

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or – Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Increase family planning	Increase knowledge, awareness, and usage of reproductive life plans through PATH across the state of Tennessee Increase rural access to family planning services through telehealth Increase access to women’s health services by addressing and eliminating barriers to care through client navigation	Increase the percentage of mothers whose pregnancy was intended from 62% on October 1, 2020 to 64% on September 30, 2025.	SPM 1: Percent of new mothers whose pregnancy was intended		
Decrease pregnancy-associated mortality	Increase surveillance of maternal deaths	Increase the percent of women, ages 18-44, with a preventive medical visit in the past year from 70% on October 1, 2020 to 82% on September 30, 2025.	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	ESM 1.1: Create pre/posttests to assesses provider knowledge of and confidence using PATH (Parenthood/Pregnancy Attitude, Timing, and How important is pregnancy prevention). ESM 1.2: Percent of family planning encounters that occur via telehealth ESM 1.3: Number of women receiving patient navigation for women’s health services ESM 1.4: Percent of births covered by hospitals implementing	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate

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				<p>data-driven, clinical recommendations</p> <p><i>Inactive - ESM 1.5: Percent of birthing hospital providers trained reporting a change in knowledge</i></p> <p><i>Inactive - ESM 1.6: Percent of non-clinical members participating in the action group</i></p> <p><i>Inactive - ESM 1.7: Percent of postpartum women with positive screenings for depression (using a validated screening tool) who will receive resources/education or referrals for professional services</i></p> <p>ESM 1.8: Percent of recommendations with who/what/when components</p>	<p>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 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>
Decrease pregnancy-associated mortality	Increase evidence-based education at hospitals on topics identified by the Maternal Mortality Review Committee (MMRC)	Increase the percent of facilities implementing patient safety recommendations from 24% on October 1, 2020 to 33% on September 30, 2025.	SPM 2: Percent of facilities implementing patient safety recommendations		
Decrease pregnancy-associated mortality	Increase evidence-based education at hospitals on topics identified by the Maternal Mortality Review Committee (MMRC)	Decrease the rate of pregnancy-related mortality to live births from 25.6 per 100,000 live births on October 1, 2020 to 20.5 per			SOM 2: Rate of pregnancy-related mortality to live births

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		100,000 live births on September 30, 2025.			
Decrease pregnancy-associated mortality	Increase access to services through community agency involvement to improve maternal health outcomes	Decrease pregnancy-associated mortality from 51 on October 1, 2020 to 42 on September 30, 2025.			SOM 1: Rate of pregnancy-associated mortality to live birth
Decrease pregnancy-associated mortality	Increase surveillance of maternal deaths.	Increase the number of community level recommendations implemented from 2 on October 1, 2020 to 8 on September 30, 2025.	SPM 23: Number community level recommendations implemented		
Perinatal/Infant Health					
Increase breastfeeding	Cultivate a diverse community of professional lactation support through education and training opportunities across health care disciplines	Increase the percent of infants who were ever breastfed from 83% on October 1, 2020 to 84% on September 30, 2025.	NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	ESM 4.1: Number of credentialed lactation professionals within WIC ESM 4.2: Percent of Breastfeeding Welcomed Here (BFWH)-designated businesses with ideal workplace lactation policies ESM 4.3: Recognition process implemented for Breastfeeding Welcomed Here (BFWH)-designated businesses	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
Increase breastfeeding	Re-enforce lactation policies that positively influence breastfeeding practices in the workplace	Increase the percent of Tennessee newborns who initiate breastfeeding from 80.6% on October 1, 2020 to 83.2% on September 30, 2025.	SPM 4: Percent of Tennessee newborns who initiated breastfeeding		
Decrease	Reduce infant sleep-related deaths, with outreach focused on regions with	Increase the percent of infants	NPM 5: A) Percent of	ESM 5.1: Percent of	NOM 9.1: Infant mortality rate per

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infant mortality	the highest infant mortality rates, the highest reported number of sleep-related deaths, and the widest racial disparity among sleep-related deaths (West TN, Shelby and Davidson)	<p>placed to sleep on their backs from 82% on October 1, 2020 to 87% on September 30, 2025.</p> <p>Increase the percent of infants placed to sleep on a separate approved sleep surface from 31% on October 1, 2020 to 36% on September 30, 2025.</p> <p>Increase the percent of infants placed to sleep without soft objects or loose bedding from 46% on October 1, 2020 to 56% on September 30, 2025.</p>	<p>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</p>	<p>hospitals receiving national recognition or implementing approved safe sleep policy</p> <p>ESM 5.2: Number of diaper bags with safe sleep educational materials distributed</p>	<p>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>
Decrease infant mortality	Improve perinatal health outcomes through quality improvement and regionalization efforts	Increase the percent of VLBW infants born in a hospital with a Level III+ NICU from 84.5% on October 1, 2020 to 87% on September 30, 2025.	NPM 3: Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)	ESM 3.1: Percent of Tennessee birthing hospitals participating in perinatal quality collaborative projects	<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 9.4: Preterm-related mortality rate per 100,000 live births</p>
Decrease infant mortality	Reduce infant deaths due to prematurity and low birthweight by reducing infant exposure to tobacco	Increase the percent of safe sleep diaper bag recipients who reported making a behavioral change in their infant sleep practices because of the items included in the bag from 43% on October 1, 2020 to 55% on September 30, 2025.	SPM 5: Percent of safe sleep diaper bag recipients who reported making a behavioral change in their infant sleep practices because of the items included in the bag		

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Child Health					
Decrease overweight and obesity among children	Support school-based efforts to promote physical activity and good nutrition	Increase the percentage of children ages 6-11 years who are physically active at least 60 minutes per day from 31.5% on October 1, 2020 to 40.0% on September 30, 2022.	NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	<p>ESM 8.1.1: Percent of physical education teachers receiving professional development related to 50% of PE class time spent in moderate to vigorous physical activity</p> <p>ESM 8.1.2: Percentage of TN counties in which trainings related to mental health and physical health have occurred</p> <p>ESM 8.1.3: Number of Gold Sneaker certified childcare facilities</p> <p>ESM 8.1.4: Percent of LHD primary care clinics writing HPHP prescriptions annually</p> <p>ESM 8.1.5: Number of Healthy Parks Healthy Person prescriptions written</p> <p>ESM 8.1.6: Percentage of TN counties with completed built environment projects</p>	<p>NOM 19: Percent of children, ages 0 through 17, in excellent or 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>

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				<p>ESM 8.1.7: Percent of eligible venues offering the Double Up Food Bucks Program</p> <p><i>Inactive - ESM 8.1.8: Percent of staff with an increase in ACEs and TIC knowledge as evidenced by post training evaluation</i></p> <p>ESM 8.1.9: Percent of families with improved protective factors score</p> <p>ESM 8.1.10: Percent of families enrolled in CHANT care coordination who partially or fully complete pathways identified</p>	
Decrease overweight and obesity among children	Promote Gold Sneaker voluntary recognition program for licensed childcare centers	Increase the percentage of public schools with at least 50% physical education class time spent in moderate to vigorous physical activity from 10% on October 1, 2020 to 60% on September 30, 2025.	SPM 6: Percent of schools with at least 50% physical education class time spent in moderate to vigorous physical activity		
Decrease overweight and obesity among children	Partner with healthcare providers to promote physical activity counseling during well-child visits	Decrease the percent of public school 6th graders who are overweight or obese from 43.3% on October 1, 2020 to 41.9% on September 30, 2025.			SOM 3: Percent of public school 6th graders who are overweight or obese
Increase prevention and mitigation of	Increase knowledge and practice of ACE and Trauma Informed Care (TIC)	Decrease the percent of children with two or more ACEs from 23% on October 1, 2020 to 21% on	SPM 8: Percent of children with two or more ACEs		

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Adverse Childhood Experiences (ACEs)		September 30, 2025.			
Increase prevention and mitigation of Adverse Childhood Experiences (ACEs)	Ensure a strong start for children by promoting a healthy parent-child attachment through implementation of home visiting programs throughout the 95 counties of Tennessee	Decrease the percent of investigated child maltreatment cases among families served by home visiting programs from 3.3% on October 1, 2020 to 3.0% on September 30, 2025.	SPM 9: Percent of substantiated child maltreatment cases among families served by home visiting programs		
Increase prevention and mitigation of Adverse Childhood Experiences (ACEs)	Intervene to lessen immediate and long-term harms by linking families to health and social services	Decrease the percent of caregivers who experience intimate partner violence and do not receive professional support services among families served by home visiting programs from 8.0% on October 1, 2020 to 3.0% on September 30, 2025.	SPM 10: Percent of caregivers who experience intimate partner violence and do not receive professional support services among families served by home visiting		
Decrease overweight and obesity among children	Partner with healthcare providers to promote physical activity counseling during well-child visits	Decrease the percent of WIC recipients ages 2-4 years who are overweight or obese			SOM 4: Percent of WIC recipients aged 2-4 years who are overweight or obese
Decrease overweight and obesity among children	Promote policy, systems, and environmental change (PSE) strategies to increase physical activity and promote access to healthy food and beverages.	Increase the rate of Double Up Food Bucks purchases per 1000 SNAP recipients in the targeted counties from 18.03 on October 1, 2021 to 23.95 on September 30, 2025.	SPM 24: Rate of Double Up Food Bucks purchases per SNAP recipient		
Adolescent Health					
Decrease tobacco and e-cigarette use among adolescents	Promote anti-tobacco youth led initiatives	Decrease the percentage of high school students currently using cigarettes, from 7.1% in 2019 to 4.3% in 2025.	SPM 11: Percent of high school students currently using cigarettes		

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Decrease tobacco and e-cigarette use among adolescents	Build partnerships with coalitions across the state	Decrease the percentage of high school students currently using e-cigarettes from 22.1% in 2019 to 17.7% in 2025.	SPM 12: Percent of high school students currently using e-cigarettes		
Decrease tobacco and e-cigarette use among adolescents	Promote youth tobacco cessation services	Increase the number of adolescents enrolled in cessation programs, from 0 in 2019 to 125 in 2025.	SPM 13: Number of adolescents enrolled in cessation program		
Decrease tobacco and e-cigarette use among adolescents	Promote anti-tobacco youth led initiatives	Decrease percent of adults reporting Chronic Obstructive Pulmonary Disease (COPD) from 9.3% in 2019 to 8.8% in 2025.			SOM 5: Percent of adults reporting Chronic obstructive pulmonary disease (COPD)
Decrease tobacco and e-cigarette use among adolescents	Promote youth tobacco cessation services	Decrease percent of adults reporting cardiovascular disease from 5.3% in 2019 to 5.2% in 2025.			SOM 6: Percent of adults reporting cardiovascular disease
Decrease tobacco and e-cigarette use among adolescents	Build partnerships with coalitions across the state	Decrease the age-adjusted mortality rate from tobacco-attributable cancers among Tennesseans ages 35+ from 176.4 in 2019 to 141.3 in 2025.			SOM 7: Age-adjusted mortality rate from tobacco-attributable cancers among Tennesseans aged 35+
Decrease tobacco and e-cigarette use among adolescents	Promote anti-tobacco youth led initiatives	Decrease the percent of children, ages 0 through 17, who live in households where someone smokes from 19.5% in 2019 to 18.8% in 2025.	NPM 14.2: Percent of children, ages 0 through 17, who live in households where someone smokes	ESM 14.2.1: Number of tobacco-free sports teams ESM 14.2.2: Number of social media posts promoting text-based cessation services ESM 14.2.3: Number of anti-tobacco social media posts	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks)

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				<p>ESM 14.2.4: Number of youth who attend the state anti-tobacco conference trainings</p> <p>ESM 14.2.5: Number of ambassadors recruited</p> <p>ESM 14.2.6: Percent of eligible women who enroll in Baby and Me Tobacco Free</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 births</p> <p>NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p>

Children with Special Health Care Needs

Increase medical homes among children with special healthcare needs	Create a shared vision for integrating and improving CYSHCN system of care	Increase the percent of children with special health care needs 0-17 who have a medical home from 53.3% on October 1, 2020 to 80% on September 30, 2025.	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	<p>ESM 11.1: Number of CYSHCN who receive CHANT/CSS care coordination</p> <p>ESM 11.2: Percent of providers adopting medical home approach</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</p>
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				<p>ESM 11.3: Percent of providers reporting increased knowledge on systems of care</p> <p>ESM 11.4: Number of families provided education and resources on importance of medical home access and utilization</p> <p>ESM 11.5: Number of families receiving referrals to their child's primary care provider</p> <p>ESM 11.6: Percent of providers who report an increase in their knowledge of available resources</p> <p>ESM 11.7: Percent of families who report an increase in access and utilization of resources</p> <p>ESM 11.8: Percent of CHANT families who schedule an annual visit with their child's primary care provider</p> <p>ESM 11.9: Percent of CYSHCN receiving CHANT care</p>	<p>receive treatment or counseling</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p> <p>NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year</p>

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				coordination who receive medical home education	
Increase medical homes among children with special healthcare needs	Create a shared vision for integrating and improving CYSHCN system of care	Increase the number of CYSHCN receiving care in a medical home from 800 on October 1, 2020 to 1050 on September 30, 2025.	SPM 14: Number of CYSHCN receiving care in a medical home		
Increase medical homes among children with special healthcare needs	Inform and educate families and providers to promote systems change	Increase the percent of providers with increased knowledge on medical home and care coordination from 25% on October 1, 2020 to 85% on September 30, 2025.	SPM 15: Percent of providers with increased knowledge on medical home and care coordination		
Increase medical homes among children with special healthcare needs	Identify and disseminate resources on medical home best practices in Tennessee to inform and educate families and providers on care-coordination benefits	Increase the percent of providers reporting improved system of care for CYSHCN from 35% on October 1, 2020 to 85% on September 30, 2025.	SPM 16: Percent of providers reporting improved system of care for CYSCHN		
Increase medical homes among children with special healthcare needs	Inform and provide coordination for CHANT families on medical home and care coordination benefits	Increase the percent of families who complete an annual visit with their primary care provider from 50% on October 1, 2020 to 100% on September 30, 2025.	SPM 17: Percent of families who complete an annual visit with their primary care provider		
Improve transition from pediatric to adult care among children with special health	Inform, educate and link YSHCN, families and providers to available transition resources and services, and how to access those services	Increase the percent of adolescents with special health care needs 12-17 who received services necessary to make transitions to adult health care from 34.2% on October 1, 2020 to 60% on September 30, 2025.	NPM 12: 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	ESM 12.1: Number of transition resource kits disseminated ESM 12.2: Number of youth with special health care needs	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

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care needs				trained as mentors ESM 12.3: Number of parents and youth with special health care needs who receive leadership and self-advocacy training	
Improve transition from pediatric to adult care among children with special health care needs	Promote successful transition through educational opportunities and self-advocacy training	Decrease the percent of youth reporting with increased knowledge on transition resources and services from 55% on October 1, 2020 to 100% on September 30, 2025.	SPM 18: Percent of youth reporting with increased knowledge on transition resources and services		
Improve transition from pediatric to adult care among children with special health care needs	Inform, educate and link YSHCN, families and providers to available transition resources and services, and how to access those services	Decrease the percent of YSHCN served by CHANT and YAC who complete an annual transition plan from 75% on October 1, 2020 to 100% on September 30, 2025.	SPM 19: Percent of YSHCN served by CHANT who complete an annual transition plan		
Improve transition from pediatric to adult care among children with special health care needs	Promote successful transition through educational opportunities and self-advocacy training	Decrease the percent of youth leaders participating in advisory councils providing resources to other youth from 40% on October 1, 2020 to 80% on September 30, 2025.	SPM 20: Percent of youth leaders participating in advisory councils providing resources to other youth		
Cross-Cutting/Systems Building					
Improve mental health	Screen and refer women to mental health treatment and resources	Decrease the percent of women who reported 14+ days of poor mental health in the past month	SPM 21: Percent of women who reported 14+ days of poor mental health in the		

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		from 18.6% on October 1, 2020 to 15% on September 30, 2025.	past month		
Improve mental health	Provide training and resources to support positive mental health	Decrease the percent of those who experienced difficulties obtaining mental health care among those who received or needed care during the past 12 months, age 3-17 years from 25% on October 1, 2020 to 22% on September 30, 2025.	SPM 22: Percent of children who had difficulties obtaining mental health care among those who received or needed care during the past 12 months, age 3-17 years		
Improve mental health	Provide training and resources to support positive mental health	Decrease the percent of pregnancy-associated deaths in which mental health conditions was a contributing factor from 20% on October 1, 2020 to 14% on September 30, 2025.			SOM 8: Percent of pregnancy-associated deaths in which mental health conditions was a contributing factor