NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

December 31, 2023

The Honorable Jim Pillen
Governor of Nebraska
State Capitol Room 2316
Lincoln, NE 68509

Mr. Brandon Metzler
Clerk of the Legislature
State Capitol Room 2028
Lincoln, NE 68509

Subject: State Child Death Review Team Annual Report

Dear Governor Pillen and Mr. Metzler:

In accordance with Neb. Rev. Stat. § 71-3407, the Division of Public Health submits this report for the Nebraska Child Death Review Team.

This Child Death Review Team Report presents an overview of the manner and cause of infant and child deaths in the State of Nebraska in 2021 as well as recommendations from the Child Death Review Team.

Sincerely,

Charity Menefee
Director, Division of Public Health

Attachment

Department of Health and Human Services
Report

NEBRASKA
Good Life. Great Mission.

Division of Public Health

State Child Death Review Team Annual Report

December 2023

Neb. Rev. Stat. § 71-3407

NEBRASKA CHILD DEATH REVIEW TEAM – REPORT FOR 2021

The Child Death Review Team (CDRT) was established by the Nebraska Legislature in 1993 and charged with undertaking a comprehensive, integrated review of existing records and other information regarding each child death. Authority to conduct a similar process with maternal deaths was added in 2013.

The purpose of the CDRT includes developing an understanding of the number and causes of maternal and child deaths and advising the Governor, Legislature, other policymakers, and the public on the changes that might prevent them in the future (Appendix 1). All deaths are reviewed, not just "suspicious" or violent ones. The team uses information in written records from state and local agencies, hospitals, private medical providers, and others, along with the expertise of its members to identify situations where, in retrospect, reasonable intervention might have prevented a death.

The specific goals of these reviews are to 1) identify patterns of preventable deaths; 2) recommend changes in system responses to deaths; 3) refer to law enforcement newly-suspected cases of abuse, malpractice, or homicide; and 4) compile findings into reports designed to educate the public and state policymakers about child deaths.

Causes of Infant Deaths, Nebraska, 2021

Manner and Cause of Infant Death	Number of Infant Deaths	Infant Mortality Rate (deaths/1,000)
Natural	92	3.9
Circulatory or Respiratory Disease	7	0.3
Perinatal Conditions	50	2.1
Congenital Anomalies	26	1.1
Other Diseases	9	0.4
Accidental	16	0.7
Suffocation/Strangulation	12	0.5
Transportation Related	--	--
Other Unintentional Injury	--	--
Homicide	--	--
By Firearm	--	--
Maltreatment	--	--
Other Homicide	--	--
SUID	10	0.4
Other/Undetermined	--	--
Total	122	5.2

--Numbers are not shown (suppressed) if there are between 1 and 5 deaths for that category. *SUID (Sudden Unexplained Infant Death) is a death that occurs in a baby under 1 where the cause of death is not obvious; these usually occur in the baby's sleep area. The manner of death varies.

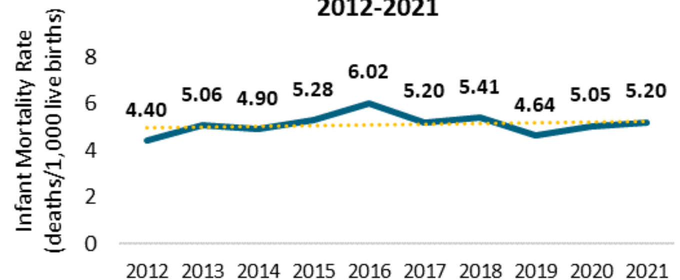
Trends in Infant Deaths, Nebraska, 2012-2021

Year	Number of Live Births*	Number of Infant Deaths (age <1)	Infant Mortality Rate (deaths/1,000)
2012	25,689	113	4.4
2013	25,870	131	5.1
2014	26,332	129	4.9
2015	26,690	141	5.3
2016	26,412	159	6.0
2017	26,174	136	5.2
2018	25,507	138	5.4
2019	25,233	117	4.6
2020	24,961	126	5.1
2021	23,444**	122	5.2

*Live birth estimates for 2012-2020 are from CDC Single-Race Population Estimates 2010-2020
** Live birth estimates for 2021 are from CDC Single-Race Population Estimates 2020-2021

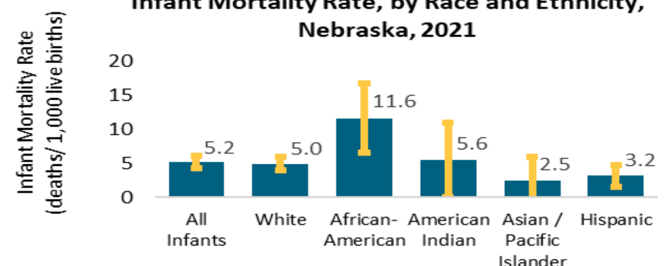
Infant Mortality Rates

In 2021, at least 122 children died before turning one, an infant mortality rate (IMR) of 5.2 deaths per 1,000 live births. The 2021 United States IMR was 5.6. There has been no statistically significant change in Nebraska's IMR over the past decade.



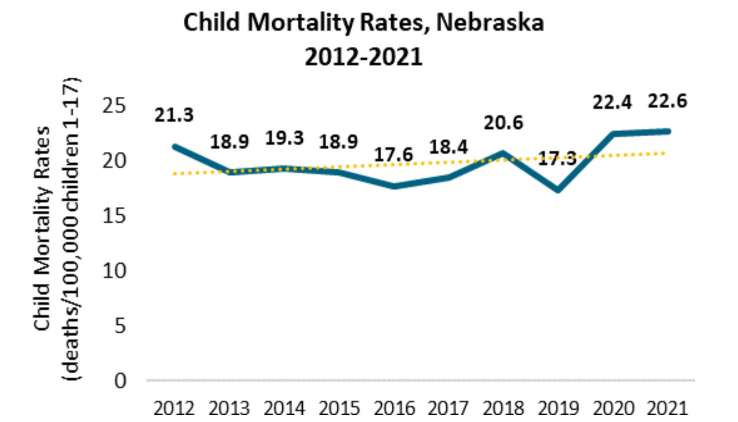
Race and Ethnicity-Specific Infant Mortality

The IMR for African American infants is statistically higher than that of White infants in 2021. "Hispanic" as a category overlaps with racial categories in this chart.



Child Mortality Rates

In 2021, 104 child deaths (ages 1-17) were recorded; Nebraska had a Child Mortality Rate (CMR) of 22.6 per 100,000 children. The US had a CMR 22.5 per 100,000 children in the same year. There has not been any statistically significant change in Nebraska's CMR in the past decade.



Causes of Child Deaths, Nebraska, 2021

Manner and Cause of Death	Number of Child Deaths	Child Mortality Rate (deaths/100,000)
Natural	46	10.4
Cancer/Neoplasms	6	1.3
Respiratory Disease	8	1.7
Nervous System Disease	7	1.5
Other Diseases	25	5.4
Accidental	30	6.5
Transportation Related	15	3.3
Other Unintentional Injury	15	3.3
Suicide	16	3.5
Suffocation/ Strangulation	10	2.2
Firearm	--	--
By Other Means	--	--
Homicide	--	--
By Firearm	6	1.3
Maltreatment	--	--
By Other Means	--	--
Other/Undetermined	--	--
Total	104	22.6

--Numbers are not shown (suppressed) if there are between 1 and 5 deaths for that category. Rates based on counts less than 20 should be interpreted with caution.

Trends in Child Deaths, Nebraska, 2012-2021

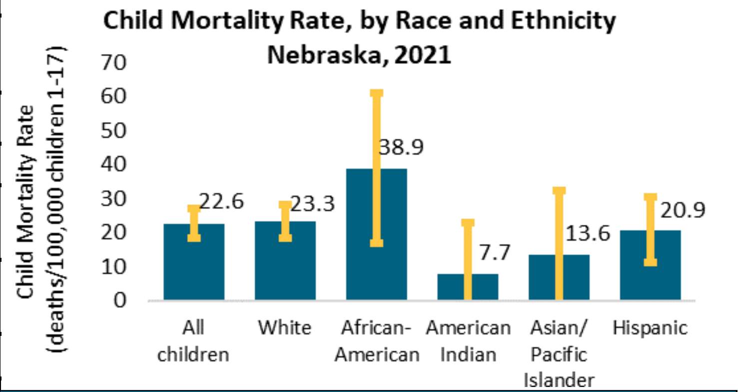
Year	Total Child Population* (ages 1-17)	Number of Child Deaths (ages 1-17)	Child Mortality Rate (deaths/100,000)
2012	436,905	93	21.3
2013	438,826	83	18.9
2014	441,191	85	19.3
2015	444,088	84	18.9
2016	447,594	79	17.6
2017	450,003	83	18.4
2018	451,074	93	20.6
2019	450,800	78	17.3
2020	450,054	101	22.4
2021	459,440**	104	22.6

*Child population estimates for 2012-2020 are from CDC Single-Race Population Estimates 2010-2020

** Child population estimates for 2021 are from CDC Single-Race Population Estimates 2020-2021

Race and Ethnicity-Specific Child Mortality

The Child Mortality Rate varies across racial and ethnic categories. In 2021 there was no statistical difference between these categories. "Hispanic" as a category overlaps with racial categories in this chart.



Interim Report for 2021

Acquiring records for a calendar year of deaths, reviewing and analyzing the information, and developing recommendations typically requires 24-36 months. The team is currently reviewing deaths that occurred in 2019 and 2020. In accordance with Nebraska Revised Statute §71-3407 (2022), this Interim Report presents an overview of deaths from calendar year 2021, using data derived solely from Nebraska death certificates. Causes of death, demographic characteristics, and other information may change after in-depth review.

The Nebraska Child Death Review Team is mandated by Nebraska Revised Statutes §71-3404 - 71-3411.
For more information, contact dhhs.cmdrt@nebraska.gov
CDRT reports are available at http://dhhs.ne.gov/publichealth/Pages/lifespanhealth_cdrteam_index.aspx.

Data Source: Nebraska Vital Records

Child Death Review Team Suicide Prevention Recommendations

- Ensure access to confidential, professional mental health services and crisis care for all young people across the state.
- Train all clinical and non-clinical staff to identify individuals at risk and respond appropriately.
- Encourage mental health providers to develop a safety plan for children and parents if the child has expressed suicidal ideation/thoughts.
- Reduce access to lethal means.

The Child Death Review Team (CDRT) reviews all Nebraska child deaths that occur within the state of Nebraska. This includes deaths by suicide. In the years since the COVID-19 pandemic began, the mental health of children has been discussed nationally. This larger conversation prompted close analysis of the trends within deaths by suicide for Nebraska youth. Suicide rates among youth in Nebraska and the United States more broadly have been trending upward since 2010 (Figure 1). Due to this trend and the increased concern, the CDRT has chosen to highlight four key recommendations to reduce deaths related to suicide in this report.

Although many children and youth struggle with mental health issues, nationally only one in five receive specialized mental health care. This lack of access to mental health care affects children in all geographic areas, but there is problem for children in rural locations, who make up a large proportion of Nebraska's population[1]. Ensuring access, including financial access, for all young people to confidential, professional mental health services and crisis care is a clear priority. Nebraska should focus on increasing mental health providers and services across the state. Because access to care may be limited by individual factors, equitable investment may be best accomplished through public/private collaborations at the local and state level.

Nebraska's policy and decision makers can recognize the importance of providing mental health services to children, adolescents, and families directly in schools and communities by supporting evidence-based prevention and intervention efforts. Schools are good venues to focus prevention and intervention efforts for suicide, however anyone who interacts with children including coaches, club sports, youth groups, extracurricular activities, homeschool co-ops, and friends can receive training such as Mental Health First Aid, which requires only a short time commitment and can provide a lasting impact. Nebraska Department of Education should expand suicide risk assessment protocols and school/ trusted adults staff training to include assessment and documentation of depression and suicidal ideation on social networking sites, and existing or needed mental health referrals and contacts .

From risk assessment protocols, safety plans should be developed by a medical mental health provider with the young person or their caregiver(s). Caregivers should be involved in the creation of safety plans when appropriate. Safety plans are brief interventions that empower youth to recognize suicidal thoughts and develop coping skills[2]. Developing safety plans early on allows the youth more time to become comfortable with their safety plan when in the midst of suicidal thought.

Firearm use continues to make up approximately a third of youth suicide in Nebraska (Figure 2). Access to lethal means can be reduced through safe storage or lethal means safety. Reducing access to lethal means for a potentially suicidal youth is most effective when done prior to a crisis event[2]. Lethal means counseling assists the youth and their caregivers in identifying and reducing access to the lethal means that pose the greatest risk[2]. Expanding lethal means counseling outside of clinical settings to points of sale for firearms and medications could increase the adoption of safe storage practices prior to a suicide attempt. Strategies for expanding lethal means safety are included in the Nebraska Statewide Suicide Prevention Plan 2022-2025[3].

[1]Robinson, et.al. https://www.cdc.gov/mmwr/volumes/66/ss/ss6608a1.htm

[2] American Academy of Pediatricshttps://www.aap.org/en/patient-care/blueprint-for-youth-suicide-prevention/strategies-for-clinical-settings- for-youth-suicide-prevention/brief-interventions-that-can-make-a-difference-in-suicide-prevention/

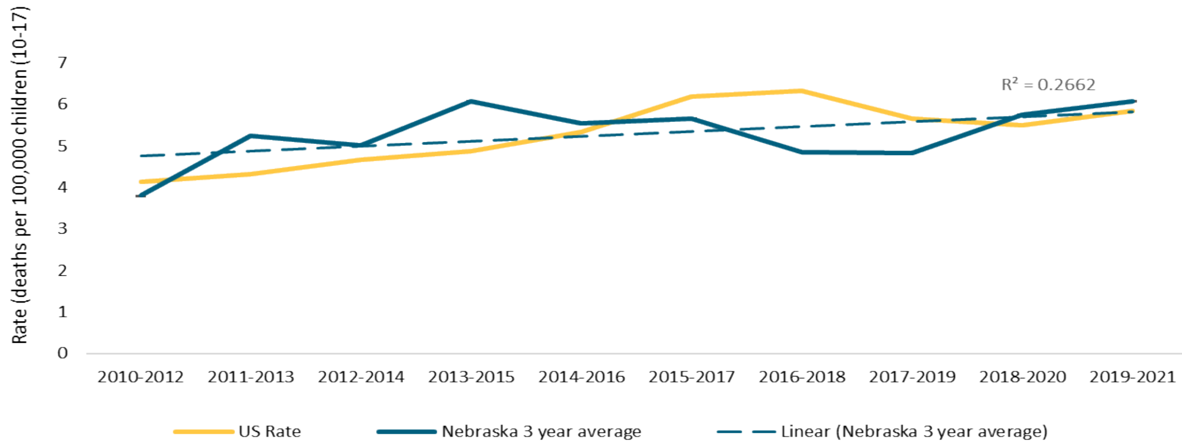
[3] Suicide Prevention Resource Center https://sprc.org/wp-content/uploads/2022/11/Nebraska-Statewide-Suicide-Prevention-Plan-2022- 2025.pdf

Current Activities

There are programs and activities being implemented on local, state, and national levels to reduce youth suicides. The activities listed in this report are just a sampling of current work known to the CDRT.

Figure 1

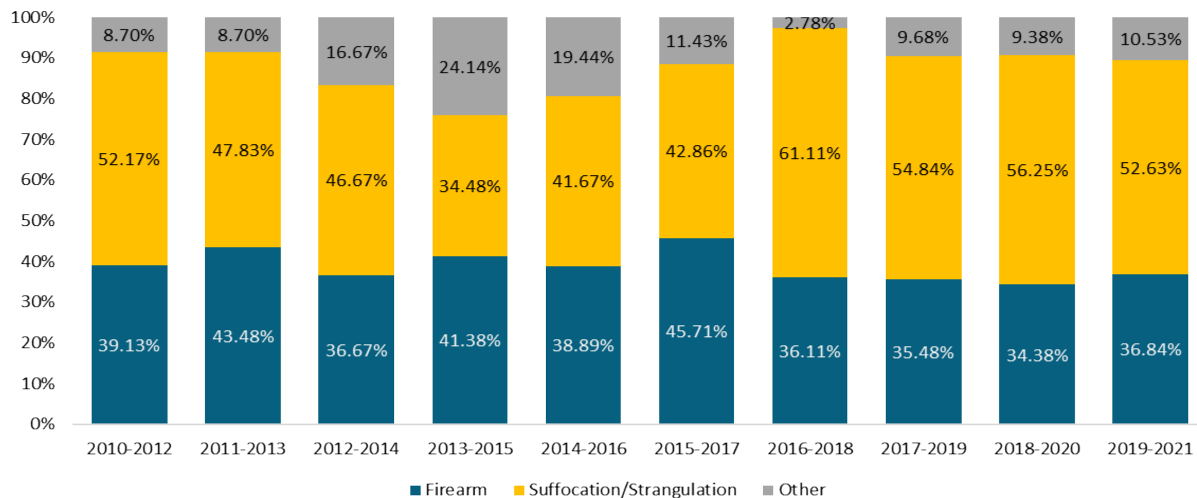
Suicide Rates, Children Ages 10-17, U.S. and Nebraska, 2010-2021*



*Nebraska rates are three year averages.
Data Sources: U.S. data are from the Centers for Disease Control and Prevention. Nebraska data are from the Nebraska Child Death Review Team.

Figure 2

Method of Suicide, Children ages 9-17, Nebraska, Three Year Rolling Percents, 2010-2021



Bring Up Nebraska is a statewide prevention partnership to advocate for local community collaboratives that keep children safe, support strong parents, and help families address life's challenges before they become a crisis. The Nebraska Partnership For Mental Healthcare Access In Pediatrics (NEP-MAP) focuses on achieving health equity related to racial, ethnic, and geographic disparities in access to behavioral health care, especially in rural and other under-served areas. NEP-MAP provides training, technical assistance, and care coordination support services to pediatric primary care and other providers to enable them to conduct early identification, diagnosis, and treatment of behavioral health conditions. Nebraska's Advancing Wellness and Resiliency in Education (AWARE) program implemented by the Nebraska Department of Education and Nebraska Department of Health and Human Services - Division of Behavioral Health in collaboration with six Local Education Agencies aims to improve school-based mental health services. The program addresses high level mental and behavioral health needs of school-aged children in rural schools, including depression, anxiety, suicidal ideation, and trauma.

Appendix 1: Child Death Review Team Recommendations

Unintentional Injury

- Motor Vehicle Crashes
  - Strengthen the Graduated Driver's License Provisions
  - Uniformly enforce enhanced sentencing for Driving Under the Influence with a child in the vehicle

- Drowning and Fire
  - Strengthen and promote local ordinances on pool fencing and barriers
  - Develop and distribute family-oriented, multilingual drowning prevention materials during pool inspections
  - Distribute home smoke detectors to low-income residents

- Safe Sleep
  - Update and expand family, community, and provider-level promotion of infant safe sleep practices in all birthing hospitals safe sleep champions
  - Adopt and routinely complete Sudden Unexplained Infant Death Investigation Reporting Form (SUIDIRF) and Training

Intentional Injury

- Suicide
  - Ensure access to confidential, professional mental health services and crisis care for all young people across the state.
  - Train all clinical and non-clinical staff to identify individuals at risk and respond appropriately.
  - Encourage medical mental health providers to develop a safety plan for children and parents if the child has expressed suicidal ideation/thoughts.
  - Reduce access to lethal means.

Perinatal Infant and Early Childhood Health and Education

- Prenatal and infant care
  - Increase access to affordable, quality prenatal education and care for vulnerable and at-risk women
  - Promote birth doulas
  - Extend postpartum Medicaid coverage
  - Increase public funding for evidence-based perinatal, infant, and early childhood home visiting services

The recommendations in this report are those of the CDRT members, and do not necessarily reflect those of the Nebraska Department of Health and Human Services or any other organization.