

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					
<p>To increase the percent of women who have an annual preventive visit.</p>	<p>1. Title V staff will partner with entities who routinely work with women between the ages of 18-44 to increase the percentage of these women who have had a preventative health visit, specifically targeting low income and minority women, moving the number of women who report having a 'routine' checkup in the last 12 months before pregnancy from 37% to 45% as measured by PRAMS data, a 22% increase over five years.</p>	<p>1a. Collaborate with state-level organizations and entities to improve access to care.</p> <p>1b. Intersect with women in pregnancy and the inter-pregnancy interval, to reach them at a time when they are most likely to contact the health care system.</p> <p>1c. Partner with local Community Based Organizations (CBOs) and other partners to expand the reach of preventative messages, conducting outreach to specific racial and ethnic groups or specific populations of high-need women in contact with other services.</p>	<p><i>Inactive - ESM WWV.1 - Percentage of women screened in pediatric clinics at the piloting clinics</i></p> <p><i>Inactive - ESM WWV.2 - Number of tailored messages developed targeting low-income and minority women.</i></p> <p>ESM WWV.3 - Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.</p> <p>ESM WWV.4 - The percentage of women receiving women's preventative health educational materials.</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
To increase the percent of women who have an annual preventive visit.	Title V staff will partner with entities that routinely work with women between the ages of 18 and 44 to increase the percentage of these women who have had a postpartum checkup within 12 weeks after giving birth and have also been followed up with additional necessary post-partum services.	Research and explore state-level approaches to improving the rates of health care visits in the post-partum period.	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

To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.	<p>1. By September 30, 2025, increase the percentage of North Dakota infants who are ever breastfed from 84.8% to 89% Data Source: 2016 CDC National Immunization Survey.</p> <p>2. By September 30, 2025, increase the percentage of North Dakota infants who are breastfed exclusively at 6 months from 27.9% to 35% Data Source: 2016 CDC National Immunization Survey.</p>	<p>1a. Increase the number of hospitals trained with the EMPOWER training from 2 to 6 by September 30, 2025.</p> <p>1b. Establish and maintain partnerships with programs serving American Indian women to increase prenatal and postpartum breastfeeding education.</p> <p>2a. By September 30, 2025, increase the number of businesses designated as Infant Friendly Workplaces from 140 to 200.</p> <p>2b. Increase access to professional lactation support during the postpartum period.</p>	<p><i>Inactive - ESM BF.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.</i></p> <p>ESM BF.2 - Number of businesses designated Infant Friendly Workplaces.</p> <p><i>Inactive - ESM BF.3 - Percent of maternity care staff trained with the EMPOWER curriculum.</i></p>	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	<p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>
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Child Health

To increase the percent of children and	1. By 2025, the percentage of North Dakota children, ages 6 through 11, who are physically	1a. Participate on the Full Service Community School (FSCS) advisory committee to identify opportunities to promote Physical Activity/Nutrition in children.	ESM PA-Child.1 - Number of communities actively	NPM - Percent of children, ages 6 through 11, who are physically active at least 60	NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health
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adolescents who are physically active.	<p>active at least 60 minutes per day will increase from 34% to 49% and the percent of North Dakota adolescents, ages 12 through 17, who are physically active at least 60 minutes per day will increase from 18% to 28%, according to the National Survey of Children's Health (NSCH).</p> <p>2. By September 30, 2025, increase opportunities to access fresh fruits, vegetables, and healthy environments by implementing Farm to School, Farm to Table, and/or Healthy Concessions initiatives in communities.</p>	<p>1b. By September 30, 2025, increase the number of Schools/ECEs/Community Events that are implementing Physical Activity strategies from 0 to 50.</p> <p>1c. By September 30, 2025, increase the number of North Dakota school teams to attend the Roughrider Health Promotion Conference from 17 to 25.</p> <p>2a. By September 30, 2025, increase the number of LPHUs implementing Farm to School, Farm to Table, and Healthy Concession initiatives.</p>	involved with the physical activity / nutrition strategies.	minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child	Status, Formerly NOM 19) - CHS 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
To increase the percent of children and adolescents who are physically active.	Increase the percentage of children with and without a special health care need, ages 0 through 17, who have a medical home.	Title V staff who oversee the child health domain will partner with Title V staff overseeing the children with special health care needs (CSHCN) domain to explore opportunities to improve/enhance medical home infrastructure for all children.	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

To increase the percent of adolescents who have a preventive medical visit.	<p>1. Title V will provide education and outreach targeted at adolescents that will increase the level of knowledge regarding optimal adolescent health including but not limited to depression screening, obesity prevention, immunizations, and safer sex by September 30, 2025.</p> <p>2. Title V will collaborate with</p>	<p>1a. Engage underserved populations (e.g. New Foreign Immigrants, Tribal Nations, etc.) and other existing adolescent groups to consult in activities related to adolescent health.</p> <p>1b. Encourage youth to take charge of their own health.</p> <p>2a. Convene and collaborate with state-level partners that are currently conducting activities related to adolescent health.</p> <p>2b. Work with primary care and other medical providers regarding innovative methods to ensure adolescents are receiving preventative health</p>	<p>ESM AWW.1 - Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.</p> <p>ESM AWW.2 - Number of adolescents, ages 12 through 17, with a</p>	NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW	<p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle</p>
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	<p>partners to develop strategies, braid and layer resources, and implement activities that promote adolescent health and safety by September 30, 2025.</p> <p>3. Title V will improve access to mental health/behavioral health services to adolescents by September 30, 2025.</p>	<p>care.</p> <p>3a. Collaborate with health professionals and other partners to address challenges and provide education around healthy adolescent behavioral health.</p> <p>3b. Collaborate with school nurses and school personnel to provide education around bullying.</p>	<p>reported visit to an emergency department (ED) involving depression within the last year.</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 Vaccination, Formerly NOM 22.2) - VAX-Flu</p>

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					<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

To increase the percent of adolescents with and without special health care needs who have received the services necessary to make transitions to	<p>1. Title V will provide resources and technical assistance necessary to implement evidence-based or evidence-informed and/or promising practices to advance health care transition in North Dakota through September 30, 2025.</p> <p>2. Title V will increase the level of knowledge for providers and other professionals working with</p>	<p>1a. Fund various projects that develop or further enhance infrastructure and capacity required for successful transitions from pediatric to adult health care for all children, including children with special health care needs.</p> <p>2a. Increase and enhance transition education to health care providers and professionals from Title V staff through various methods.</p> <p>2b. Increase and enhance transition education to school personnel from Title V staff through various methods.</p> <p>3a. Provide funding to family support organizations that will train or assist</p>	<p>ESM TR.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.</p> <p>ESM TR.2 - Number of educational opportunities provided to health care</p>	NPM - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR	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
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adult health care.	<p>families on transitioning from pediatric to adult health care by September 30, 2025.</p> <p>3. Title V will provide education and resources to expand family-professional partnerships around health transition through September 30, 2025.</p>	families in expanding knowledge and leadership capacity around health transition.	<p>professionals/providers from Title V regarding health care transition.</p> <p>ESM TR.3 - Number of educational opportunities provided to school personnel from Title V regarding health care transition.</p> <p>ESM TR.4 - Percentage of families served by family support contracts who received education and / or training on healthcare transition.</p>		
To increase the percent of adolescents with and without special health care needs who have received the services necessary to make transitions to adult health care.	Increase the percentage of children with or without special health care needs, ages 0 through 17, who have a medical home.	Title V staff who oversee the children with special health care needs (CSHCN) domain will partner with Title V staff who oversee the child health domain to explore opportunities to improve/enhance medical home infrastructure for all children.	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

To support workforce development for State Title	1. By September 30, 2025, the MCH Navigator on-line assessment will reflect an increase in North Dakota's	1a. Develop a Maternal and Child Health Workforce Development Plan to improve workforce culture and competencies by contracting with the North Dakota State University, Department of Public Health, to implement a Maternal and Child Health Certificate Program.		SPM 3: Maternal and Child Health (MCH) Workforce Development- The number of individuals	
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V program leaders and staff to meet current public health MCH policy and programmatic imperatives around health transformation.	maternal and child health staff's mean knowledge and skill scores by competency as compared to December 2019.	1b. Deliver trainings specific to address identified knowledge gaps.		enrolled in the Maternal and Child Health (MCH) Certificate Program.	
To reduce annual motor vehicle crash fatalities to fewer than 75 by 2025.	1. By 2025, Increase the number of car seat checkups offered by the NDDoH for North Dakotans from 69 to 100 (5 year average).	1a. Incorporate the E's to Injury Prevention Model into the development of strategies for the activities in this action plan. The E's include; Enforcement, Education, Engineering and Emergency Medical Services.		SPM 1: Vision Zero – Eliminate fatalities and serious injuries caused by motor vehicle crashes.- By 2025, Increase the number of car seat checkups offered by the NDDoH for North Dakotans from 69 to 100.	
To implement all North Dakota state mandates delegated to the North Dakota Department of Health and Human Services' Title V/Maternal and Child Health Programs.	1. Implement all North Dakota State Mandates for the Maternal Child Health Population.	1a. Implement North Dakota State Mandates as cited in North Dakota Century Code (N.D.C.C).		SPM 2: North Dakota State Mandates - Implement North Dakota state mandates delegated to North Dakota Department of Health and Human Services' Title V / Maternal and Child Health Program.	