South Dakota	State Action Plan Table	2026 Application/2024 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					
Post-Partum Visits	Increase the percentage of women with a postpartum checkup within 12 weeks after giving birth from 89.3% in 2023 to 93.6% in 2030. Increase the percentage of women with a postpartum checkup and recommended care components from 78.4% in 2023 to 85.9% in 2030.	Identify and promote the use of individualized postpartum care plans and other tools that support comprehensive postpartum visits. Support opportunities for patient navigation during postpartum period, with a focus on overcoming barriers and care coordination. Identify opportunities to incorporate telehealth options for comprehensive postpartum visits.	ESM PPV.1 - Percent of women in SD DOH Pregnancy Care Program who were risk assessed and also had a postpartum visit.	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Safe Sleep	Increase the percentage of infants placed to sleep on their backs from 76.9% in 2023 to 84.4% in 2030. Increase the percentage of infants placed to sleep on a separate approved sleep surface from 27.2% in 2023 to 34.7% in 2030. Increase the percentage of infants placed to sleep without soft objects or loose bedding 77.2% in 2023 to 84.7% in 2030. Increase the percentage of infants room-sharing with an adult from 78.8% in 2023 to 86.3% in 2030.	Distribute safe sleep education and cribs to reduce sleep-related sudden unexpected infant deaths in SD. Educate health care and social service providers who have opportunities to promote infant safe sleep practices. Collaborate with multisector partners to provide safe sleep education to parents and caregivers.	***Inactive -*** *ESM SS.1 - % of birthing hospitals that receive information on certification process that become safe sleep certified* ESM SS.2 - Percent of requested healthcare/social service professionals who received Safe Sleep Ambassador certificate after passing training quiz with at least 90%. ESM SS.3 - Number of SD residents who	NPM - Safe Sleep	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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			received Safe Sleep Ambassador certification after passing training quiz with 90%+.		
Child Health					
Food Sufficiency	Increase the percentage of children (0-11) living in food sufficient households from 71.3% (2022-2023) to 77.4% in 2030.	Build and align state capacity to advance child food sufficiency through cross-sector coordination, workforce development, systems thinking, and data-driven action Increase access to affordable and nutritious foods by increasing the availability of fresh fruits and vegetables in areas experiencing food insecurity and limited access to healthy options Strengthen family-centered nutrition education and resource navigation programs that empower caregivers to make informed food and health decisions	ESM FS.1 - Percentage of state and local partners who participate in Title V-supported training or planning sessions to improve coordination around child food sufficiency.	NPM - Food Sufficiency	**Linked NOMs:** School Readiness Children's Health Status Behavioral/Conduct Disorders Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All Adverse Childhood Experiences
Medical Home	Increase the percentage of children with and without special healthcare needs (0-17) who have a medical home from 50.6% (2022-2023) to 58% in 2030.	Partner with FQHCs and quality improvement organizations to enhance access to coordinated comprehensive medical care for children by strengthening connections to the medical home model Develop early connections to a medical home model through care coordination and collaboration with home visiting Integrate Oral Health into the Pediatric Medical Home Model Through Community, School, and Medicaid Partnerships	***Inactive -*** *ESM MH.1 - Percent of families who received effective care coordination* ESM MH.2 - Percentage of home visiting staff trained in pediatric medical home principles and referral protocols. ESM MH.3 - Percent of primary care practices with at least one registered user in the newborn screening surveillance system (NBSSS)	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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Adolescent Health					
Adolescent Well-Visit	Increase the percentage of adolescents (12-17) with a preventive medical visit in the past year from 70.9% (2022-2023) to 78.4% in 2030.	10.1 Quality Improvement (QI) Initiatives to Increase Adolescent Well-Visits 10.2: Promote evidence-based programs and practices that increase knowledge of the components of an Adolescent Well Visit 10.3: Promote evidence-based programs and practices that increase knowledge of the components of an Adolescent Well Visit	ESM AWV.1 - Number of Title X clinics that have integrated evidence-based practices/quality improvement strategies to optimize the delivery of adolescent well-visit services.	NPM - Adolescent Well-Visit	**Linked NOMs:** Teen Births Adolescent Mortality Adolescent Motor Vehicle Death Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Child Obesity Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Children with Special Health Care Needs					
Medical Home-Overall	Increase the percentage of children with and without special healthcare needs (0-17) who have a medical home from 50.6% (2022-2023) to 58% in 2030. Increase the percentage of children with special healthcare needs (0-17) who have a medical home from 44.9% (2022-2023) to 53.6% in 2030.	Use electronic health data solutions to standardize communication Enhance provider education and communication	***Inactive*** *- ESM MH.1 - Percent of families who received effective care coordination* ESM MH.2 - Percentage of home visiting staff trained in pediatric medical home principles and referral protocols. ESM MH.3 - Percent of primary care practices with at least one registered user in the newborn screening surveillance system	NPM - Medical Home; Medical Home_Referrals	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
			(NBSSS) ESM MH_REF.1 - Percent of infants identified with hearing loss or deafness who were connected with intervention by 6 months of age.		
Medical Home-Referrals	Increase the percentage of children with special healthcare needs (0-17) who received needed referrals from 70 % (2022-2023) to 82.9% in 2030.	Identify and implement strategies to advance referrals Coordinate state newborn screening infrastructure with a focus on long-term outcomes and a lifespan perspective Establish and promote registries of providers and tools	***Inactive -*** *ESM MH.1 - Percent of families who received effective care coordination* ESM MH.2 - Percentage of home visiting staff trained in pediatric medical home principles and referral protocols. ESM MH.3 - Percent of primary care practices with at least one registered user in the newborn screening surveillance system (NBSSS) ESM MH_REF.1 - Percent of infants identified with hearing loss or deafness who were connected with intervention by 6 months of age.	NPM - Medical Home; Medical Home_Referrals	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All