

Minnesota

State Action Plan Table

2025 Application/2023 Annual Report

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					
Care During Pregnancy and Delivery	By 2025, Minnesota aims to increase the percentage of women receiving a preventative medical visit in the past year by 10%.	<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><i>Inactive - ESM</i></p> <p><i>WWW.1 - Percent of Minnesota Perinatal Quality Collaborative (MNPQC) members who completed implicit bias training in the last year</i></p> <p>ESM WWW.2 - Number of hospitals that are actively participating in Minnesota Perinatal Quality Collaborative (MNPQC) initiative focused on the Alliance for Maternal Innovation (AIM) bundle on substance use disorders (SUDs).</p>	<p>NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWW</p>	<p>NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM</p> <p>NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM</p> <p>NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB</p> <p>NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB</p> <p>NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM</p> <p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p>

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					<p>NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related</p> <p>NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP</p> <p>NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB</p> <p>NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,</p>

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					Formerly NOM 24) - PPD
Care During Pregnancy and Delivery	By 2030, Minnesota aims to increase the percentage of women receiving a postpartum checkup within 12 weeks after giving birth by 10%.	Expand family-focused, community-based policy and funding	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

Perinatal/Infant Health

Infant Mortality	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%.	Apply culturally-specific, community-based best practices Improve data collection and evaluation Facilitate policy and systems changes to reduce infant mortality	ESM BF.1 - Percent of births delivered at MDH Breastfeeding-Friendly Maternity Centers	NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Infant Mortality	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%. By 2025, Minnesota aims to reduce	Apply culturally-specific, community-based best practices Improve data collection and evaluation Facilitate policy and systems changes to reduce infant mortality	<i>Inactive - ESM SS.1 - Percent of births delivered at Minnesota hospitals with national Safe Sleep Hospital Certification</i> ESM SS.2 - Proportion of mothers who were told by a	NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live

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	the overall SUID rate by 15% and reduce the SUID rates between whites and African Americans and American Indians by 15%.		healthcare provider to place their baby on his or her back to sleep	loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS	births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Child Health					
Comprehensive Early Childhood Systems	By 2025, increase the percentage of children receiving developmental screening by 10%.	Coordinate access to comprehensive, family-centered early childhood services. Maximize and increase funding to support statewide programs that serve families who are pregnant and parenting young children	ESM DS.1 - Percent of developmental/social-emotional screens that were completed electronically through the Follow Along Program (FAP) in the past year.	NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS	NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Comprehensive Early Childhood Systems	By 2030, increase the percentage of children who have a medical home by 10%.	Coordinate access to comprehensive, family-centered early childhood services.	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Adolescent Health					
Adolescent Suicide	By 2025, increase the percentage of adolescents who received a preventative medical visit in the past year by 10%.	Empower youth, young adults, families, and communities to meaningfully engage in creating solutions to prevent suicide Expand and improve postvention supports Reduce access to lethal means	ESM AWW.1 - Percentage of Child and Teen Checkups (C&TC) where depression screenings are occurring for adolescents enrolled in Minnesota Health	NPM - Percent of adolescents, ages 12 through 17, with a preventative medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW	NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM

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			Care Programs (MHCP)		<p>16.2) - AM-Motor Vehicle</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p> <p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS</p> <p>NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu</p>

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					<p>Vaccination, Formerly NOM 22.2) - VAX-Flu</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB</p>
Children with Special Health Care Needs					
<p>Access to Services and Supports for Children and Youth with Special Health Needs</p>	<p>By 2025, increase the percentage of CYSHN who are adequately insured by 10%.</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><i>Inactive - ESM AI.1 - Percent of families receiving family-to-family support who report increased confidence in navigating care for their child</i></p> <p>ESM AI.2 - Care</p>	<p>NPM - Percent of children, ages 0 through 17, who are continuously and adequately insured (Adequate Insurance, Formerly NPM 15) - AI</p>	<p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a</p>

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			<p>coordinators reporting increased knowledge in serving CYSHN and their families after participating in Community of Practice webinars</p>		<p>mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months (Childhood Vaccination, Formerly NOM 22.1) - VAX-Child</p> <p>NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have</p>

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					received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
Access to Services and Supports for Children and Youth with Special Health Needs	By 2030, increase the percent of children with special health care needs who have a medical home by 10%.	Enhance centralized resources to improve knowledge of services and supports	No ESMS were created by the State. ESMS were optional for this measure in the 2025 application/2023 annual report.	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Cross-Cutting/Systems Building					
Accessible and Affordable Health Care	By 2025, reduce the percentage of Minnesotans that did not routine medical care they needed because of cost by 10%.	Recognize and reduce systemic racism, discrimination, and marginalization in health care Expand access to health care by increasing availability of community-based and remote services Improve the quality of health care by promoting person and family-centered practices		SPM 1: Percent of Minnesotans that did not get routine medical care that they needed because of cost	
Housing	By 2025, engage with 75 stakeholders in housing and homelessness planning.	Expand funding opportunities Person-centered approach/services Create/innovate housing Focus on policy change		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-	By 2025, increase the percentage	Help communities build capacity and resilience		SPM 4: Percent of	

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Being	of adolescents reporting positive mental well-being by 10%.	<p>Implement a public health communications campaign on mental well-being across the life span</p> <p>Advocate for legislative policies that promote mental well-being for everyone</p>		Minnesota adolescents who report having positive mental well-being - fulfilling relationships, contributing to community, and being resilient	
Parent and Caregiver Support	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>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>		SPM 5: Percent of children, ages 0-17, living with parents who are coping very well with the demands of parenthood	
American Indian Family Health	By 2025, at least 75% of Division staff will have completed the Tribal State Relations Training	<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>		SPM 6: Percent of Division staff who have completed the Tribal State Relations Training	