the rate of morbidity/mortality in infants, thereby improving the health and well-being of women, infants, children, and families in the Commonwealth of Kentucky.

PG-6-1. Reduce the rate of all infant deaths.

BASELINE: 6.4/1,000 live births
DATA SOURCE: KY Vital Statistics files, death certificate files and live birth certificate files; Year 2009
TARGET: 5.7/1,000 live births
IMPLEMENTATION: Healthy Babies are Worth the Wait Prematurity Prevention project-in the process of implementing state-wide in all birthing hospitals; HANDS home visiting program for over-burdened first time parents-state-wide addresses infant mortality; Fetal Infant Mortality Review in Jefferson county and Barren River District.

PG-6-2. Reduce the percent of total preterm births.
BASELINE: 14
DATA SOURCE: KY Vital Statistics files, Live Birth certificate files, Year 2008
TARGET: 12.6
IMPLEMENTATION: Healthy Babies are Worth the Wait Prematurity Prevention project-in the process of implementing state-wide in all birthing hospitals; HANDS home visiting program for over-burdened first time parents-state-wide addresses early prenatal care and signs of preterm birth; provide preconception health counseling to all women of child bearing age utilizing community partnerships.

PG-6-3. Reduce the percent of women who smoke cigarettes during pregnancy.
BASELINE: 24.1
DATA SOURCE: KY Vital Statistics files, Live Birth Certificate files, Year 2009
TARGET: 21.6
IMPLEMENTATION: Giving Infants and Families Tobacco Free Starts (GIFTS) smoking cessation program aimed at pregnant women administered through the local health dep. In select counties; implementation of a Medicaid funded smoking cessation and counseling program for pregnant women including individual level counseling; educate the public on the adverse effects of smoking and second hand smoke on pregnant women and children and available smoking cessation therapies.

PG-6-4. Increase the proportion of infants who are breastfed at hospital discharge.
BASELINE: 55.6
DATA SOURCE: KY Vital Statistics files, Live Birth certificate files, Year 2009
TARGET: 61.2
IMPLEMENTATION: Maintain the Breastfeeding Peer Counselor program through the USDA; improve information given to pregnant and breastfeeding women through continuing education offerings for professional staff; continue to increase the number of available lactation consultants in communities

PG-6-5. Increase the proportion of children with special health care needs who have access to a medical home.
BASELINE: 47.3

DATA SOURCE: National Survey of children with special health care needs; HRSA, MCHB; Year 2007

TARGET: 52

IMPLEMENTATION: Work with the Commission for Children with Special Health Care Needs (CCSHCN) to provide multidisciplinary specialty clinics and strives to ensure that all patients are active with a primary care physician, if not, staff attempts to connect the family with an appropriate provider within its community; the foster care program collaborates with DCBS to ensure that ongoing, preventative health services are addressed for the foster care population and those at risk of placement; a new assessment tool focuses on youth ages 14,16, and 18 years to assure a continuous comprehensive system of health care into adulthood.

Older Adults

GOAL: Improve the health, function and quality of life for older adults.

- PG-7-1. Increase the proportion of older adults with one or more chronic health conditions who report confidence in managing their conditions.
- PG-7-2. Reduce the rate of emergency department visits due to falls among older adults.
- PG-7-3. Increase access to public reports and education to prevent elder abuse, neglect and exploitation.

All baseline, data sources, target, and implementation strategies are developmental for this topical area.

Prevention (Prev)

Cancer

GOAL: Reduce the number of new cancer cases, as well as the illness, disability and death caused by cancer.

- Prev-1-1. Reduce the lung cancer death rate.
- BASELINE:** 75.06 rate per 100,000 trend years 2004-2008 (age adjusted to the year 2000 standard population)
- DATA SOURCE:** National Program of Cancer Registries (NPCR); Kentucky Cancer Registry, mortality from lung cancer years 2004-2008.
- TARGET:** 67.5 deaths per 100,000
- IMPLEMENTATION:** Support comprehensive smoke free indoor air laws for communities and the state of Kentucky. Encourage worksite cultures that provide for comprehensive smoke free worksites and payer support for cessation. Work collaboratively with communities, partners and health provider organizations to increase advising and referrals for quitting smoking.

Prev-1-2.	Reduce invasive colorectal cancer.
BASELINE:	55.74 new cases of invasive colorectal cancer per 100,000 population were reported in 2008 (age adjusted to the year 2000 standard million population)
DATA SOURCE:	Kentucky Cancer Registry; Age-Adjusted invasive cancer incidence in Kentucky for Colon and Rectum (per 100,000 population), 2004-2008
TARGET:	45.74 new cases per 100,000 population
IMPLEMENTATION:	Improve screening rates through worksite wellness programs that promote and incorporate appropriate colon cancer screening behaviors. Explore current infrastructure and policy needs and their relationship to colorectal cancer screening barriers. Adapt health literacy tools to address disparate populations as it relates to colon cancer screening (strategy discussed in the Guide to Community Preventative Services, 2009). Implement a statewide public awareness campaign on colon cancer screening.
Prev-1-3.	Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.
BASELINE:	67.7 percent 5-year survival rate for all cancer types (disease specific) for 2005-2008
DATA SOURCE:	Kentucky Cancer Registry (KCR)
TARGET:	72.7 percent 5-year survival rate for all cancer types (disease specific) for 2009-2012
IMPLEMENTATION:	As reported in the KY Cancer Action Plan: Breast Cancer: Train Community Health Outreach Workers (CHOWs) to deliver evidence-based cancer prevention interventions with consistent screening messaging in African-American communities, businesses, churches and social groups (pg. 14). Cervical Cancer: Educate groups on the indications for, benefits of, and ways to overcome barriers to having a Pap test, with the goal of informing, encouraging and motivating participants to seek a Pap test (pg. 15). Colon Cancer: Implement a state-wide public awareness campaign on colon cancer screening that can be tailored and delivered to organizations and individuals (pg. 16).
Prev-1-4.	Increase the proportion of women who receive a breast cancer screening mammogram based on the most recent clinical guidelines through the Kentucky Women's Cancer Screening Program (KWCSPP).
BASELINE:	14.2% (29,164) of women eligible for KWCSPP were screened through KWCSPP in FY 2011
DATA SOURCE:	Cancer Resource Management Data File, FY 2011US Census Bureau
TARGET:	17.04%
IMPLEMENTATION:	Improve recruitment into the KWCSPP. Increase outreach and raise awareness about KWCSPP.

Environmental Health

GOAL: Promote health for all through a healthy environment.

Prev-2-1.	Reduce the number of Kentucky Homes found to have lead-based paint.
BASELINE:	67 permits for lead abatement work in homes (2010)
DATA SOURCE:	Kentucky Environmental Lead Program Lead Database
TARGET:	73 permits for lead abatement work in homes
IMPLEMENTATION:	Secure grant funding to assist low income home owners/renters with lead based paint hazard abatement funding. Provide education on lead and healthy homes hazards. Promote the availability of abatement funding.
Prev-2-2.	Reduce the number of waterborne diseases spread in swimming pools and other bathing facilities.
BASELINE:	Mean 5yr rate 2.25
DATA SOURCE:	Regional Epidemiologists, Kentucky Department for Public Health (2006-2010)
TARGET:	2.02
IMPLEMENTATION:	Require Pool Operator Certification for pool owners, managers, and/or maintenance personnel. Increase the signage at pools. Increase the number of pools inspected prior to opening.
Prev-2-3.	Decrease exposure to radon.
BASELINE:	46% of Radon tests above the EPA action level of 4 pCi/L (2010)
DATA SOURCE:	Environmental Management Branch Radon Database
TARGET:	41.4% of Radon tests above the EPA action level of 4 pCi/L (2010)
IMPLEMENTATION:	Explore the development of a database to track radon risk statewide. Increase the number of radon test kits given out and returned. Provide education on radon mitigation to homeowners/ renters with identified radon.
Prev-2-4.	Improve quality, utility, awareness, and use of existing information systems for environmental health
BASELINE:	Current Completion: 0 activities
DATA SOURCE:	Kentucky Environmental Public Health Tracking Network
TARGET:	Complete 3 of the 8 planning and capacity building activities listed in CDC-RFA-EH09-907
IMPLEMENTATION:	Convene Kentucky Environmental Public Health tracking Network Workgroup. Meet regularly to set goals, priorities and identify steps to achieve goal. Work with partners to collaborate and pool resources when possible to achieve goals.

Family Planning

GOAL: Provide publicly funded birth control and reproductive health services to more low income, disparate women, men and teens to assist in planning the timing and spacing of pregnancy for improved maternal child outcomes and increase socioeconomic conditions.

Prev-3-1.	Increase the proportion of pregnancies that are intended.
BASELINE:	40.2% intended of all pregnancies

DATA SOURCE:	2009 Kentucky Pregnancy Risk Assessment Monitoring System (PRAMS) Pilot Data
TARGET:	44.2% intended of all pregnancies
IMPLEMENTATION:	Discourage pregnancy ambivalence and stress the importance of a reproductive life plan to family planning clients. Explore expansion of Family Planning coverage to more women, men and teens. Decrease contraceptive failure through education.
Prev-3-2.	Reduce the proportion of pregnancies that are conceived within 18 months of a previous birth.
BASELINE:	22.9% of births were conceived within 18 months of a previous birth out of all live births
DATA SOURCE:	Kentucky Office of Vital Statistics Birth File - 2009
TARGET:	20.61% of births being conceived within 18 months of a previous birth out of all live births
IMPLEMENTATION:	Emphasize interconception health and family planning after childbirth in family planning clinics. Explore expansion of Family Planning coverage to more women, men and teens. Educate to dispel myths about fertility after childbirth.
Prev-3-3.	Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies.
BASELINE:	36.6%
DATA SOURCE:	Guttmacher Institute Contraceptive Needs and Services: National and State Data, 2008 Update - 264,900 women; Kentucky Family Planning Annual Report - 2010 - 96,881 women served
TARGET:	40.3%
IMPLEMENTATION:	Explore options to expand Family Planning Services to low income women.
Prev-3-4.	Increase the proportion of females or their partners at risk of unintended pregnancy who use contraception to prevent pregnancy.
BASELINE:	89.6%
DATA SOURCE:	2010 BRFSS Family Planning Module
TARGET:	98.56%
IMPLEMENTATION:	Increase the use of LARCs (long acting reversible contraceptives). Educate family planning clients on contraceptive failure: method and user failure.
Prev-3-5.	Increase the proportion of women of childbearing potential with intake of at least 400µg of folic acid from dietary supplements.
BASELINE:	44.2%
DATA SOURCE:	2006 Kentucky BRFSS
TARGET:	48.62%
IMPLEMENTATION:	Women who come to LHDs will be offered free folic acid supplements. Women who come to LHDs will be counseled on the benefits and importance of folic acid.

Food Safety

GOAL: Reduce the number of foodborne illnesses.

- Prev-4-1. Reduce infections caused by key pathogens (Campylobacter species, Shiga toxin-producing E. Coli, Listeria monocytogenes, Salmonella species, Vibrio species, and Yersinia species) transmitted commonly through food.
- BASELINE: Campylobacter: 9.57 (2009) E. Coli O157:H7: 1.69 (2009) Listeria monocytogenes: 0 Salmonella species: 10.50 (2009), Vibrio: 0.02 (2009)
- DATA SOURCE: Kentucky Reportable Disease Report 2008, CDC Salmonella Annual Survey 2009
- TARGET: 10% decrease in infections caused by key pathogens
- IMPLEMENTATION: Use the 2005 FDA Food code to enforce/guide efforts to reduce illness statewide. Promote Food Manager Training and Certification. Increase the consistency of Food Manager training statewide.
- Prev-4-2. Reduce the number of outbreak-associated infections due to Shiga toxin-producing E. Coli O157, or Campylobacter, Listeria, or Salmonella species associated with food commodity groups.
- BASELINE: All NORS reported outbreaks: 37 (July 1, 2010-June 30, 2011)
- DATA SOURCE: NORS for statewide data. Note: for HK 2010 Mid-Decade Review, Salmonella serotypes were not included in the outbreak measurement. Because more foodborne illnesses are now reported, there may appear to be an increase in the number of outbreaks (information bias)
- TARGET: 10% reduction in reported outbreaks
- IMPLEMENTATION: Consider a new law requiring private labs to submit isolates for Pulsed Field Gel Electrophoresis (PFGE) testing.
- Prev-4-3. Prevent an increase in the proportion of nontyphoidal Salmonella and Campylobacter jejuni isolates from humans that are resistant to antimicrobial drugs.
- BASELINE: 1.8% of non-typhoidal salmonella are resistant to nalidixic acid, 3.4% are resistant to ceftriaxone; 23% of Campylobacter isolates were resistant to ciprofloxacin, and 1.7% were erythromycin resistant
- DATA SOURCE: NARMS Annual Report 2009 CDC. National Antimicrobial Resistance Monitoring System for Enteric Bacteria (NARMS): Human Isolates Final Report, 2009. Atlanta, Georgia: U.S. Department of Health and Human Services, CDC, 2010.
- TARGET: Retain current rates of antibiotic resistance
- IMPLEMENTATION: Send isolates to National Antimicrobial Resistance Monitoring System (NARMS) quarterly for antibiotic resistance surveillance. Send CDC approved outbreak isolates to NARMS for antibiotic resistance testing
- Prev-4-4. Reduce the occurrence of violations due to the FDA identified top six risk factors for foodborne illness in food service establishments.

BASELINE: 14,274 violations in 2010
DATA SOURCE: Electronic Health Management Information System (EHMIS), Public Safety Branch
TARGET: 12,847 violations
IMPLEMENTATION: Use the 2005 FDA Food code to enforce/guide efforts to reduce illness statewide Promote Food Manager Training and Certification. Increase the number of Certified Food Managers in the State.

Immunization

GOAL: Increase vaccination coverage among Kentuckians.

Prev-5.1.	Increase the proportion of children aged 19 to 35 months in Kentucky who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV vaccines.
BASELINE:	Children aged 19 to 35 months received the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella and PCV according to the 2010 NIS = National Data: 70% Kentucky Data: 64% (based on 4:3:1 plus ≥3 doses of Hib vaccine of any type, 3 or more doses of HepB, 1 or more doses of varicella vaccine, and 4 or more doses of PCV)
DATA SOURCE:	National Immunization Survey (NIS), CDC, National Center for Immunization and Respiratory Diseases (NCIRD), and the National Center for Health Statistics (NCHS).
TARGET:	80%
IMPLEMENTATION:	To increase provider awareness of coverage levels and educate providers across the state on ways to improve individual coverage rates the Immunization Field Staff will conduct site visits to Vaccine for Children (VFC) providers as well as provide technical assistance and training as needed. Research and Evaluation Team will review NIS data to identify trends in vaccination coverage in children aged <5 years and compare most recent NIS data to previous years. To eliminate barriers to immunization, Kentucky will continue to administer the Vaccines for Children Program throughout the state.
Prev-5-2.	Increase routine vaccination coverage levels for adolescents in Kentucky who receive the recommended doses of Tdap, meningococcal, varicella, and HPV vaccines.
BASELINE:	Adolescents age 13 to 15 years received the recommended doses of Tdap, meningococcal, varicella, and HPV according to the 2010 Teen National Immunization Survey (NIS) = 1 dose Tdap – US 69%, KY 53%; >1 dose meningococcal – US 63%, KY 45%; ≥ 2 doses varicella, no history of disease – US 58%, KY 41%; and 3 doses HPV – US 32%, KY 27%.
DATA SOURCE:	National Immunization Survey (NIS) Teen, CDC, NCIRD, and NCHS
TARGET:	1 dose Tdap – 80%; >1 dose meningococcal – 80%; ≥ 2 doses varicella, no history of disease – 90%; and 3 doses HPV – 50%
IMPLEMENTATION:	To increase provider awareness of coverage levels and educate providers across the state on ways to improve individual coverage rates the Immunization Field Staff will conduct site visits to VFC providers as well as provide technical assistance and training as needed. Research and Evaluation Team will review NIS data to identify trends in vaccination coverage in adolescents and compare most recent NIS data to previous years in order to better target educational efforts. Adolescent/Adult Immunization Coordinator will collaborate with Health Educator and Office of Communications to develop and distribute educational materials to local health departments, other providers, and the public regarding adolescent immunization.

Prev-5-3.	Increase the proportion of children and adults in Kentucky who are vaccinated annually against seasonal influenza.
BASELINE:	According to the final state-level influenza vaccination coverage estimates for the 2010–11 season—United States rates are as follows: All persons ≥6 months of age – US 43%, KY 47%; Children 6 months – 17 years – US 51%, KY 51%; Adults 18+ years – US 41%, KY 45%
DATA SOURCE:	Behavioral Risk Factor Surveillance System (BRFSS), National Immunization Survey (NIS), CDC, NCIRD, and NCHS
TARGET:	All persons ≥6 months of age – 80%; Children 6 months – 17 years – 80%; Adults 18+ years – 80%
IMPLEMENTATION:	Influenza Coordinator will provide training regarding influenza and influenza vaccination information as requested. Lead Epidemiologist and Influenza Coordinator will collaborate to analyze available influenza coverage data to determine target populations for education. Influenza Coordinator will develop influenza educational toolkit for distribution to providers and educational materials for distribution to local health departments and other providers for distribution to patients; high risk populations will be targeted such as patients with diabetes, asthma, and other respiratory diseases.
Prev-5-4.	Increase the percentage of adults age 65 and older in Kentucky who are vaccinated against pneumococcal disease.
BASELINE:	According to the 2010 Behavioral Risk Factor Surveillance System (BRFSS) Adults aged 65+ who have ever had a pneumonia vaccination are as follows: US 69%; KY 65%
DATA SOURCE:	Behavioral Risk Factor Surveillance System (BRFSS), Minimum Data Set (MDS), CMS, CDC, NCIRD, and NCHS
TARGET:	75%
IMPLEMENTATION:	Research and Evaluation Team will annually review BRFSS data for the indicated age groups to determine influenza and pneumococcal vaccination coverage and compare most current data to previous years' data to determine trending. Research and Evaluation Team will review data from the Minimum Data Set for long term care facilities to assess coverage of influenza and pneumococcal vaccination coverage. Influenza Coordinator will collaborate with Centers for Medicare and Medicaid's Quality Improvement Organization to identify long term care facilities with low influenza and pneumococcal vaccination coverage and will provide training to long term care facilities identified as having low influenza and pneumococcal vaccination coverage in an effort to increase coverage rates.

Injury and Violence Prevention

GOAL: To reduce the incidence and severity of injuries from unintentional causes, as well as death and disabilities due to violence.

Prev-6-1.	Reduce deaths caused by unintentional injuries to no more than 45.32 per 100,000 people.
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BASELINE:	50.36 deaths per 100,000 were caused by unintentional injuries in 2009; age adjusted to the year 2000 standard population
DATA SOURCE:	Baseline Data Source: 2009 Death Certificates (Death Certificate Files, Office of Vital Statistics, Division of Epidemiology and Health Planning, Cabinet for Health and Family Services)
TARGET:	≤45.32 deaths per 100,000 population
IMPLEMENTATION:	The unintentional injury death rates are primarily driven by the increase in poisonings in persons 15 to 64, and motor vehicle collisions. Targeted policy interventions are needed to reduce motor vehicle collision deaths (disparity for ages 15-19), drug overdose deaths (disparity for geographical and age 15-64) and fall related deaths (disparity ages 1-4 and >65).
Prev-6-2.	Reduce deaths caused by drug overdose to no more than 15.62 per 100,000.
BASELINE:	17.36 deaths per 100,000 were caused by drug overdose in 2009; age adjusted to the year 2000 standard population
DATA SOURCE:	Kentucky vital statistics surveillance system - Death Certificates - Year 2009 (Death Certificate Files, Office of Vital Statistics, Division of Epidemiology and Health Planning, Cabinet for Health and Family Services).
TARGET:	≤15.62 deaths per 100,000 population
IMPLEMENTATION:	Explore enhancement of Kentucky All Schedule Prescription Electronic Reporting (KASPER) Law to increase participation, training (CME's) and unsolicited reporting and increase the Voluntary participation and use of KASPER; Regulate Pain Management Clinics in KY; Support community prescription drug disposal programs; Increase Drug Treatment availability (disparity geographical).
Prev-6-3.	Reduce deaths caused by motor vehicle traffic and non-traffic incidents to no more than 15.47 per 100,000.
BASELINE:	17.19 deaths per 100,000 population were caused by motor traffic and non-traffic incidents in 2009 (age adjusted to the year 2000 standard population)
DATA SOURCE:	Kentucky vital statistics surveillance system - Death Certificates - Year 2009 (Death Certificate Files, Office of Vital Statistics, Division of Epidemiology and Health Planning, Cabinet for Health and Family Services)
TARGET:	≤15.47 deaths per 100,000 population caused by motor vehicle traffic and non-traffic incidents (age adjusted to the year 2000 standard population)
IMPLEMENTATION:	(Developmental)
Prev-6-4.	Reduce nonfatal unintentional injuries so that Emergency Department Visits for this condition are no more than 7,785 per 100,000.
BASELINE:	8,650 ED visits for nonfatal unintentional injuries per 100,000 population occurred in 2010, age adjusted to the year 2000 standard population (Previously tracked hospitalizations)
DATA SOURCE:	2010 Emergency Department Visits

TARGET: ≤7,785 injuries per 100,000
 IMPLEMENTATION: (Developmental)

Prev-6-5. Reduce nonfatal traumatic brain injuries so that Emergency Department Visits for this condition are no more than 570 per 100,000.

BASELINE: 633 Emergency department visits for nonfatal traumatic injuries per 100,000 population occurred in 2010 (age adjusted to the year 2000 standard population)

DATA SOURCE: 2010 Emergency department visits (Office of Health Policy, Cabinet for Health and Family Services and Kentucky Hospital Association)

TARGET: ≤570 Emergency department visits per 100,000 population
 IMPLEMENTATION: (Developmental)

Nutrition and Weight Status

GOAL: To achieve appropriate nutrition and weight status.

Prev-7-1. Reduce the proportion of children age 2-5 among Women, Infants, and Children (WIC) participants at risk for overweight or obesity (> 85% percentile).

BASELINE: 15.6 % of children 2-5
 DATA SOURCE: Pediatric Nutrition Surveillance Systems (PedNSS)- 2010
 TARGET: 14%
 IMPLEMENTATION: Utilize the 1% or Less Campaign to promote consumption of low fat dairy; Promote Fruit and Veggie: More Matters Campaign to increase consumption of fruits and vegetables; Promote the 5-2-1-0 Campaign to promote 5 fruits and vegetables per day, 2 hours or less a day screen time, 1 hour of physical activity and no sugar sweetened beverages.

Prev-7-2. Increase the number of childcares with nutrition standards for foods and beverages provided to preschool aged children in childcare.

BASELINE: 0
 DATA SOURCE: National Resource Center for Health and Safety in Child Care and Early Education and child care licensing website
 TARGET: Kentucky will implement nutrition standards for food and beverages
 IMPLEMENTATION: Work with partners to explore training child care providers on appropriate nutrition standards; Include standards for nutrition in the state licensing regulations; Promote 5-2-1-0 to parents and caregivers of age appropriate children.

Prev-7-3. Increase the proportion of primary care physicians who regularly measure the body mass index (BMI) for age and sex in their child or adolescent patients.

BASELINE: 49.7% of primary care physicians regularly assess body mass index (BMI) for age and sex in their child or adolescent patients
 DATA SOURCE: Kentucky Infinite Campus
 TARGET: 54.7%

IMPLEMENTATION: Train physicians to report BMI on the school physical examination form. Obtain the report from the Kentucky Infinite campus. Share the data from the Kentucky Infinite Campus with key stakeholders.

Occupational Safety and Health

GOAL: Promote worker health and safety through prevention and early intervention.

Prev-8-1. Reduce deaths from work related injuries to no more than 4.9 per 100,000 employed population.

BASELINE: 5.5 deaths per 100,000 employed workers in 2009 (101 deaths in 2009; 1,846,000 employment in 2009)

DATA SOURCE: Number of deaths source: U.S. Department of Labor, Bureau of Labor Statistics (BLS), in cooperation with state and federal agencies, Census of Fatal Occupational Injuries 2009, <http://www.bls.gov/iif/oshwc/foi/tgs/2009/iiffi21.htm#eve> ; Employment number source: BLS, Geographic Profile of Employment and Unemployment, 2009, Table 14. States: employment status of the civilian non-institutional population, by sex, age, race, Hispanic or Latino ethnicity, and marital status, 2009 annual averages— <http://www.bls.gov/opub/gp/pdf/gp09full.pdf>

TARGET: ≤4.9 deaths per 100,000 employed

IMPLEMENTATION: Improve occupational fatality surveillance in the state in order to collect comprehensive data on risk factors related to the fatalities. Analyze the data, identify modifiable risk factors and develop educational materials for employers to prevent future incidences. Identify best safety practices and develop and implement targeted interventions.

Prev-8-2. Reduce the incidence rate of work related hospitalizations to 135.5 per 100,000 employed population.

BASELINE: 150.6 hospitalizations per 100,000 employed KY population

DATA SOURCE: KY Inpatient data, 2007; Occupational incident were identified by the primary payer billed coded as Worker's Compensation. (Due to changes in primary payer codes from 2008-2010, 2007 is listed as a baseline. Changes have been made for 2011 that should include similar payer codes as those included in the 2007 data set.)

TARGET: ≤135.5 work-related hospitalizations per 100,000 employed population

IMPLEMENTATION: Following closely trends on the following injuries and conditions will be a priority for the KY occupational health program: pneumoconiosis, lower back disorder, falls, motor-vehicle collisions, traumatic brain injury (TBI). Identify emerging trends on the work-related injuries and illnesses for the older workers. Continue the effort in reducing the falls and motor-vehicle crash injuries as part of reducing the work-related hospitalizations.

Prev-8-3. Reduce the injuries due to occupational motor vehicle collisions so that the first report of injury and claim rate is no more than 79.9 first reports

	or claims per 100,000 workers submitted to the Kentucky Department of Workers' Claims.
BASELINE:	88.8 first reports or claims per 100,000 employed population
DATA SOURCE:	Kentucky Department of Workers' Claims, first reports and claims with injury date in 2008
TARGET:	≤79.9 first reports or claims for motor vehicle crash injury per 100,000 employed population
IMPLEMENTATION:	Research and dissemination of findings on protective factors for commercial drivers, team drivers, and older drivers. Better understanding of the circumstances of the collisions, severity of injury, and WC benefits paid by linking the KY state police collision data, the hospital data and WC data for comprehensive analysis. Developing educational materials for business owners to improve their safety practices based on the findings. Identifying areas in KY with higher rates for occupational motor vehicle collisions and collaboration with the KY Transportation Cabinet to address the issues.
Prev-8-4.	Reduce the injuries due to occupational falls so that the first report of injury and claim rate is no more than 279.9 first reports or claims per 100,000 workers submitted to the Kentucky Department of Workers' Claims.
BASELINE:	311.1 first reports of injury and claims per 100,000 workers; 5906 first reports/claims with date of injury in 2008 were submitted to KY WC
DATA SOURCE:	Kentucky Department of Workers' Claims, first reports and claims with injury date in 2008
TARGET:	≤279.9 first reports of injury and claims per 100,000 workers
IMPLEMENTATION:	Identify industries/sectors with high rates of occupational falls and the associated risk factors for falls. Target the largest employers in these sectors to implement evidence based safety practices. Disseminate information on improved ladder designs to construction and roofing companies. Target food chains and restaurants to require slip resistant shoes.

Oral Health

GOAL: Reduce Kentucky oral health disparities, identify evidence-based strategies and improve access to preventive services and dental care.

Prev-9-1.	Reduce the proportion of children who have had one or more dental caries in the primary and/or permanent teeth (filled or unfilled).
BASELINE:	21.3% of children, ages 1-17, have decay or cavitation in one or more tooth
DATA SOURCE:	National Survey of Children's Health - Indicator 1.2b - Prevalence of Oral Health Problems - (To the best of your knowledge did [child's name] have decayed teeth or cavities in the last 6 months?) - Percent of children with cavitated or decayed teeth - (2007)
TARGET:	In each age range, a 10% decrease of proportion of children with decay or cavitation in one or more tooth by 2020.

IMPLEMENTATION:	Continue Fluoride Varnish Program and Sealants Programs in cooperation with local health departments. Continue to expand base of health professionals who are working to reduce childhood decay, including physicians, nurses, and other health providers. Maintain the community fluoridation program through the Kentucky Oral Health Program.
Prev-9-2.	Increase the proportion of 3rd grade children who have received protective sealants in permanent molar teeth.
BASELINE:	23.9 percent of Kentucky's 3rd graders have received protective dental sealants.
DATA SOURCE:	University of Kentucky Dental Sealant Program Data - Numerator 18790 (all Kentucky 3rd graders with a dental sealant placed) - Denominator 78505 (all enrolled Kentucky 3rd graders) - (2008)
TARGET:	Increase the proportion of Kentucky 3rd graders having protective dental sealants placed to 30 percent or higher by 2020.
IMPLEMENTATION:	Continue Fluoride Varnish Program and Sealants Programs, in cooperation with local health departments. Participate in Seal Kentucky, providing preventive sealants to children in dental professional shortage areas. Continue to expand the base of health professionals who are working to reduce childhood decay, including physicians, nurses, and other health providers.
Prev-9-3.	Increase the proportion of adults aged 18 and over using the oral health care system each year.
BASELINE:	62% of Kentuckians visited a dentist or dental clinic within the past 12 months.
DATA SOURCE:	BRFSS, National Center for Chronic Disease Prevention and Health Promotion - Oral Health Resources - Chronic Disease Indicator - Adults aged 18 and over who reported having at least one dental health visit in the last year - (1996)
TARGET:	Increase the proportion of adults aged 18 and over using the oral health care system each year to 70% by 2020.
IMPLEMENTATION:	Collaborate with dentists, physicians, and health educators to provide information to the public on the importance of keeping their teeth and the necessity of an established dental home. Support the expansion of regional dental clinics, mobile vans, and other clinical resources to provide access to care for all of Kentucky's citizens. Continue to expand the base of health professionals who are working to improve oral health, including physicians, nurses, and other health care providers.
Prev-9-4.	Decrease the proportion of adults, aged 65 and over, having lost 6 or more teeth due to dental decay or gum disease.
BASELINE:	52.1 percent of Kentuckians aged 65+ have lost 6 or more natural teeth
DATA SOURCE:	BRFSS, National Center for Chronic Disease Prevention and Health Promotion - Oral Health Resources - Chronic Disease Indicator - Percentage of all Kentuckians aged 65 and over who have lost 6 or more natural teeth due to dental decay or gum disease - (2008)

TARGET:	Decrease the proportion of adults, aged 65 and over, having lost 6 or more teeth due to dental decay or gum disease to 40% or lower by 2020.
IMPLEMENTATION:	In concert with HK 2020 Oral Health Objective 2, increase the proportion of adults using the dental health system via HK 2020 OH-2 strategies. Propose for development of Oral Health Strategic Plan specific to Elder population (Special Populations Workgroup). Increase awareness of the importance of replacing natural dentition via dentists, physicians, and other healthcare providers.
Prev-9-5.	Increase the proportion of Kentuckians with an optimally fluoridated water source.
BASELINE:	99.8%
DATA SOURCE:	National Center for Chronic Disease Prevention and Health Promotion - Oral Health Resources - National Oral Health Surveillance System - Percentage of Kentuckians served by an optimally fluoridated municipal water system - (2006)
TARGET:	Optimally fluoridated water supply to every Kentuckian by 2020.
IMPLEMENTATION:	DPH will continue to install equipment, provide maintenance, provide upgrades utilizing the latest technologies, and supply technical support to community water systems. Urge testing of private wells for fluoride content. Provide oral fluoride supplements as needed.

Physical Activity

GOAL: Improve health, fitness, and quality of life through physical activity.

Prev-10-1.	Partner with childcare providers and the Department for Community Based Services to identify ways to increase physical activity in child care settings.
BASELINE:	0
DATA SOURCE:	(Developmental)
TARGET:	Kentucky obtains and implement moderate to vigorous physical activity standards
IMPLEMENTATION:	Promote the 5-2-1-0 Campaign to promote 5 fruit and vegetables, 2 hours of or less a day screen time, 1 hour of physical activity and no sugar sweetened beverages. Promote moderate to vigorous physical activity utilizing physical activity manual. Promote Self-Assessments on Nutrition and Physical Activity policies and environments in child cares.
Prev-10-2.	Increase awareness of policymakers of effective strategies that enhance access to and availability of physical activity opportunities through built environments.
BASELINE:	0
DATA SOURCE:	(Developmental)
TARGET:	Obtain and implement built environment policies

IMPLEMENTATION:	Provide education on how to improve built environment to increase physical activity to stakeholders. Conduct walkability assessments. Convene stakeholders to identify best practices.
Prev-10-3.	Collaborate with the Department of Education to identify ways to increase physical activity in schools.
BASELINE:	0
DATA SOURCE:	(Developmental)
TARGET:	Implement physical education into all public schools
IMPLEMENTATION:	Train appropriate school staff on physical education. Work with partners to explore training on strengthening school wellness policies to include physical education. Educate public on the importance of 60 minutes of PA.
Prev-10-4.	Increase the proportion of adults who meet current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.
BASELINE:	71%
DATA SOURCE:	(BRFSS 2010 During the past month, did you participate in any physical activities?)
TARGET:	74.5%
IMPLEMENTATION:	Promote PA in communities through community design. Promote PA in businesses through worksite wellness programming. Promote PA through social support.

Preparedness

GOAL: Improve state public health preparedness response to bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies.

Prev-11-1.	Reduce the time necessary to activate designated state personnel in response to a public health emergency.
BASELINE:	35 minutes were needed for designated personnel to report for immediate duty with no advance notice in 2011.
DATA SOURCE:	35 minutes was the average time for two staff assembly drills conducted at the Kentucky Department for Public Health for state incident command staff in 2011.
TARGET:	≤60 minutes
IMPLEMENTATION:	Kentucky Department for Public Health will conduct at least one staff assembly drill each year. Conducting the drill will designate which employees are included in the incident command staff. Incident command staff at a minimum should include the KDPH Commissioner's Office Staff, CEOC ESF- 8 Liaison, DOC Manager, Liaison Officer, Public Information Officer, Administrative Support, Operations Section Chief, Planning Section Chief/Safety Officer, Logistics Section Chief and Finance/Administration Section Chief. After action reports/Improvement Plans will be submitted within 60 days of the drill.

After action report should include the time the drill was conducted and the total number of minutes it took to assemble.

- Prev-11-2. Reduce the time necessary for the public to reach local health department staff 24/7 for response to a public health emergency.
- BASELINE: 83% confirmation for LHD 24/7 contact availability in June 2012.
- DATA SOURCE: Drill was conducted by Kentucky Department for Public Health in June 2012 to set baseline.
- TARGET: To reach 100% of local health departments within 30 minutes of attempt 24/7.
- IMPLEMENTATION: Establish 24/7 contact availability. Establish method to notify public of 24/7 contact availability. Test 24/7 contact availability.
- Prev-11-3. Increase confirmation rates for Health Alert Network (HAN) staff notification drills.
- BASELINE: 85% confirmation for LHD HAN Drill September 2011. 87% confirmation for KDPH HAN drill September 2011.
- DATA SOURCE: Health Alert Network drills are conducted quarterly by Kentucky Department for Public Health. HAN after action reports document overall confirmation.
- TARGET: $\geq 90\%$ confirmation in Health Alert Network (HAN) drills
- IMPLEMENTATION: Train public health personnel to confirm HAN alerts. Participate in quarterly drills initiated from the Kentucky Department for Public Health. Follow up with unconfirmed after drills to fix notification issues.
- Prev-11-4. Increase confirmation rates for satellite radio staff notification drills.
- BASELINE: 88% average participation in satellite radio drills for quarters November 2010 - August 2011.
- DATA SOURCE: Satellite radio drills are conducted quarterly by the Kentucky Department for Public Health. Satellite radio drill summaries document overall participation.
- TARGET: $\geq 95\%$ confirmation in satellite radio drills
- IMPLEMENTATION: Train public health personnel on how to use satellite radio. Participate in quarterly drills initiated from the Kentucky Department for Public Health. Follow up with unconfirmed after drills to fix notification issues.
- Prev-11-5. Increase the proportion of Laboratory Response Network (LRN) laboratories that meet proficiency standards.
- BASELINE: Biological Capacity: 2 reference labs, 3/4 proficiency tests passed;
Chemical Capacity: 1 level 3 lab, N/A proficiency tests
- DATA SOURCE: Public Health Preparedness 2011 State-by-State Update on Laboratory Capabilities and Response Readiness Planning, CDC, September 2011
- TARGET: 100% of proficiencies passed including Biological Capacity, Chemical Capacity, and Radiological Capacity
- IMPLEMENTATION: Provide appropriate training in order to pass proficiency tests. Advance to a level 2 chemical laboratory. Advance LRN Radiation Capabilities.

Tobacco Use

GOAL: Reduce illness, disability and death related to tobacco use and second hand smoke exposure.

Prev-12-1.	Reduce the proportion of adolescents (<18) who smoke cigarettes.
BASELINE:	Youth Smoking Rate -26%
DATA SOURCE:	Youth Risk Behavioral Surveillance System (YRBSS) 2009
TARGET:	Youth Smoking Rate- 19%
IMPLEMENTATION:	Promote and enforce tobacco-free policies in schools and other organizations that serve youth. Encourage schools to offer evidence-based cessation programs for youth. Promote the use of evidence-based curricula in schools. Initiate media campaigns to counter pro-tobacco influences and increase pro-health messages at state and local levels. Promote youth involvement in state and local coalitions
Prev-12-2.	Reduce the proportion of adults (18+) who smoke cigarettes.
BASELINE:	Adult Smoking Rate -24.8%
DATA SOURCE:	Behavioral Risk Factor Surveillance System (BRFSS) 2010
TARGET:	Adult Smoking Rate– 17%
IMPLEMENTATION:	Promote the use of evidence-based cessation programs. Tailor tobacco cessation to special populations (e.g. African Americans, Hispanics, low-income). Promote the accessibility and availability of tobacco cessation programs through advertising and marketing strategies. Promote provider education and providers’ use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination. Promote the accessibility and availability of tobacco cessation programs through advertising and marketing strategies. Tailor tobacco cessation to special populations (e.g. African Americans, Hispanics, low-income). Promote provider education and providers’ use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination.
Prev-12-3.	Reduce the proportion of adults (18+) who use smokeless tobacco products
BASELINE:	Smokeless tobacco use -- 6.3%
DATA SOURCE:	Behavioral Risk Factor Surveillance System (BRFSS) 2010
TARGET:	Smokeless tobacco use - 2%
IMPLEMENTATION:	Promote the use of evidence-based cessation programs. Tailor tobacco cessation to special populations (e.g. African Americans, Hispanics, low-income). Promote the accessibility and availability of tobacco cessation programs through advertising and marketing strategies. Promote provider education and providers’ use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination. Promote the accessibility and availability of tobacco cessation programs through advertising and marketing strategies. Tailor tobacco cessation to special populations (e.g. African Americans, Hispanics, low-income). Promote provider education and providers’ use of self-reminder systems to ensure that the issue of tobacco use is raised during the clinical examination.

Prev-12-4.	Increase tobacco-free environments in schools, including all school facilities, property, vehicles, and school events.
BASELINE:	18 schools currently have tobacco-free campus policies
DATA SOURCE:	Kentucky Tobacco Prevention and Cessation Program/Coordinated School Health Program records
TARGET:	100%, all schools in Kentucky 24/7 tobacco-free
IMPLEMENTATION:	Promote and enforce tobacco-free policies in schools and other organizations that serve youth. Promote the use of evidence-based curricula in schools. Initiate media campaigns to counter pro-tobacco influences and increase pro-health messages at state and local levels. Promote youth involvement in state and local coalitions. Promote and enforce tobacco-free policies in schools that apply to staff, teachers, administrators, and youth. Promote tobacco-free policies in school vehicles. Promote tobacco-free policies at all school events, both on and off-site, at all venues.
Prev-12-5.	Increase the percent of the population covered by comprehensive smoke-free ordinances and/or policies to restrict tobacco use.
BASELINE:	33.6% of the population covered
DATA SOURCE:	Kentucky Center for Smoke-Free Policy (2011). The mission of the Kentucky Center for Smoke-Free Policy is to provide rural and urban communities across Kentucky with science-based strategies for advancing smoke-free policies on the local level and educating citizens and policymakers about the importance of smoke-free environments.
TARGET:	100% of the population covered
IMPLEMENTATION:	Encourage tobacco-free policies in all public places including bars and restaurants. Offer technical assistance to cities on model tobacco-free policies.

TYPES OF HEALTH CONDITION (HCC)

Diabetes

GOAL: Reduce the disease and economic burden of diabetes mellitus (DM) and improve the quality of life for all persons who have, or are at risk for, DM.

HCC-1a.1.	Increase the proportion of adults age 18 and older with diabetes and high blood pressure who have been prescribed medication for their high blood pressure.
BASELINE:	92.8% (89.6-95.9)
DATA SOURCE:	2009 Kentucky BRFSS - Question from "Actions to Control High Blood Pressure Module" Numerator: Respondents aged >=18 years who report taking medicine for high blood pressure. BRFSS Core Question on high blood pressure awareness Denominator: Respondents aged >=18 years who report having been told by a doctor, nurse, or other health professional of having high blood pressure (excluding unknowns and refusals).

TARGET: (Developmental)
IMPLEMENTATION: KDPH activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Diabetes Prevention and Control State Action Plan also in development. (See plan on KDPH website - To be added). Community Activities: Promote the "Know Your Numbers" initiative to educate community members about the "ABC'S - Aspirin, A1C, Blood Pressure, Cholesterol and Smoking Cessation. Support evidence-based clinical practices for management and treatment of HBP. Support the use of Electronic Medical Records, Medication Reconciliation strategies, Medication Therapy Management, and other strategies that support safe and effective use of medications. Note: activities related to increasing physical activity, decreasing obesity, and decreasing the prevalence of tobacco use all contribute to improved diabetes control. In addition, activities listed for improvement of Heart and Stroke outcomes can improve diabetes outcomes due to the strong relationship between diabetes and cardiovascular disease.

HCC-1a.2. Increase the proportion of Kentuckians with diabetes whose A1C is below 9%.

BASELINE: 73% of Kentuckians

DATA SOURCE: 2010 Uniform Data System report from Health Resources and Services Administration (HRSA) (data from Federally Qualified Health Centers (FQHC) in Kentucky tasked with serving low income, uninsured populations in areas of the state with low access to primary care - 2010 data showed 20,681 patients with diabetes served by Kentucky FQHC's)

TARGET: 66% of Kentuckians

IMPLEMENTATION: KDPH activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Diabetes Prevention and Control State Action Plan also in development. (See plan on KDPH website - To be added). Community Activities: Promote the "Know Your Numbers" initiative to educate community members about the "ABC'S - Aspirin, A1C, Blood Pressure, Cholesterol and Smoking Cessation. Support evidence based clinical practice consistent with standards of care (ADA/AACE) for persons with diabetes. Support efforts that increase access to high quality self-management education and support services for persons with diabetes. Note: activities related to increasing physical activity, decreasing obesity, and decreasing the prevalence of tobacco use all contribute to improved diabetes control. In addition, activities listed for improvement of Heart and Stroke outcomes can improve diabetes outcomes due to the strong relationship between diabetes and cardiovascular disease.

HCC-1a.3.	Increase the proportion of adults aged 18 and older with diabetes who report ever having taken a course or class on how to manage their diabetes.
BASELINE:	49% of adults with diabetes
DATA SOURCE:	2010 BRFSS - Diabetes optional module question about taking Diabetes Self-Management Education (DSME) class
TARGET:	54% of adults with diabetes
IMPLEMENTATION:	KDPH activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion being developed at this time and 2) the Kentucky Department for Public Health Diabetes Prevention and Control State Action Plan also in development. (See plan on KDPH website - To be added). Community Activities: Support efforts that increase access to high quality self-management education and support services for people with diabetes. Provide support to community agencies/organizations that wish to offer diabetes self-management education. Develop strong working relationships with primary care providers to facilitate the referral of diabetes patients to self-management support services in the community.
HCC-1a.4.	Increase the proportion of adults with pre-diabetes who meet guidelines for moderate or vigorous physical activity.
BASELINE:	40.8% (33.4-48.2)
DATA SOURCE:	2009 BRFSS. Numerator= Adults with Pre-diabetes who meet moderate of vigorous physical activity guidelines (from BRFSS calculated variables) Denominator = Pre-diabetes variable calculated based on adults with Pre-diabetes identified based on those asked the Core "diabetes" question who volunteer that they have been told they have pre-diabetes, added to those with pre-diabetes as identified in the "pre-diabetes" optional module.
TARGET:	(Developmental)
IMPLEMENTATION:	KDPH activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Diabetes Prevention and Control State Action Plan also in development. (See plan on KDPH website - To be added). Community Activities: Support efforts to increase access to sustainable, evidence-based lifestyle intervention programs in community locations. Provide support to community agencies/organizations that wish to offer evidence-based lifestyle intervention programs. Develop strong working relationships with primary care providers to facilitate the referral of patients at high risk for diabetes/with pre-diabetes to evidence-based lifestyle intervention programs in community locations.
HCC-1a.5.	Decrease the age adjusted rate for hospitalization with diabetes as the primary diagnosis code.
BASELINE:	Age adjusted rate 17.8 per 100,000

DATA SOURCE: 2009 Hospital Discharge data - ICD9 250.00 - 259.02 as the primary diagnosis code. All Ages. Includes both Type 1 and Type 2 diabetes.

TARGET: 16.0 per 100,000

IMPLEMENTATION: KDPH activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Diabetes Prevention and Control State Action Plan also in development. (See plan on KDPH website - To be added). Community Activities: Promote the "Know Your Numbers" initiative to educate community members about the "ABC'S - Aspirin, A1C, Blood Pressure, Cholesterol and Smoking Cessation. Support evidence based clinical practice consistent with standards of care (ADA/AACE) for persons with diabetes. Support efforts that increase access to high quality self-management education and support services for persons with diabetes. Note: activities related to increasing physical activity, decreasing obesity, and decreasing the prevalence of tobacco use all contribute to improved diabetes control. In addition, activities listed for improvement of Heart and Stroke outcomes can improve diabetes outcomes due to the strong relationship between diabetes and cardiovascular disease.

Heart Disease and Stroke

GOAL: Improve cardiovascular health and quality of life through prevention, detection and treatment for heart disease and stroke and their risk factors.

HCC-1b.1. Reduce coronary heart disease deaths.

BASELINE: 139.9 per 100,000 population

DATA SOURCE: 2009 Deaths with International Classification of Diseases (ICD)-10 codes I11, I20–I25 (ICD-9 codes 402, 410–414, 429.2) as the underlying cause of death among residents during a calendar year. Death certificate data from vital statistics agencies (numerator) and population estimates from the U.S. Bureau of the Census or suitable alternative (denominator). <http://wonder.cdc.gov>

TARGET: 116.6 deaths per 100,000 population

IMPLEMENTATION: KDPH Activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Heart Disease and Stroke Prevention Program's State Action Plan 2011-2016. (See plan on DPH website - To be added). Community Activities: Promote the "Know Your Numbers" initiative to educate community members about the "ABC'S of cardiovascular health - Aspirin, Blood Pressure, Cholesterol and Smoking Cessation. Provide education on the signs and symptoms of heart attack and the need to immediately call 911. Participate in the Kentucky Heartsafe Community program, a program to improve the "chain of survival" in their community. Note: activities related to increasing physical activity, decreasing obesity, and decreasing the prevalence of tobacco use all contribute to improved cardiovascular health.

HCC-1b.2.	Reduce stroke deaths.
BASELINE:	43.2 stroke deaths per 100,000 population
DATA SOURCE:	Deaths with International Classification of Diseases (ICD)-10 codes I60–I69 (ICD-9 code 430–438) as the underlying cause of death among residents during a calendar year. Death certificate data from vital statistics agencies (numerator) and population estimates from the U.S. Bureau of the Census or suitable alternative (denominator). http://wonder.cdc.gov
TARGET:	38.4 deaths per 100,000 population
IMPLEMENTATION:	KDPH Activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Heart Disease and Stroke Prevention Program's State Action Plan 2011-2016. (See plan on DPH website - To be added). Community Activities: Participate in the Kentucky Stroke Encounter Quality Improvement Project (SEQUIP) - a statewide project to improve outcomes for stroke patients. Encourage Emergency Medical Services workers to participate in the National Stroke Associations Stroke Rapid Response (SRR) training. Participate in the Kentucky Heartsafe Community program, a program to improve the "chain of survival" in their community. Note: activities related to increasing physical activity, decreasing obesity, and decreasing the prevalence of tobacco use all contribute to improved cardiovascular health.
HCC-1b.3.	Reduce the proportion of adults in the population who have been told they have high blood pressure.
BASELINE:	36.4%
DATA SOURCE:	2009 Kentucky BRFSS
TARGET:	32.8%
IMPLEMENTATION:	KDPH Activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Heart Disease and Stroke Prevention Program's State Action Plan 2011-2016. (See plan on DPH website - To be added). Community Activities: Provide education on the link between sodium consumption and high blood pressure. Take actions to reduce the amount of sodium in foods served in institutional settings (worksites, schools, hospitals, etc.). Participate in the Cardiovascular Assessment, Risk Reduction and Education (CARE) Collaborative, an outreach project to provide blood pressure awareness and education. Note: activities related to increasing physical activity, decreasing obesity, and decreasing the prevalence of tobacco use all contribute to improved cardiovascular health.
HCC-1b.4.	Increase the proportion of adults with hypertension who have been prescribed medications to lower their blood pressure.
BASELINE:	79.2%

DATA SOURCE: 2009 Kentucky BRFSS - Question from "Actions to Control High Blood Pressure Module" Numerator: Respondents aged ≥ 18 years who report taking medicine for high blood pressure. BRFSS Core Question on high blood pressure awareness Denominator: Respondents aged ≥ 18 years who report having been told by a doctor, nurse, or other health professional of having high blood pressure (excluding unknowns and refusals).

TARGET: 87.1%

IMPLEMENTATION: KDPH Activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Heart Disease and Stroke Prevention Program's State Action Plan 2011-2016. (see plan on DPH website - To be added). Community Activities: Provide education on the link between sodium consumption and high blood pressure. Take actions to reduce the amount of sodium in foods served in institutional settings (worksites, schools, hospitals, etc.). Participate in the Cardiovascular Assessment, Risk Reduction and Education (CARE) Collaborative, an outreach project to provide blood pressure awareness and education. Note: activities related to increasing physical activity, decreasing obesity, and decreasing the prevalence of tobacco use all contribute to improved cardiovascular health.

HCC-2b.5. Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

BASELINE: 78.3%

DATA SOURCE: 2009 Kentucky BRFSS core question on Cholesterol screening

TARGET: 86.1%

IMPLEMENTATION: KDPH Activities will be guided by two major state level plans, 1) the Kentucky Coordinated Chronic Disease and Health Promotion Plan being developed at this time and 2) the Kentucky Department for Public Health Heart Disease and Stroke Prevention Program's State Action Plan 2011-2016. (see plan on DPH website - To be added). Community Activities: Promote the "Know Your Numbers" initiative to educate community members about the "ABC'S of cardiovascular health - Aspirin, Blood Pressure, Cholesterol and Smoking Cessation. Encourage preventive health care visits with providers that include evidence based Lipid screening. Promote and support the "Go Red for Women" campaign to educate women about their risk for heart disease. Note: activities related to increasing physical activity, decreasing obesity, and decreasing the prevalence of tobacco use all contribute to improved cardiovascular health.

Mental Health and Mental Disorders

GOAL: Improve the mental health of all Kentuckians by ensuring that appropriate, high-quality services are provided to those with behavioral health needs, particularly those that rely on the publicly funded systems of care for children and adults.

HCC-1-c1. Increase the number of children with severe emotional disabilities (SED) who receive mental health services from the fourteen established Regional Community Mental Health Centers (CHMCs).

BASELINE: In State Fiscal Year 2010, 47% (23,837) children/youth (under age 18) with severe emotional disabilities were served by the fourteen CMHCs. Children/Youth with severe emotional disabilities are estimated at 5% (51,169) of the child population (based on 2010 census).

DATA SOURCE: Kentucky Department for Behavioral Health, Developmental and Intellectual Disabilities (KDBHDID) Client Data Set utilizing federal prevalence estimates.

TARGET: 10% increase from 2010

IMPLEMENTATION: Expand community-based services for children with SED through continued implementation of children’s services, particularly young children. Expand community-based services for children with SED through other state and federally funded initiatives. Engage in collaborative efforts with other agencies that serve children. Expand array of emergency services for children, including residential and mobile response crisis stabilization services in all areas of the Commonwealth. Monitor the expansion of Medicaid Managed Care across the state, implementation of the Affordable Care Act, and the transition to electronic health records.

HCC-1-c2. Increase the number of adults with severe mental illness (SMI) who receive mental health services from the fourteen established Regional Community Mental Health Centers.

BASELINE: In State Fiscal Year 2010, 45.5% (39,201) adults (age 18 and above) with severe mental illness were served by the fourteen CMHCs. Adults with severe mental illness are estimated at 2.6% (86,217) of the adult population (based on 2010 census).

DATA SOURCE: KDBHDID Client Data Set and federal prevalence estimates.

TARGET: 10% increase from 2010

IMPLEMENTATION: Expand community-based services for adults with SMI through other state and federally funded initiatives. Engage in collaborative efforts with other agencies that serve adults with SMI, including Department of Corrections and the Office of Vocational Rehabilitation. Prepare, submit, and follow-up on legislative budget requests for the expansion of core components of the community support service system including implementation of evidence-based practices including Assertive Community Treatment, Supportive Housing, Supported Employment, Integrated Treatment for Co-Occurring Disorders (MH and SA), Peer Support, Family Psycho-Education, Illness Management/Recovery and Medication Management. Monitor the transition to Medicaid Managed Care across the state, implementation of the Affordable Care Act and the transition to electronic health records.

HCC-1-c3.	Increase employment rate of adults with severe mental illness (SMI) who are served by CMHCs.
BASELINE:	In State Fiscal Year 2010, there were 3,553 adults with SMI who were employed representing nearly 10% (9.69%) of those served by the CMHCs.
DATA SOURCE:	KDBHDID Client Data Set and state and national unemployment rate statistics.
TARGET:	5% increase from 2010
IMPLEMENTATION:	In collaboration with Office of Vocational Rehabilitation, continue efforts with stakeholders in supported employment programs to identify and implement expansion opportunities. Prepare, submit, and follow-up on legislative requests for expansion of supported employment. Utilize Dartmouth Grant and all available technical assistance to promote Supported Employment with fidelity to the evidence based practice.
HCC-1-c4.	Increase the Number of Individuals Who Receive the Mental Health First Aid USA® Training Course. (A 12-hour certification course to help communities better understand mental illness and respond to psychiatric emergencies.)
BASELINE:	0 trainers and 0 individuals trained in Kentucky in 2010; 2 trainers and 200 individuals trained in Kentucky in 2011
DATA SOURCE:	KDBHDID, Mental Health First Aid USA®
TARGET:	5000 Individuals Trained in Kentucky
IMPLEMENTATION:	KDBHDID Recovery Services Coordinator will monitor the program. KDBHDID will collaborate with various health advocacy groups throughout the state to provide the Train-the-Trainer training (5-day, 40-hours). KDBHDID will collaborate with faith-based organizations and social service organizations to provide trainings. KDBHDID will offer the course to staff at the Regional Boards. KDBHDID will make the course available to first responders, including police, firefighters, EMS, and other community service personnel. KDBHDID will engage community organizations through local Chambers of Commerce.
HCC-1-c5.	Reduce the suicide rate among Kentuckians.
BASELINE:	15.1 suicides per 100,000 in 2007 (compared to 11.3 nationally)
DATA SOURCE:	KDBHDID, Division of Behavioral Health
TARGET:	13.6 per 100,000
IMPLEMENTATION:	Improve continuity of care between behavioral health providers, resources, clients and families related to suicidal ideation and attempts. Train community behavioral health center staff and their subcontractors in recognizing, assessing and managing suicide risk. Train staff of state-funded/supervised senior living facilities to recognize and manage suicide risk. Provide suicide prevention training and awareness opportunities for military, military families, veterans and providers of services to this population. Provide suicide prevention training opportunities for behavioral health providers of services to youth and

adults who are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two-Spirit. Train all public middle and high school staff to recognize suicide risk and ideation among students and gatekeeping skills to intervene and assist adolescents in help-seeking. Provide suicide prevention training opportunities for all public middle and high school students. Provide suicide prevention training opportunities for families. Increase the number of staff in youth-related services trained in suicide prevention gatekeeping.

Healthcare-Associated Infections

GOAL: To reduce the occurrence of healthcare-associated infections (HAIs) in Kentucky's healthcare facilities.

HCC-2a.1.	Increase KDPH's access to Centers for Disease Control and Epidemiology (CDC)/National Healthcare Safety Network (NHSN) HAI data.
BASELINE:	Data from acute care hospitals is being submitted to NHSN as part of the Hospital Inpatient Quality Reporting (IQR) program as outlined by the Centers for Medicare and Medicaid Services (CMS).
DATA SOURCE:	NHSN is the surveillance arm for HAIs developed by the CDC to collect data related to device associated infections, specific surgical site infections, and infections caused by multidrug resistant organisms and <i>Clostridium difficile</i> .
TARGET:	The Data Use Agreement (DUA) has been completed between CDC and KDPH.
IMPLEMENTATION:	KDPH has begun to receive data and is analyzing data for hospitals that have standardized infection ratios (SIR) higher than the national benchmark. Those facilities will be targeted for specific prevention interventions.
HCC-2a.2.	Establish collaborative projects among Kentucky healthcare facilities aimed at the reduction of HAIs.
BASELINE:	2009 - one state-wide hospital collaborative was established addressing invasive MRSA bloodstream infections.
DATA SOURCE:	2010 - the Kentucky State Regional Infection Prevention and Epidemiology (K-STRIPE) program established a multidisciplinary committee, which includes many of the professional organizations/stakeholders in Infection Prevention. HAI collaborative activities are reported and tracked across the state through this committee.
TARGET:	Establish at least one HAI collaborative every two years (= 5 new collaboratives 2010-2020)
IMPLEMENTATION:	Continue grant submissions for funding of collaborative projects; establish partnerships with other stakeholders to support collaborative projects; provide outcome data to collaborating facilities to encourage future participation.

HCC-2a.3.	Provide educational training opportunities for healthcare personnel involved in the prevention of HAIs.
BASELINE:	2010 Baseline = 0
DATA SOURCE:	Number of KDPH hosted or co-hosted HAI educational events provided.
TARGET:	Provide at least one HAI prevention educational event per year
IMPLEMENTATION:	Submit for grant funding to provide resources to host state-wide educational training; every 4-5 years conduct needs assessment survey to determine educational needs; collaborate with other stakeholders to provide content experts for trainings they are providing
HCC-2a.4.	Increase the number of healthcare facilities enrolled and reporting to NHSN.
BASELINE:	2010 - 66 facilities enrolled
DATA SOURCE:	Data source is NHSN which list names of facilities enrolled and reporting data from Kentucky.
TARGET:	Increase number of healthcare facilities enrolled and reporting to NHSN each year to include all quality reporting programs as outlined by the CMS. (By 2020, 100% of required facilities will be enrolled)
IMPLEMENTATION:	Encourage facilities to enroll in NHSN; provide training on how to enroll; demonstrate the use of NHSN
HCC-2a.5.	Increase the number of healthcare facilities reporting outbreaks of HAIs to DPH.
BASELINE:	2008-2009 - average number of healthcare facility outbreaks reported to KDPH is 24. Data was not collected on time of reporting. Necessary data collection has been added to capture this measure.
DATA SOURCE:	Kentucky currently has no legislative mandates for the reporting of HAIs unless associated with an outbreak. Before 2010 the only outbreaks reported to KDPH from healthcare facilities included 3 hospital Acinetobacter outbreaks and multiple Norovirus/GI outbreaks (mainly from LTC facilities). State regulations require outbreaks to be reported within one business day unless associated with organism of significance such as smallpox, bioterrorism, etc...; this are to be reported immediately.
TARGET:	80% of Healthcare facilities will report outbreaks to the Local or State Health Department within 1 business day of identifying that they have an outbreak.
IMPLEMENTATION:	Educate healthcare infection prevention staff on regulation to report outbreaks; educate healthcare personnel on how to identify, control and report outbreaks.

HIV

GOAL: To reduce the occurrence of HIV infections and ensure access to high-quality life extending care for those infected.

HCC-2b.1.	At least 85% of individuals tested for HIV through the state funded public health system will be informed of their test results within three months of testing.
BASELINE:	In 2010, 82% (263) of the 319 newly diagnosed HIV cases received their test results within three months. Consistent with the National HIV/AIDS Strategy.
DATA SOURCE:	HIV Registry/Enhanced HIV/AIDS Reporting System (eHARS) and CTS/PEMS database, as reported in the 2010 CDC HIV prevention annual Progress Report.
TARGET:	≥85%
IMPLEMENTATION:	Increased HIV testing will target High Risk heterosexual African American and Hispanic Women and Gay/Bisexual Men (i.e. groups with high proportion of individuals unaware of their HIV positive status), within zip codes with the highest HIV prevalence with use of OraSure to conduct field confirmatory testing on same day, onsite for all reactive rapid tests; Develop and implement a seamless enhanced linkage and tracking system between all rapid testing agencies and local health departments providing confirmatory testing, and Ryan White Part B & C supportive Care and medical Treatment agencies in the two regions with combined almost 70% of the total disease prevalence in the state (Louisville and Lexington); and Use Disease Investigation Specialists to follow-up on all persons with reactive rapid tests who do not return to receive their confirmed HIV positive results.
HCC-2b.2.	At least 75% of adolescents and adults with a newly confirmed HIV-positive diagnosis will be enrolled into care and receive treatment within three months of HIV diagnosis.
BASELINE:	In 2012, 64% of HIV cases received specified HIV primary medical care (i.e. 36% unmet need- not receiving primary medical care).
DATA SOURCE:	HIV/AIDS Registry, HIV Services CAREWare, Medicaid, unmet need profile, 2012.
TARGET:	≥75%
IMPLEMENTATION:	Disease Intervention Specialists delivering HIV-positive results will link client to HIV Care Navigator (HCN); HCN will enroll client into Ryan White care/services and set up first medical appointment(s); HCN will connect client with Peer Mentor to assist with navigating care system.
HCC-2b.3.	Offer partner services to at least 86% of newly confirmed HIV positive adolescents and adults who are tested at local health departments.
BASELINE:	86% of newly diagnosed HIV-positive cases in the public sector were offered partner services in 2010
DATA SOURCE:	Sexually Transmitted Disease Management Information System (STD*MIS) 2010
TARGET:	≥86%

IMPLEMENTATION:	Public sector HIV testers collect enhanced demographic information; Assure STD surveillance receives positive HIV labs from the public sector; and Initiate new positives from the public sector for partner services.
HCC-2b.4.	Increase the proportion of persons surviving more than 5 years after a diagnosis with AIDS to at least 85%.
BASELINE:	79% of persons diagnosed with AIDS survived for more than 5 years after diagnosis in 2006 (i.e. 21% died within 5 years after AIDS diagnosis)
DATA SOURCE:	HIV/AIDS Registry, case fatality rates as of June 30, 2013.
TARGET:	≥85%
IMPLEMENTATION:	Improve adherence to and retention in care and treatment through use of peer mentors and HIV Care Navigators (HCN) in region with highest prevalence of HIV (Louisville) to help navigate care system with particular targeting of minority and men who have sex with men (MSM) cases; Disease Intervention Specialists and HCN follow-up on persons who have fallen out of care and try to link them back into care back into care and treatment.
HCC-2b.5.	Reduce the rate of new HIV infections among adult and adolescent Kentuckians by 10%.
BASELINE:	As of June 30, 2013, the rate of new infections diagnosed in 2011 among adults/adolescents was 8.6 per 100,000.
DATA SOURCE:	HIV/AIDS Registry. Rate of new infections diagnosed in 2011, as of June 30, 2013.
TARGET:	7.7 per 100,000 population.
IMPLEMENTATION:	HIV Surveillance will continue to work with reporting labs and providers to ensure timely reporting of HIV infections and subsequent AIDS diagnosis information, Annual evaluations on performance standards are in place; Increase targeted testing efforts to men who have sex with men (MSM) who are unaware of their HIV status, particularly Black and Hispanic MSM in the Jefferson and Fayette Counties as well as MSM in counties within Eastern KY that have a high proportion of HIV cases concurrently diagnosed with AIDS ; and Inform newly infected MSM of their serostatus, provide them with prevention supplies to reduce transmission, offer partner services, and link individuals to care.

Respiratory Diseases

GOALS: Raise public awareness about the signs and symptoms of lung disease (mainly asthma and chronic obstructive Pulmonary Disease) so people know what to do when they experience respiratory distress, and promote lung health through detection, treatment, and education.

HCC-2d-1.	Reduce adult (ages 18 and over) asthma mortality.
BASELINE:	9.3 asthma deaths per 1,000,000 adult population (2009 data)
DATA SOURCE:	Kentucky Vital Statistics, 2009. ICD 9 Code: 493.0- 493.9
TARGET:	7 asthma deaths per 1,000,000 adult population.

IMPLEMENTATION: Conduct education and public awareness activities that target asthma disparate populations including; African Americans, people with asthma in the Appalachian region of Kentucky and individuals with income <15,000. Support advocacy efforts that address the above mentioned asthma disparate populations within Kentucky. Support the development of Asthma Coalitions in both rural and urban areas.

HCC-2d-2. Reduce overall hospitalizations for asthma.
BASELINE: 17.3 asthma hospitalizations per 10,000 population (2009 data)
DATA SOURCE: Kentucky Office of Health Policy, 2009. ICD 9 Codes: 493.0- 493.9.
TARGET: 14 asthma hospitalizations per 10,000 population.
IMPLEMENTATION: Increase education among persons with asthma, healthcare providers, and childcare workers. Implement Healthy Homes and Healthy Workplace interventions. Promote awareness of National Heart Lung and Blood Institute Guidelines for management and treatment of asthma.

HCC-2d-3. Reduce deaths from Chronic Obstructive Pulmonary Disease (COPD) among adults age 45 and over.
BASELINE: 167.7 deaths from COPD per 100,000 population
DATA SOURCE: 2009 KY Vital Statistics J40 - J44
TARGET: 160 deaths from COPD per 100,000 population
IMPLEMENTATION: Increase COPD awareness among at-risk populations. Increase early detection of COPD by educating primary health care providers on GOLD standards for COPD care. Support current education effort to increase the number of smokers participating in smoking cessation programs, and to prevent smoking in youth/ teens.

HCC-2d-4. Reduce hospitalizations from Chronic Obstructive Pulmonary Disease (COPD).
BASELINE: 49.1 hospitalizations from COPD per 10,000 population (2008 data)
DATA SOURCE: Kentucky Office of Health Policy, 2008. ICD 9 Codes: 490-492; 496.
TARGET: 44.5 hospitalizations from COPD per 10,000 population
IMPLEMENTATION: Support current education efforts to increase the number of smokers participating in smoking cessation programs, and to prevent smoking in youth/ teens. Educate primary health care providers to help diagnoses rates, and providing patients with gold standard for COPD care. Implement interventions to reduce harmful occupational exposures.

Sexually Transmitted Diseases

GOAL: Promote healthy sexual behaviors, strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

HCC-2e-1. Reduce primary and secondary syphilis rate.
BASELINE: 3.2 cases per 100,000 population in 2010

DATA SOURCE:	Kentucky Sexually Transmitted Disease Management Information System (STD*MIS Reportable Disease Surveillance System) morbidity by report date, 2010; Population 2010 US Census
TARGET:	≤2.6 cases per 100,000 population
IMPLEMENTATION:	Target screening of at risk men who have sex with men and black, non-hispanic males in high morbidity areas. Rapid intervention by interviewing 90% of cases for partner services within 7 days of specimen collection. Increase provider visits in high morbidity areas.
HCC-2e-2.	Reduce gonorrhea rate.
BASELINE:	100 cases per 100,000 population in 2010
DATA SOURCE:	Kentucky Sexually Transmitted Disease Management Information System (STD*MIS Reportable Disease Surveillance System) morbidity by report date, 2010; Population 2010 US Census
TARGET:	≤90 cases per 100,000 population
IMPLEMENTATION:	Increase gonorrhea screenings in high morbidity areas, focusing on those with increased risk. Reduce the time to treat positive cases in family planning clinics (measured from specimen collection to treatment date). Increase targeted outreach through geographic mapping in high morbidity areas.
HCC-2e-3.	Reduce Chlamydia rate in females.
BASELINE:	538 female cases per 100,000 population in 2010
DATA SOURCE:	Kentucky Sexually Transmitted Disease Management Information System (STD*MIS Reportable Disease Surveillance System) morbidity by report date, 2010; Population 2010 US Census
TARGET:	≤511 female cases per 100,000 population
IMPLEMENTATION:	Eliminate chlamydia screenings for females under 26 years old at county health departments with less than 3% positivity. Reduce the time to treat positive cases in family planning clinics (measured from specimen collection to treatment date). Increase chlamydia screenings in high morbidity areas, focusing on those with increased risk.
HCC-2e-4.	Reduce Chlamydia rate in males.
BASELINE:	210 male cases per 100,000 population in 2010
DATA SOURCE:	Kentucky Sexually Transmitted Disease Management Information System (STD*MIS Reportable Disease Surveillance System) morbidity by report date, 2010; Population 2010 US Census
TARGET:	≤200 male cases per 100,000 population
IMPLEMENTATION:	Increase chlamydia screenings for males at family planning clinics. Reduce the time to treat positive cases in family planning clinics (measured from specimen collection to treatment date). Increase chlamydia screenings in high morbidity areas, focusing on those with increased risk.

Infectious Disease



GOAL: Decrease disease reporting timelines, improve documentation of outbreak investigations, and decrease the incidence of acute viral hepatitis in Kentucky.

HCC-2f-1. Improve the median reporting time for the notifiable diseases that should be reported within 24 hours.
BASELINE: The median number of days between the date of diagnosis and the date reported for diseases that must be reported within 24 hours between 2006-2010 was 3 days.
DATA SOURCE: KY Electronic Public Health Records System (KY-EPHRS) Disease Surveillance Module (DSM)
TARGET: Reduce the median reporting time for notifiable diseases that should be reported within 24 hours from 3 days to 1 day.
IMPLEMENTATION: Work with medical licensing and professional associations for KY physicians, advanced practice registered nurses, physician assistants, and registered nurses to provide continuing education for reporting diseases to public health, revise 902 KAR 2:020 with clearly defined penalties for not reporting as required, and create and distribute publications to medical professionals through their membership organizations.

HCC-2f-2. Improve the proportion of written outbreak reports submitted for identified outbreaks.
BASELINE: 60.8% - in 2010, there were 74 disease outbreaks in Kentucky. KDPH received 45 written report.
DATA SOURCE: Reportable Diseases Outbreak Database. This database was created by the KDPH Reportable Diseases Section to track all disease outbreaks and report submissions.
TARGET: 90%
IMPLEMENTATION: Inform all local health departments and regional epidemiologists of the report submission requirement, provide local health departments and regional epidemiologists with a template for preparing an outbreak report summary, and perform quarterly queries of the Reportable Disease Outbreak Database to identify outstanding reports and follow up with epidemiologists and local health departments that were responsible for investigating the outbreaks.

HCC-2f-3. Reduce the incidence of acute viral hepatitis A infections by 5%.
BASELINE: 2006-2010 crude incidence rate for acute hepatitis A is 0.41 per 100,000
DATA SOURCE: KY Electronic Public Health Records System (KY-EPHRS) Disease Surveillance Module (DSM)
TARGET: Crude incident rates for Hepatitis A = 0.39 per 100,000
IMPLEMENTATION: Work with the KDPH Immunization Program to promote vaccination for hepatitis A; develop publications for the public regarding viral hepatitis A and how to prevent it; work with the Immunization Program to develop education programs for the public and encourage healthcare providers to provide education on hepatitis A to their patients.

HCC-2f-4. Reduce the incidence of acute viral hepatitis B infections by 5%.

BASELINE: 2006-2010 crude incidence rate for acute hepatitis B infections is 2.13 per 100,000

DATA SOURCE: KY Electronic Public Health Records System (KY-EPHRS) Disease Surveillance Module (DSM)

TARGET: Crude incident rate for hepatitis B = 2.02 per 100,000

IMPLEMENTATION: Work with the Immunization Program to promote vaccination for hepatitis B among the public and healthcare providers; develop publications for the public regarding viral hepatitis B and how to prevent it; work with the HIV/AIDS Program to develop education programs for the public and encourage healthcare providers to provide education on Hepatitis B prevention for their high-risk patients.

HCC-2f-5.

BASELINE: Reduce the incidence of acute viral hepatitis C infections by 5%.
2006-2010 crude incidence rate for acute hepatitis C infections is 1.38 per 100,000

DATA SOURCE: KY Electronic Public Health Records System (KY-EPHRS) Disease Surveillance Module (DSM)

TARGET: Crude incident rate for hepatitis C = 1.31 per 100,000

IMPLEMENTATION: Develop publications for the public regarding viral hepatitis and how to prevent it; work with the KDPH Adult Viral Hepatitis Prevention and Control Program Coordinator and the HIV/AIDS Program to develop education programs for the public; work with the KDPH Adult Viral Hepatitis Prevention and Control Program Coordinator and the HIV/AIDS Program to encourage healthcare providers to provide education on hepatitis C prevention for their high-risk patients.



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