Women/Maternal Health

State Action Plan Table - Women/Maternal Health - Entry 1

Priority Need

Adolescents and women of child-bearing age have access to and participate in preconception and inter-conception health care and support.

NPM

Percent of women with a past year preventive medical visit

Objectives

Annually increase the percent of adolescents/women who talked with a health care professional after delivery about birth spacing or birth control methods.

Annually increase the percent of adolescents/women who are engaged in family planning after delivery.

Strategies

Implement evidence based or informed home visiting services (ex. Nurse Family Partnership, Bright Futures, Partners for a Healthy Baby)

Implement Centering Pregnancy Programs

Implement innovative interconception care initiatives for women

Utilize motivational interviewing techniques

ESMs

ESM 1.1 - Number of families served through Centering Pregnancy Programs.

ESM 1.2 - Percent of adolescents and women engaged in family planning after delivery.

ESM 1.3 - Percent of adolescents and women who talked with a health care professional about birth spacing and birth control methods.

ESM 1.4 - Percent of individuals trained on motivational interviewing.

ESM 1.5 - Number of women served through evidence based or informed home visiting programs.

NOMs
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
NOM 3 - Maternal mortality rate per 100,000 live births
NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)
NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)
NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)
NOM 5.1 - Percent of preterm births (<37 weeks)
NOM 5.2 - Percent of early preterm births (<34 weeks)
NOM 5.3 - Percent of late preterm births (34-36 weeks)
NOM 6 - Percent of early term births (37, 38 weeks)
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.2 - Neonatal mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Perinatal/Infant Health

State Action Plan Table - Perinatal/Infant Health - Entry 1

Priority Need

Families are equipped with the education and resources they need to initiate and continue breastfeeding their infants.

NPM

A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Objectives

Increase the proportion of PA birthing facilities that provide recommended care for breastfeeding mothers and their babies.

Starting with reporting year 2015, annually increase the rate of newborns being breastfed in counties with a 2012 rate below 73%.

Annually develop a minimum of one collaborative opportunity with programs serving MCH populations.

Annually implement a minimum of one media opportunity promoting breastfeeding as the infant feeding norm for the state.

Strategies

Facilitate the adoption and implementation of the World Health Organization's ten evidenced based 'steps' for breastfeeding within PA birthing facilities.

Target specified counties to implement the evidence based strategies of peer counseling; partner/family support; or media/social marketing.

Identify programs with which to collaborate throughout the Department and other Commonwealth agencies that serve maternal and child health populations and provide and promote the sharing of breastfeeding information and messages in those programs.

Develop specific messaging that can be utilized across media and implement messaging through identified media opportunities.

ESMs

ESM 4.1 - Percent of individual facilities increasing the number of Keystone 10 steps completed each fiscal year.

ESM 4.2 - Percent of counties with breastfeeding initiation rates below 73% implementing evidence based strategies

ESM 4.3 - Number of collaborations developed between the breastfeeding program and other programming for cross-messaging.

ESM 4.4 - Number of media opportunities implemented promoting breastfeeding

NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table - Perinatal/Infant Health - Entry 2

Priority Need

Safe sleep practices are consistently implemented for all infants.

NPM

Percent of infants placed to sleep on their backs

Objectives

Beginning in the second year of the grant cycle, annually decrease the rate of mothers who report sleeping with their baby in the first year of life.

Annually decrease the percent of infants who are strangled or suffocated due to unsafe sleep environment.

Strategies

Develop a hospital based model safe sleep program.

Implement a hospital based model safe sleep program.

Implement a social marketing plan to increase population awareness of safe sleep practices.

Participation in the SUID Case Registry.

ESMs

ESM 5.1 - Number of hospitals recruited to implement the model safe sleep program.

ESM 5.2 - Percentage of infants born whose parents were educated on safe sleep practices through the model program.

ESM 5.3 - Percentage of hospitals with maternity units implementing the model program.

ESM 5.4 - Number of social marketing messages disseminated.

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table - Perinatal/Infant Health - Entry 3

Priority Need

Appropriate health and health related services, screenings and information are available to the MCH populations.

SPM

Percent of newborn screening dried blood spot filter papers received at the contracted lab within 48 hours after collection.

Objectives

By 2020, decrease the time between collection of newborn screening Dried Blood Spot (DBS) to receipt time at the contracted lab by 5% each year to expedite diagnosis and treatment.

By 2020, implement a system where all newborns born in PA are screened for all conditions listed on the Recommended Uniform Screening Panel (RUSP).

Strategies

Review and analyze data from the Newborn Screening (NBS) system to identify submitters with collection to receipt times greater than the state average and provide these submitters with technical assistance and information on best practices to improve their collection to receipt times.

Review and analyze data from the NBS system to identify submitters with collection times greater than 48 hours and provide these submitters with technical assistance and information on best practices to improve their collection to receipt times.

Work with the contracted NBS laboratory to explore options for weekend pick-up of specimens.

Develop a strategy for identifying and implementing a revised payment system for Newborn Screening.

Develop a process for adding conditions to the mandatory screening panel after conditions are added to the RUSP.

Child Health

State Action Plan Table - Child Health - Entry 1

Priority Need

MCH populations reside in a safe and healthy living environment.

NPM

Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Objectives

For each year of the grant cycle, BFH will increase the number of households that receive a home assessment or intervention.

Strategies

Provide comprehensive home assessments to identify potential home health and safety hazards.

Provide home safety interventions such as integrated pest management and preventive safety devices to address the leading causes of child injury and death.

Continue to provide the Shaken Baby Program

ESMs

ESM 7.1 - Number of comprehensive home assessments completed.

ESM 7.2 - Number of health and safety hazards identified through comprehensive home assessments.

ESM 7.3 - Number of health and safety interventions performed as a result of health and safety hazards identified through comprehensive home assessments.

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9 per 100,000

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

State Action Plan Table - Child Health - Entry 2

Priority Need

MCH populations reside in a safe and healthy living environment.

SPM

Percent of Title V programming with interpersonal violence reduction components.

Objectives

As a result of the Child Safety CoIIN, implement at least one new strategy to address interpersonal violence in PA by 2020.

Strategies

Participate in the Child Safety CoIIN with a focus on falls prevention and interpersonal violence reduction.

Adolescent Health

State Action Plan Table - Adolescent Health - Entry 1

Priority Need

Protective factors are established for adolescents and young adults prior to and during critical life stages.

NPM

Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Objectives

Increase the number of adolescent health vendors receiving training to improve rates of intervention when bullying/harassment is witnessed and increase the number of supportive staff available to LGBTQ youth.

Annually increase the number of BFH vendors serving adolescents that adopt and implement comprehensive anti-bullying/harassment policies that specifically enumerate sexual orientation, gender identity, and gender expression as protected categories with clear and effective systems for reporting and addressing incidents that youth experience.

Increase the number of adolescents with and without special health care needs participating in a bullying awareness and prevention program.

Strategies

Provide evidence-informed LGBTQ cultural competency training to BFH vendors who serve adolescents.

All vendors serving adolescents through a BFH grant will be required to adopt and implement comprehensive anti-bullying/harassment policies.

Select and implement evidence based strategies from models such as Olweus.

ESMs

ESM 9.1 - The percent of adolescent health vendors receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training.

ESM 9.2 - The percent of adolescent serving vendors with a comprehensive anti-bullying/harassment policy.

ESM 9.3 - The number of sites participating in bullying prevention efforts.

ESM 9.4 - Number of youth participating in evidence-based or evidence-informed mentoring, counseling, or adult supervision programs.

ESM 9.5 - Number of evidence-based mentoring, counseling or adult supervision programs implemented in high risk areas of PA.

ESM 9.6 - The number of organizations certified as a safe space provider.

ESM 9.7 - Number of LGBTQ youth receiving evidence-based suicide prevention programming.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

State Action Plan Table - Adolescent Health - Entry 2

Priority Need

Adolescents and women of child-bearing age have access to and participate in preconception and inter-conception health care and support.

NPM

Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

In the first year of the grant cycle, BFH will increase from baseline SFY 2014-2015 data, the number of counties with a Health Resource Center (HRC) available to youth ages 12-17 either in a school or community based setting.

Beginning in the second year of the grant cycle, the BFH will annually increase the number of youth ages 12-17 utilizing HRC services.

For the duration of the grant cycle, the BFH will increase from baseline SFY 2014-2015 data, the number of LGBTQ youth with a medical visit in the past year.

Starting with reporting year 2015, BFH will increase the number of youth receiving health education and counseling services during a reproductive health visit.

Strategies

Expand the evidence-informed HRC model to nine additional counties.

Expand to a second service site in each of the nine counties identified in year one and work with the HRC sites to increase the number of youth receiving services.

Utilize LGBTQ organizations to provide drop-in services, for high-risk and LGBTQ youth. The services shall include primary medical care and support services.

Make available office visits and counseling/health education to youth as part of a reproductive health visit at a family planning provider.

ESMs

ESM 10.1 - The number of counties with a Health Resource Center (HRC) available to youth ages 12-17.

ESM 10.2 - Number of youth receiving services at a Health Resource Center (HRC).

ESM 10.3 - In schools with a Health Resource Center (HRC), the percent of youth within that school utilizing HRC services.

ESM 10.4 - Number of youth receiving services at a drop-in site funded by the Bureau of Family Health (BFH).

ESM 10.5 - Number of youth receiving health education and counseling services from a reproductive health provider.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

NOM 18 - Percent of children with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

State Action Plan Table - Adolescent Health - Entry 3

Priority Need

Protective factors are established for adolescents and young adults prior to and during critical life stages.

SPM

Percent of youth ages 8-18 participating in mentoring programs who increased assets by 50%.

Objectives

Annually increase the number of youth participating in evidence-based or evidence-informed mentoring, counseling and adult supervision programs.

Annually increase the number of evidence-based or evidence-informed mentoring, counseling, and adult supervision programs available to youth ages 8 - 18.

Strategies

Implement evidence based or evidence-informed mentoring, counseling, and adult supervision programs for youth with and without special health care needs ages 8 - 18.

State Action Plan Table - Adolescent Health - Entry 4

Priority Need

Protective factors are established for adolescents and young adults prior to and during critical life stages.

NPM

SPM

Objectives

Annually increase the number of LGBTQ sensitive organizations which provide services to youth.

Annually increase the number of LGBTQ youth who have access to suicide prevention services.

Strategies

Implement an evidence-informed approach to train youth-serving organizations to become a safe space for LGBTQ youth.

Implement an evidence-based suicide prevention training for LGBTQ youth.

ESMs

NOMs

Children with Special Health Care Needs

State Action Plan Table - Children with Special Health Care Needs - Entry 1

Priority Need

Appropriate health and health related services, screenings and information are available to the MCH populations.

NPM

Percent of children with and without special health care needs having a medical home

Objectives

Starting with reporting year 2015, annually increase the number of pediatric providers engaged in efforts to adopt medical home principles and practices for their population.

Starting with reporting year 2016, increase the number of youth/young aduls and parents/caregivers who are trained, engaged, supported and involved at all levels of program planning and implementation of medical home activities.

Annually develop a minimum of two collaborations with oral or behavioral health entities that involves them in the provision of medical home services.

Strategies

Expand provider access to medical home concepts and tools through learning collaboratives, education and statewide technical assistance, with special attention on health care systems and medical training programs.

Facilitate the involvement of youth/young adults and parents/caregivers in aspects of medical homes such as program planning, practice recruitment, practice partners, and patient care navigation/coordination.

Identify and develop collaborations with oral and behavioral health entities to support integration of services with medical homes.

ESMs

ESM 11.1 - Number of families who received services through the evidence based or evidence informed strategies of the SKN.

ESM 11.2 - Number of formal collaboration developed between systems of care serving CSHCN.

ESM 11.3 - Number of providers participating in a learning collaborative, education and/or statewide technical assistance

ESM 11.4 - Number of youth/young adults and parents/caregivers involved in aspects of medical home activities.

ESM 11.5 - Number of new formal collaborations developed with oral and behavioral health entities that serve pediatric populations

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

NOM 22.1 - Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

NOM 22.2 - Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

State Action Plan Table - Children with Special Health Care Needs - Entry 2

Priority Need

Appropriate health and health related services, screenings and information are available to the MCH populations.

NPM

SPM

Objectives

Annually increase the number of CSHCN served by SKN.

Annually increase the number of collaborations between systems of care serving CSHCN.

Strategies

Utilize evidence based or evidence informed strategies including the use of Community Health Workers (CHWs) model by providing service coordination, resources and information to families of CSHCN.

Identify and develop collaborations between systems of care serving CSHCN.

ESMs

NOMs

Cross-Cutting/Life Course

State Action Plan Table - Cross-Cutting/Life Course - Entry 1

Priority Need

Women receiving prenatal care or home visiting are screened for behavioral health and referred for assessment if warranted.

NPM

A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Objectives

Annually decrease the percentage of women who report smoking during pregnancy.

Annually decrease the percentage of women who report smoking after pregnancy.

Strategies

Utilize the Integrated Screening Tool (5Ps)-Institute for Health and Recovery

Utilize Motivational Interviewing

ESMs

ESM 14.1 - Number of Title V funded women who are screened for behavioral health.

ESM 14.2 - Percent of women who talk with a home visitor about Intimate Partner Violence (IPV).

ESM 14.3 - Percent of women who report smoking after confirmation of pregnancy.

ESM 14.4 - Percent of women who report smoking after pregnancy.

ESM 14.5 - Percent of Grantees who implement evidence based or evidence informed tobacco free programs.

ESM 14.6 - Percent of individuals trained on motivational interviewing.

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table - Cross-Cutting/Life Course - Entry 2

Priority Need

MCH populations are able to obtain, process and understand basic health information needed to make health decisions.

SPM

Percent of Title V grantees that develop and disseminate basic health information that is accurate and clearly understandable.

Objectives

Beginning in the first year of the grant cycle, disseminate at least one simple and clear messages about basic health information.

Annually increase the number of students with brain injury who are receiving BrainSTEPS and/or CMT services.

Strategies

Review and evaluate available social media platforms that can be used for messaging of basic health information.

Explore the feasibility of using a text messaging or smart phone app outreach program to provide basic health information.

BrainSTEPS program.

Establish requirements for grantees to review their disseminated health information.

State Action Plan Table - Cross-Cutting/Life Course - Entry 3

Priority Need

Title V staff and grantees identify, collect and use relevant data to inform decision-making and evaluate population and programmatic needs.

SPM

Percent of Title V staff who analyze and use data to steer programmatic decision-making.

Objectives

Annually identify at least one area for improvement in collecting or using data for each BFH program.

Staff from each BFH program will conduct analysis to develop actionable goals annually.

Staff from each BFH program with actionable findings will develop and implement at least one programmatic strategy based upon the findings during the project period.

Existing data collection programs will increase the dissemination of data to improve public health outcomes.

Strategies

Review program activities and goals to determine programmatic needs.

Identify and utilize at least one staff resource to conduct analysis, interpret results, and develop actionable reports.

Develop program strategies based on actionable findings.

Staff will use PA PRAMS and CDR findings to inform, develop, modify and evaluate public health programs and policies in Pennsylvania.

Staff will conduct analyses of childhood lead data to inform public health programs and policies.

State Action Plan Table - Cross-Cutting/Life Course - Entry 4

Priority Need

Women receiving prenatal care or home visiting are screened for behavioral health and referred for assessment if warranted.

NPM

SPM

Objectives

Annually increase number of women receiving Title V funded prenatal care or home visiting who are screened for behavioral health.

Annually increase the percentage of women with a home visitor who have a conversation about intimate partner violence (IPV).

Strategies

Utilize the Integrated Screening Tool (5Ps)-Institute for Health and Recovery

Utilize Motivational Interviewing

ESMs

NOMs

State Action Plan Table - Cross-Cutting/Life Course - Entry 5

Priority Need

Appropriate health and health related services, screenings and information are available to the MCH populations.

NPM

SPM

Objectives

By the end of the grant cycle, all Title V vendors will have developed a plan to identify and address health disparities in the population they serve.

Strategies

Inclusion of health disparities language in all BFH grant agreements.

ESMs

NOMs