

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
<p>Care During Pregnancy and Delivery</p>	<p>Expand family-focused, community-based policy and funding</p> <p>Integrate services and optimize cross-sector collaboration</p> <p>Strengthen and expand culturally responsive, trauma-informed care</p>	<p>By 2025, Minnesota aims to increase the percentage of women receiving a preventative medical visit in the past year by 10%.</p>	<p>NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year</p>	<p>ESM 1.1: Percent of Minnesota Perinatal Quality Collaborative (MNPQC) members who completed implicit bias training in the last year</p>	<p>NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>NOM 3: Maternal mortality rate per 100,000 live births</p> <p>NOM 4: Percent of low birth weight deliveries (<2,500 grams)</p> <p>NOM 5: Percent of preterm births (<37 weeks)</p> <p>NOM 6: Percent of early term births (37, 38 weeks)</p> <p>NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <p>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.2: Neonatal mortality rate per 1,000 live births</p> <p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p> <p>NOM 9.4: Preterm-related mortality rate per 100,000 live</p>

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					<p>births</p> <p>NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy</p> <p>NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations</p> <p>NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females</p> <p>NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth</p>
Perinatal/Infant Health					
Infant Mortality	<p>Apply culturally-specific, community-based best practices</p> <p>Improve data collection and evaluation</p> <p>Facilitate policy and systems changes to reduce infant mortality</p>	By 2025, increase the percentage of infants who have been breastfed ever by 5%, and increase the percentage of infants breastfed exclusively through 6 months by 20%.	NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	ESM 4.1: Percent of births delivered at MDH Breastfeeding-Friendly Maternity Centers	<p>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p> <p>NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>
Infant Mortality	<p>Apply culturally-specific, community-based best practices</p> <p>Improve data collection and evaluation</p> <p>Facilitate policy and systems changes to reduce infant mortality</p>	By 2025, increase the percentage of infants placed to sleep on their backs by 5%; increase the percentage of infants placed to sleep on a separate sleep surface by 15%, and increase the percentage of infants placed to sleep without soft objects or bedding by 15%.	NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding	ESM 5.1: Percent of births delivered at Minnesota hospitals with national Safe Sleep Hospital Certification	<p>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p> <p>NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>

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		By 2025, Minnesota aims to reduce the overall SUID rate by 15% and reduce the SUID rates between whites and African Americans and American Indians by 15%.			
Child Health					
Comprehensive Early Childhood Systems	<p>Coordinate access to comprehensive, family-centered early childhood services.</p> <p>Maximize and increase funding to support statewide programs that serve families who are pregnant and parenting young children</p>	By 2025, increase the percentage of children receiving developmental screening by 10%.	NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year	ESM 6.1: Percent of children enrolled in the follow along program that completed at least one developmental/social-emotional screens electronically in the year	<p>NOM 13: Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p>
Adolescent Health					
Adolescent Suicide	<p>Empower youth, young adults, families, and communities to meaningfully engage in creating solutions to prevent suicide</p> <p>Expand and improve postvention supports</p> <p>Reduce access to lethal means</p>	By 2025, increase the percentage of adolescents who received a preventative medical visit in the past year by 10%.	NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.	ESM 10.1: Percentage of Child and Teen Checkups (C&TC) where depression screenings are occurring for adolescents enrolled in Minnesota Health Care Programs (MHCP)	<p>NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000</p> <p>NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000</p> <p>NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000</p> <p>NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or</p>

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					<p>very good health</p> <p>NOM 20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)</p> <p>NOM 22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza</p> <p>NOM 22.3: Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p> <p>NOM 22.4: Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine</p> <p>NOM 22.5: Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine</p> <p>NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females</p> <p>NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system</p>

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Children with Special Health Care Needs					
<p>Access to Services and Supports for Children and Youth with Special Health Needs</p>	<p>Enhance centralized resources to improve knowledge of services and supports</p> <p>Build the capacity of communities by cultivating knowledge and improving collaboration</p> <p>Construct a competent and well-compensated workforce</p>	<p>By 2025, increase the percentage of CYSHN who are adequately insured by 10%.</p>	<p>NPM 15: Percent of children, ages 0 through 17, who are continuously and adequately insured</p>	<p>ESM 15.1: Percent of families receiving family-to-family support who report increased confidence in navigating care for their child</p>	<p>NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system</p> <p>NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p> <p>NOM 22.1: Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months</p> <p>NOM 22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza</p> <p>NOM 22.3: Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p> <p>NOM 22.4: Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine</p> <p>NOM 22.5: Percent of</p>

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					<p>adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine</p> <p>NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year</p>
Cross-Cutting/Systems Building					
Accessible and Affordable Health Care	<p>Recognize and reduce systemic racism, discrimination, and marginalization in health care</p> <p>Expand access to health care by increasing availability of community-based and remote services</p> <p>Improve the quality of health care by promoting person and family-centered practices</p>	By 2025, reduce the percentage of Minnesotans that did not routine medical care they needed because of cost by 10%.	SPM 1: Percent of Minnesotans that did not get routine medical care that they needed because of cost		
American Indian Family Health	<p>Increase access to culturally specific health services</p> <p>Mandate cultural proficiency, as defined by the community</p> <p>Shift power and policies to address structural racism</p>	By 2025, at least 9 of the 11 federally-recognized tribes will participate in developing technical assistance plans.	SPM 2: Percent of tribes that participate in collaborating with MDH to develop technical assistance plans to provide culturally relevant services		
Housing	<p>Expand funding opportunities</p> <p>Person-centered approach/services</p> <p>Create/innovate housing</p> <p>Focus on policy change</p>	By 2025, engage with 75 stakeholders in housing and homelessness planning.	SPM 3: Proportion of Minnesota adolescents who report staying in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay in the past 12 months		
Mental Well-Being	<p>Help communities build capacity and resilience</p> <p>Implement a public health communications campaign on mental well-being</p>	By 2025, increase the percentage of adolescents reporting positive mental well-being by 10%.	SPM 4: Percent of Minnesota adolescents who report having positive		

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	<p>across the life span</p> <p>Advocate for legislative policies that promote mental well-being for everyone</p>		<p>mental well-being - fulfilling relationships, contributing to community, and being resilient</p>		
<p>Parent and Caregiver Support</p>	<p>Advocate for the redesign of a network of policies and programs to better support families</p> <p>Build capacity of public health professionals and family home visitors to help improve the mental health, well-being, and resilience of families</p> <p>Build supports for multi-faceted ways for parents/caregivers to connect with one another</p>	<p>By 2025, increase the percentage of children, ages 0-17, living with parents who are coping very well with the demands of parenthood by 10%.</p>	<p>SPM 5: Percent of children, ages 0-17, living with parents who are coping very well with the demands of parenthood</p>		