

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Reduce Preventable Deaths and Advance Quality of Life	Increase number of women who reported attending a postpartum checkup within 12 weeks after giving birth. Decrease number of preventable maternal deaths.	Release an external application for community-based organizations to apply for Title V funding to reach this goal. Utilize MMRC Recommendations for Programmatic Priorities	ESM PPV.1 - Percentage of maternal discharges following a live birth in which a postpartum visit was scheduled before or within 24 hours of discharge from the birthing hospitalization.	NPM - Postpartum Visit	Linked NOMs: Maternal Mortality Neonatal Abstinence Syndrome Women’s Health Status Postpartum Depression Postpartum Anxiety
Reduce Preventable Deaths and Advance Quality of Life	Reduce barriers to dental care access for pregnant women through virtual services. Strengthen maternal health outcomes by coordinating community-based initiatives.	Support statewide efforts to promote oral health during pregnancy, through tele dentistry consultations and educational videos. Connect statewide maternal health initiatives with community-level implementation.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 4: Promotion of Women and Maternal Health	
Perinatal/Infant Health					
Reduce Preventable Deaths and Advance Quality of Life	Increase knowledge of safe sleep. Increase access for families to incorporate safe sleep practices for infants. Reduce the SUID rate. Increase consistent statewide safe sleep messaging.	Provide Safe Sleep Training Curriculum for Family Serving Organizations. Distribute essential safe sleep resources and equipment. Increase safe sleep knowledge and tools for families. Increase awareness for IDOH and AAP evidence-based guidelines.	ESM SS.1 - Percentage of organizations demonstrating high-fidelity implementation of safe sleep education interventions consistent with IDOH and AAP evidence-based guidelines.	NPM - Safe Sleep	Linked NOMs: Infant Mortality Postneonatal Mortality SUID Mortality

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Promote Protective Factors and Uplift Hoosier Families	<p>Increase services provided within the Mom’s Helpline.</p> <p>Decrease health outcome and infant mortality gaps for infants.</p> <p>Reduce Infant Mortality.</p> <p>Increase FIMR teams across the state.</p> <p>Increase alignment in Clinical Quality Improvement and Support.</p>	<p>Train Mom’s Helpline staff in services such as lactation and mental health support.</p> <p>Increase connection of families to services for lactation support.</p> <p>Increase number of partners and communities addressing infant mortality through local action and programs.</p> <p>Analyze the potential for new breastfeeding data.</p> <p>Provide FIMR Technical Assistance.</p> <p>Re-establish the Indiana Perinatal Quality Improvement Collaborative Internally.</p>	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Infant Wellness and Protection	

Child Health

Focus on Upstream Opportunities and Strategies	<p>Enhance the accuracy of and completeness of childhood immunization data in the Indiana immunization information system.</p>	<p>Create provider assessment reports outlining immunization coverage rates compared to state rates and ACIP recommendations.</p> <p>Conduct quarterly CHIRP audits, provide data entry training to low-performing sites, and re-audit post-training.</p> <p>Pilot dashboard, collect user feedback, revise and implement statewide.</p> <p>Pilot reminder recall, collect user feedback, revise and implement statewide.</p>	ESM VAX_Child.1 - Percentage of accurate and complete immunization data.	NPM - Childhood Vaccination	<u>Linked NOMs:</u> Infant Mortality Postneonatal Mortality SUID Mortality Child Mortality Children's Health Status
Focus on Upstream Opportunities and Strategies	<p>Strengthen the health and safety of Indiana’s children.</p> <p>Improve support and recognition of early hearing screenings.</p> <p>Increase community access to resources surrounding fatal injury prevention.</p> <p>Assess and promote youth-targeted public health, mental</p>	<p>Provide standardized, evidence-based education for newborn screening conditions.</p> <p>Provide technical assistance to local partners to provide education to families on injury prevention.</p> <p>Implement community-based physical activity initiatives.</p> <p>Release an external Request for Applications to fund local partners.</p> <p>Continue to support Handle with Care implementation statewide.</p>	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Child Safety and Supports	

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	health and suicide initiatives.				
Focus on Upstream Opportunities and Strategies	Strengthen the health and safety of Indiana’s children.	Release an external Request for Applications to fund local partners.	ESM MH.1 - Percent of families who received effective care coordination. ESM MH.2 - Percent of children diagnosed with a condition identified through newborn screening who receive an annual assessment of services	NPM - Medical Home	Linked NOMs: Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

Adolescent Health

Improve Physical Health and Strengthen Mental, Social, and Emotional Wellbeing	Indiana youth ages 10-18 years who have experienced trauma will have increased access to mental health providers who are certified in Trauma-Focused Cognitive Behavioral Therapy. Assess and promote youth-targeted public health, mental health and suicide initiatives.	Expand Trauma-Focused Cognitive Behavioral Therapy certifications for qualified mental health professionals in a school setting. Design and distribute mental health information for youth.	ESM MHT.1 - Percentage of Indiana mental health providers who have passed the two-part series assessment within 6 months of training completion.	NPM - Mental Health Treatment	Linked NOMs: Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Focus on Upstream Opportunities and Strategies	Improve local middle schools' capacity to prevent bullying within their individual schools. Promote youth-targeted public health, mental health and suicide prevention initiative. Increase community access to resources surrounding fatal injury prevention.	Provide individualized technical assistance middle schools to plan, implement, and evaluate unique bullying prevention programs. Elevate youth voice in statewide health initiatives. Provide technical assistance to local partners to provide education to families on injury prevention.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 3: Adolescent Wellbeing	

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Children with Special Health Care Needs					
Foster Reciprocal Communication and Strategic and Sustainable Collaboration	<p>Provide interactive, virtual trainings to coordinate care support and access so that families can get what they need.</p> <p>Deliver, manage and evaluate virtual Care Support Communities of Practice (CoP) tailored to meet the needs of a varied care support workforce.</p>	<p>Establish statewide technical assistance and peer services model.</p> <p>Create, deliver and manage content to afford participants to achieve increasing levels of care support competency.</p> <p>Launch, recruit and engage new care support workforce participants into a statewide Care Support Communities of Practice.</p>	<p>ESM MH.1 - Percent of families who received effective care coordination.</p> <p>ESM MH.2 - Percent of children diagnosed with a condition identified through newborn screening who receive an annual assessment of services</p> <p>ESM MH_CC.1 - Number of survey respondents to who reported increased knowledge of care support curriculum</p>	NPM - Medical Home; Medical Home_Family Centered Care; Medical Home_Care Coordination	<p><u>Linked NOMs:</u></p> <p>Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All</p>
Address Community Health Factors and Systems that Influence Health Status and Behaviors	To increase the percent of families who receive effective peer services.	<p>Enhance partnerships with family and parent organizations to assist with system navigation.</p> <p>Establish a sustainable statewide Family Advisory Board.</p>	<p>ESM MH.1 - Percent of families who received effective care coordination.</p> <p>ESM MH.2 - Percent of children diagnosed with a condition identified through newborn screening who receive an annual assessment of services</p> <p>ESM MH_CC.1 - Number of survey respondents to who reported increased knowledge of care</p>	NPM - Medical Home; Medical Home_Family Centered Care; Medical Home_Care Coordination	<p><u>Linked NOMs:</u></p> <p>Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All</p>

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			support curriculum		
Cross-Cutting/Systems Building					
Enhance Approaches to Operations, Data, and Evaluation	<p>Enhance data to action to improve policies, programs, and systems that affect Hoosier families.</p> <p>To increase evaluation and review of internal and external programs.</p>	<p>Review findings from PRAMS (maternal behaviors), MMRC (maternal mortality), FIMR (fetal/infant mortality), CFR (child fatalities), SOFR (suicide and overdose), BRFFS (behavior risk), School Health PROFILES (administrative policy) and YRBS (youth risk behaviors) to identify risk factors and service gaps.</p> <p>Conduct regular review cycles where data teams and program leads assess trends and outcomes.</p> <p>Conduct quarterly CHIRP audits, provide data entry reporting to low-performing sites, and re-audit post-training.</p> <p>Conduct quarterly monitoring of vaccination data via ISS dashboard.</p> <p>Evaluate programs funded by Title V.</p>	No ESMs were created by the State. ESMs are optional for this measure.	SPM 6: Data Guided Initiatives	
Foster Reciprocal Communication and Strategic and Sustainable Collaboration	Increase opportunities for IDOH and communities to exchange information on programs, resources, data, and experiences.	<p>Establish IN-FaCTS.</p> <p>Continue to support the Indiana Youth Advisory Board.</p> <p>Share program data and feedback through newsletters, dashboards, and partner meetings.</p> <p>Conduct focus group discussions with families from different backgrounds (e.g., rural, urban, racial/ethnic groups, families with children with special health care needs).</p> <p>Embed feedback review into quarterly program reporting and planning.</p> <p>Conduct digital storytelling.</p>	No ESMs were created by the State. ESMs are optional for this measure.	SPM 5: Partner and Family Feedback	