

Nebraska's Proposed
Title V Maternal Child Health
(MCH) Block Grant
Action Plan for Public Input

For the period of Oct 1, 2024 through Sept 30, 2025

We Need Your Voice!

The Nebraska Department of Health and Human Services (DHHS) invites public input on the Title V MCH Block Grant application to the federal government.

The Title V Maternal Child Health grant pays for programs and systems work that focus on: women of reproductive years and during pregnancy; mothers; infants; children and youth (including children/youth with special health care needs); and their families.

DHHS created Nebraska's action plan with the help of stakeholders. This action plan lists Nebraska's ten priorities needs and objectives and strategies to impact each need. The PDF detailing the 2024 plan has been simplified from past years to increase public response. Readers can react to the entire proposed plan or parts of it.

Please provide your feedback via [short survey HERE](#) by June 3rd, 2024. We need your suggestions to help the Title V team develop the grant application! The action plan will begin on October 1, 2024 and go through September 30, 2025.

This request is brought to you by the [Title V MCH Block Grant](#). For information about other Maternal and Child Health topics, check out the federal [Maternal Child Bureau](#). General comments and questions are welcome any time. Visit [Nebraska Title V MCH](#) online to learn more.

Perinatal/Infant Needs:

Decrease Preterm Births

When looking at preterm birth in Nebraska, significant demographic disparities exist between racial/ethnic, income, and educational attainment groups. Babies born preterm (in 2022 made up 11.3% of all births) are at high risk for mortality and morbidity such as cerebral palsy, chronic lung disease, hearing loss, and intellectual disabilities. Women who experience one preterm birth are at risk for subsequent preterm births.

Increase Infant Safe Sleep

2021 Pregnancy Risk Assessment Monitoring System (PRAMS) data shows that significant racial and ethnic differences exist in numbers and percentages of infants who routinely sleep alone in a crib, bassinet, or pack and play. The percent of infants who always or often sleep alone on a safe surface is highest among those who are non-Hispanic White (45.7%), followed by non-Hispanic American Indian (36.6%), Hispanic (34.3%), non-Hispanic Black (28.8%), and finally non-Hispanic Asian/Pacific Islander (27.0%).

Perinatal/Infant Strategies:

Decrease Preterm Births

Objective 1: Address preterm birth disparities among women of childbearing age, increasing access to care, and providing education.

- Participate in ALIGN – Nebraskans for Better Health on prematurity prevention.
- Support partnerships with community-based organizations (like the State Maternal Health Coalition and MilkWorks) and rural health clinics.

Objective 2: Support relevant recommendations from the Nebraska Maternal Mortality Review Committee (MMRC) and Nebraska Child Death Review Team (CDRT).

- Review actionable recommendations from the MMRC CDRT and identify appropriate actions for Title V.

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).



Perinatal/Infant Strategies

Increase Infant Safe Sleep

Objective: Promote safe sleep practices (particularly separate sleep surfaces for parents and baby) to reduce racial disparities and improve protective factors such as breastfeeding.

- Evaluate the NE Safe Babies campaign design and develop an implementation guide for any interested organization.
- Offer safe sleep materials and trainings to community-based organizations and rural health clinics.
- Provide American Indian and Alaskan Native (AI/AN) communities with SIDS/SUIDS prevention materials that build on community cultural strengths and values.

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).



Children Needs:

Prevent Child Abuse & Neglect

Poverty is often associated with a greater risk of child maltreatment. According to the 2022 American Community Survey 5-year estimates in Nebraska, 12.0% of children live below the poverty level. Additionally, there were 1,732 substantiated child abuse and neglect reports in 2023. Forty-two percent (42.4%) of child abuse and neglect victims were ages 0-5. Data also illustrate that most children enter foster care due to neglect (56.2%), and that approximately 37.5% of children who enter out-of-home care are ages 0-5. The three most common safety concerns for parents of children in out-of-home care were mental health, substance use, and domestic violence.

Increase Access to Preventative Oral Health Care Services

In 2021-2022, 58% of 3rd grade children in Nebraska had decay experience, 24% of 3rd grade children had untreated caries, and rural children had higher dental decay experience than urban children. A significant percentage of Nebraska's population lives in rural locations, and many low-income children and youth eligible for Medicaid benefits do not receive mandated preventive dental services. More than half of Nebraska is considered a state designated general dentist shortage area.

Children Strategies: Prevent Child Abuse & Neglect

Objective: Reduce rate of substantiated child abuse or neglect by supporting prevention, early identification, and early intervention strategies and investigating disproportionality of children and families involved with the Child Welfare Agency.

- Serve additional families through the home visiting in partnership with the Division of Children and Family Services (DCFS) and its Family First Prevention Services Act program.
- Collaborate with DCFS on the Child Abuse Prevention Fund Board, Plan to Prevent Child Maltreatment Deaths workgroup, Prenatal Plans of Safe Care, and Bring Up Nebraska initiatives.
- Support developing community-coordinated Prenatal Plans of Safe Care.

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).





Children Strategies:

Increase Access to Preventative Oral Health Care Services

Objective: Increase the percent of children ages 1 – 17 who receive preventive oral health care services.

- Distribute dental health starter kits to children and families by distributing kits to local community-based organizations.
- Fund and support community-based oral health care service delivery through subaward agreements.

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).

Adolescent Needs

Reduce Motor Vehicle Crashes Among Youth

A health disparity exists for American Indians, Asians, and Black or African Americans in having a higher death rate than the state's average at 9.5 per 100,000. Rural areas of the state consistently have a lower seat belt use rate compared to urban areas. Unintentional injury remains the leading cause of death for 10–24-year-olds in Nebraska.

Reduce Suicide Among Youth

In Nebraska, suicide was the second leading cause of death in 2022 for youth ages 10-24, in Nebraska and the third leading cause of death nationally. Racial disparities exist in Nebraska with American Indian and Alaska Native youth having significantly higher rates of youth death due to suicide than either the White population or statewide average. Age and gender disparities exist as well.

Decrease Sexually Transmitted Diseases Among Youth

Young people aged 13 to 24 acquire approximately half of all new Sexually Transmitted Diseases (STD) while making up only about one quarter of the sexually active population. Chlamydia and gonorrhea are the most prevalent STD for this age group, both nationally and in Nebraska, with Syphilis becoming increasingly prevalent. In addition to these factors, young Nebraskans who identify as Black or African American, American Indian, Native Hawaiian / Pacific Islander, and Hispanic experience rates of chlamydia and gonorrhea infection at disproportionate rates when compared to White youth.



Adolescent Strategies: Reduce Motor Vehicles Crashes Among Youth

Objective: Reduce number of crashes among adolescent drivers aged 14-19 years to prevent injury and death by addressing disparities in rural and minority population.

- Incorporate a health equity lens in Teens in the Driver's Seat expansion by using a health equity planning tool in data collection and assessment to identify inequalities and social determinants of health.
- Target teen driver safety programming efforts in counties with high crash rates.
- Fund and support community-based motor vehicle crash prevention through subaward agreements.

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).



Adolescent Strategies: Decrease Sexually Transmitted Diseases Among Youth

Objective: Decrease rates of chlamydia and gonorrhea by addressing disparities among racial/ethnic and urban/rural groups.

- Test, refine, and disseminate conversation starters for teen and parent communication.
- Implement the Making a Difference (mad) curriculum in schools across Nebraska.
- Identify and engage in project opportunities to promote sexual health among underserved and disproportionately affected groups.

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).

Adolescent Strategies:

Reduce Suicide Among Youth

Objective: Increase access to early intervention services and education, address stigma, promote protective factors, and reduce risk factors.

- Participate in key collaborations with the following partners:
 - Nebraska State Suicide Prevention Coalition and the Kim Foundation
 - Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP)
 - NE Department of Education Office of Coordinated Student Support Services
 - Society of Care
- Promote utilization of the 988 suicide and crisis lifeline.
- Fund and support community-based suicide prevention efforts through subaward agreements.

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).



Children/Youth with Special Health Care Needs (CYSHCN) Needs:

Support Behavioral and Mental Health in School

In Nebraska, students with disabilities are more than twice as likely to receive an out-of-school suspension (14.6%) than students without disabilities (6%). While students in Nebraska receiving special education supports make up only 14% of total students, they account for 32% of all school-related arrests. Students of color are also disproportionately affected. Current discipline practices, insufficient staff training, and implicit bias may create a systemic pipeline to prison for students with disabilities but especially for minority students.

Children/Youth with Special Health Care Needs (CYSHCN) Strategies: Support Behavioral and Mental Health in School

Objective 1: Collaborate with stakeholders (including UNMC Munroe-Meyer Institute) to implement a formalized, sustainable, statewide support structure to provide a continuum of supports to families with children and youth with special health care needs.

- Maintain the family collaborative “Connecting Families” and convene statewide stakeholders to identify a continuum of needed family supports.
- Continue the Parent Resource Coordinator project, supporting families with CYSHCN age birth to 21 years.

Objective 2: Collaborate with partners to increase capacity of schools for behavioral health access and referrals, and equitable behavior management practices.

- Provide continuing education on mental and behavioral health best practices for school health professionals in partnership with Children’s Hospital and Medical Foundation and Nebraska Department of Education.
- Connect with existing/developing networks, programs, and projects working with schools to address disparities and promote equitable behavior management practices through partnership with Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP).

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).



Women/Maternal Needs:

Reduce Cardiovascular Disease including Diabetes, Obesity, & Hypertension

In Nebraska, African American, American Indian, and Hispanic women were more likely to be obese compared to White women. Racial disparities also exist in diagnoses of diabetes and hypertension, with higher rates for African American, American Indian, and Hispanic women than their White counterparts in Nebraska. According to the CDC, various cardiovascular diseases rank among the leading causes of death in women of all races.

Women/Maternal Strategies:

Reduce Cardiovascular Disease including Diabetes, Obesity, and Hypertension

Objective: Increase access to preventive care and address health disparities to reduce rates of obesity, diagnosed diabetes, and diagnosed hypertension in women aged 18 – 44 years.

- The Women and Men's Health program and Nebraska (NE) Community Health Worker / Promotores (CHW/P) Collaborative will promote Medicaid expansion and redetermination efforts.
- Implement Women's Community Health Initiative: Making Sustainable Health Impacts in Underserved Neighborhoods (MSHIUN) project in collaboration with a community organization. MSHIUN supports a community model to build healthy habits with nutrition and exercise.

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).



Cross-Cutting/ Systems Building Needs:

Improve Access to Utilization of Mental Health Care Services

One in six adults in Nebraska have been told they have depression at some point in their life; a significant number of others also experience behavioral health concerns. In addition to a shortage of providers in rural parts of Nebraska, barriers such as health insurance coverage, provider implicit bias, health literacy, English language proficiency, income, and special health care needs create differences access to and utilization of services by BIPOC (Black, Indigenous, Persons of Color).

Cross-Cutting/ Systems Building Strategies:

Improve Access to Utilization of Mental Health Care Services

Objective 1: Reduce stigma and support cultural intelligence regarding mental health needs among providers.

- Nebraska (NE) Community Health Worker / Promotores (CHW/P) Collaborative will provide training and education on mental health topics
- Title V will coordinate CHW workforce development activities with NE CHW/P Collaborative

Objective 2: Increase screening, referral, and treatment in primary care for mental and behavioral health.

- NE CHW/P Collaborative will promote Medicaid redetermination efforts
- Title V leadership will lead Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP) activities and partnerships

For more information, visit [Nebraska Title V Needs Assessment Issue Briefs](#).

