

DHHS, Division of Public Health, Lifespan Health Services

SYNOPSIS of FY 2015/FY 2016 Subgrants

Title V / Maternal & Child Health (MCH) Services Block Grant – CFDA #93.994

DHHS issued a Request for Applications (RFA) to subgrant federal Title V / Maternal & Child Health (MCH) Services Block Grant to community-based projects for a two-year project period beginning October 1, 2015. DHHS had a particular interest in projects impacting children because of the federal requirement that 30% of the Title V/MCH Block Grant be expended on preventive and primary health care services for this population.

Children
ages 1–22 years

(Matching resources may be expended on other MCH/CSHCN subpopulations in addition to children.) Applicants were to address one or more of Nebraska's ten MCH/CSHCN priorities. [Table 1](#) lists the priorities and clarifies potential relationships of each to the population of children, ages 1 year up to the 22nd year.

In response to the RFA, DHHS received 21 applications requesting a total of \$2,630,845 for Year 1. With \$1.5 million available, not all projects could be funded. Applications were independently evaluated by members of the Evaluation Committee using the scoring criteria outlined in the RFA. The 12 highest scoring applications total \$1,461,172.82. Projects are approved for a two-year project period and issued

Year 1/Fiscal Year (FY) 2015
October 1, 2014 – September 30, 2015

Year 2/Fiscal Year (FY) 2016
October 1, 2015 – September 30, 2016

Year 1 Budget	
Local matching	\$ 487,993.03
FY 2015 awards	<u>\$1,461,172.82</u>
Total project costs	\$1,949,165.85

an initial award for FY 2015. FY 2016 awards (one-year non-competing) are subject to review of performance and compliance with the terms and conditions of the award, and availability of federal funds.

The synopsis lists the 12 subrecipients in alphabetical order, including a brief description of each project. Each subrecipient

matches at least 20% of its total project costs. The Year 2 budget is expected to increase matching and decrease grant funding.

1. Alegent Creighton Health dba CHI Health

Project name: A socio-ecological approach to improving healthy habits for 5-11 year olds in Douglas, Sarpy, Cass, Colfax, and Otoe Counties using the 5-4-3-2-1 Go!® countdown.

CHI Health's Community Benefit and Healthier Communities (CB&HC) team will lead a community-wide intervention using the

5-4-3-2-1 Go!® message* that educates children to eat 5 servings of fruits and vegetables, drink 4 servings of water, eat 3 servings of low-fat dairy, engage in 2 hours or less of screen time, and engage in 1 hour or more of physical activity, every day. The goal of this intervention is to reduce overweight/obesity in children in Colfax, Cass, Douglas, Otoe, and Sarpy Counties through a social ecological approach to improving healthy

* This message was created by the Consortium to Lower Obesity in Chicago Children (CLOCC). 5-4-3-2-1 Go!® is a registered trademark and Copyright ©2004 Ann & Robert Lurie Children's Hospital of Chicago. All rights reserved. www.clocc.net

habits in kids (MCH/CSHCN priority #1). The intervention will focus on outcomes for children in kindergarten through 5th grade and aims to increase their awareness of the 5-4-3-2-1 Go!® healthy habit recommendations and more importantly increase their practice of these habits. This work builds on local and statewide efforts since 2009 to use this health message to improve healthy habits in Nebraska's children.

There are five key strategies identified in this proposal that will aim to "change the context" and make individual children's default health decisions healthier: 1) School Campaigns; 2) Out-of School Time Campaigns and organizational policy/environment change; 3) Mass Media; 4) Medical Provider consultation; and 5) Teen driven community campaigns and education.

This intervention is supported by substantial evidence surrounding the effectiveness of community-wide campaigns, the importance of intervening across the social ecological levels of influence, and demonstrated effectiveness of comprehensive social marketing campaigns on health behaviors, including with the use of 5-4-3-2-1 Go!®. For more information on the campaign, visit

www.livewellomahakids.org/54321Go.

Year 1 project budget = \$226,206.60
[\$76,316.60 match + \$149,890 subgrant award]

2. (City of Lincoln on behalf of) Lincoln-Lancaster County Health Department

Project name: MCH 5-4-3-2-1 Go!® Initiative

The purpose of this initiative is to expand the reach and continue to build upon the successes of the countdown message (5-4-3-2-1 Go!®) being integrated in local community based youth and family serving organizations. The countdown message refers to 5 servings of fruits and vegetables a day; 4 servings of water a day; 3 servings of low-fat dairy a day; 2 hours or less of screen time a day; and 1 or more hours of physical activity a day. It is recognized that children having

access to good nutrition, physical activity, and supportive environments are essential to preventing childhood obesity. Access to quality nutrition and physical activity education, programs, messages and resources are central to the initiative and meets the first priority area of MCH/CSHCN – "Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight." The countdown message is evidence-based and consistent with medical literature and national recommendations supporting childhood obesity prevention, including those from American Academy of Pediatrics, Institute of Medicine and Centers for Disease Control and Prevention. 5-4-3-2-1 Go!® has a significant reach in Lincoln with now over 30 community-based partners' efforts disseminating and integrating the message through community organizations, pediatrician offices, schools, faith communities, media campaigns, and others. Creating active home and school environments is an ideal way to ensure that children and youth adopt active, healthy lifestyles. The initiative targets toddlers through elementary school age or from about 2 – 11 years of age. This is a crucial time when children's habits are just developing, especially a time when nutrition and active living-related activities are easily influenced by their families, the environment and what they have access to. The overall goal is for youth and family serving organizations to have an increased capacity to provide awareness, education, and access to local resources so children and families integrate the countdown message on a daily basis. The desired outcome is to have children enter kindergarten at a healthy weight and have access to resources to be active and eat healthy throughout their school years. For more information please visit:

<http://lincoln.ne.gov/city/health/educat/go.htm>

Year 1 project budget = \$190,849.34
[\$40,849.34 match + \$150,000 subgrant award]

3. East Central District Health Department

Project name: Healthy Eating and Active Lifestyles to Help Youth (HEALTHY)

The East Central District Health Department (ECDHD) is meeting identified community health needs by addressing childhood obesity with this project. The MCH/CSHCN priority addressed by this application is #1 *Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.* Project HEALTHY or Healthy Eating and Active Lifestyles to Help Youth will serve children ages 1-14 years old.

The goals of the plan will be achieved through a variety of strategies and activities. ECDHD's HEALTHY Project Director will work with the Nebraska Department of Education (NDE) and six local schools within the four county district to reach youth ages 5-14 through the development and implementation of Coordinated School Health Plans which is a new endeavor for the health district. Schools will be recruited to put together a team to attend training from the NDE's Coordinated School Health Planning Institute (CSHPI); ECDHD staff will serve as a team member, representing a community health partner. Schools attending training at the CSHPI will benefit from developing a school wide infrastructure to promote healthy school environments, including but not limited to nutrition, physical activity, and obesity prevention that may aid in reducing obesity and overweight status in youth in the health district. Evidence based interventions such as CATCH (Coordinated Approach To Children's Health) and the Walking Classroom will be available for the schools to implement. Staff will work side-by-side with the schools while providing assistance, support and guidance throughout the year-long institute.

The ECDHD HEALTHY project will also reach children one year to five years of age by building on previous relationships and extending current programs and offering new strategies to day care providers, day care centers and preschools,

bringing two evidence-based programs to this age youth, Go NAP SACC (Nutrition and Physical Activity Self-Assessment for Child Care) and LANA (Learning About Nutrition through Activities).

The work for project HEALTHY will be carried out by the ECDHD staff, along with community members and school staff. The ECDHD has existing partners that will collaborate on this project; they will also work to expand partnerships and develop new collaborations. Collaborators include: Boone County Health Center, Colfax County Health Center, Columbus Community Hospital, Nance County Health Center, the Columbus Public Library and the Platte County Bookmobile.

Year 1 project budget = \$95,805.37
[\$20,805.37 match + \$75,000 subgrant award]

4. Four Corners Health Department

Four Corners Health Department has two components of its project. The Early Childhood Health component works toward the goal that children will enter Kindergarten at a healthier weight. State and local partners, such as child care providers and local businesses, are key to achieving the outcomes. The selected interventions promote physical activity and better nutrition in children 5 and younger through programs, such as Nutrition and Physical Activity Self-Assessment for Child Care, and Choosy <http://ChoosyKids.com>. Activities at Farmers' Markets, grocery stores, and community events promote healthier home environments and family habits. The health of families will be approached also through worksites, including activities that encourage area businesses to become breastfeeding friendly.

In the Preventative Oral Health Services to Young Children component, services will be delivered to young children, with a specific emphasis on birth to five years of age. However, this service will be offered also to family members or caregivers of those children. These Clinics, staffed with a Public

Health Dental Hygienist and Spanish interpreter, will offer that preventive care to maintain oral health and detect problems at an early stage. This funding will support 4 sites, one clinic in each of our District's four counties (Butler, Polk, Seward and York), with 1 visit each month per year. The Blue Valley Community Action administering the Women, Infant, and Children (WIC) program will partner with Four Corners Health Department (FCHD) in order to implement these services to this target audience.

Visit www.fourcorners.ne.gov to learn more about Four Corners Health Department.

Year 1 project budget = \$130,841.44
[\$26,588.31 match + \$104,253.13 subgrant award]

5. Nebraska Children's Home Society

Project name: Teen Chat

Nebraska Children's Home Society (NCHS) will expand its Teen Chat program to four Nebraska counties: Southern Douglas, Hall, Adams and Madison. The expansion corresponds with MCH/CSHCN Priority 2. Through the NCHS Teen Chat program, the development of girls age 13-19 is supported through goal setting, reinforcing positive self-image, and providing comprehensive reproductive health education, including abstinence. Since its inception in 2008, the Teen Chat program has produced strong positive outcomes for female youth in Northern Douglas County using the evidence-based curricula Girls Circle® and Focus on Youth by educating teen girls on the effects and consequences sexual activity can have on goal achievement and building competencies in decision-making and communication. To enhance the Teen Chat program, the evidence-based Making Proud Choices! curriculum, which has been identified as a "best evidence" intervention for prevention of teen pregnancies and prevention of STDs will be used. Teen Chat will incorporate community advisory committees who will champion and support the program in their local communities.

Hallmarks of the Teen Chat program include the following: 1) community support and stakeholder involvement, 2) targeted recruitment, 3) relationship based learning, 4) trust building environment, 5) professional leadership team, 6) structured sessions, 7) encouraging healthy habits, 8) access to services, 9) coaching to application, and 10) recognition of achievement. Skill building, mentoring and education are offered in structured nine-week sessions. Two-day special sessions occur throughout the year, and monthly support group sessions are offered.

To learn more about Nebraska Children's Home Society visit www.nchs.org.

Year 1 project budget = \$200,458
[\$50,458 match + \$150,000 subgrant award]

6. North Central District Health Department

Project name: Healthy Habits 4 Little Huskers

North Central District Health Department (NCDHD) will address MCH priority # 1 through development of their Healthy Habits 4 Little Huskers project, which centers on implementing the evidence-based Go Nutrition and Physical Activity Self-Assessment in Child Care (NAP SACC) program for district children between one and 10 years of age in childcare settings. Go NAP SACC targets early care and education program practices that can help set children on a lifelong path to healthy eating and activity. The program specifically addresses the elements of child nutrition, child physical activity, outdoor play and learning, and screen time. The NCDHD project coordinator will serve as a trained Go NAP SACC consultant, assisting district childcare providers to conduct self-assessment surveys in key program areas, and providing targeted technical assistance and support as childcare providers develop and implement their action plan. This new project will be implemented throughout the entire NCDHD service area, which includes Antelope, Boyd, Brown, Cherry, Holt, Keya Paha, Knox, Pierce, and Rock Counties. Creation of a childcare provider

task force was built into the work plan to ensure program sustainability beyond the scope of this project. Visit <http://gonapsacc.org/> for more about the Go NAP SACC program.

Year 1 project budget = \$101,343.34
[\$20,347.92 match + \$80,995.42 subgrant award]

7. Northeast Nebraska Community Action Partnership

Project name: NENCAP Home Visitation Program

Northeast Nebraska Community Action Partnership (NENCAP) offers a parent support program where parents can learn about positive discipline, social emotional development and benefits of good physical and emotional health. MCH funding gave NENCAP Home Visitation Program the opportunity to enhance its services by being able to serve more families with evidence based home visitation model. The model is called Healthy Families America which is a nationally recognized model designed to work with overburdened families who are at-risk for adverse childhood experiences, including child maltreatment. The program addresses 1, 3, 4, 5, 6, 8, 9, 10 of Nebraska's MCH/CSHCN priorities. Home visitation services begin prenatally or right after the birth of a baby and are offered voluntarily, intensively and over the long-term (3 to 5 years after the birth of the baby). Parents may enroll in the program prenatally or until the infant is 3 months of age. Enrollment in the program is determined after an assessment is conducted and the program is at no cost to families. NENCAP Home Visitation Program serves a 14-county area of Northeast Nebraska, including the counties of Antelope, Burt, Cedar, Cuming, Dakota, Dixon, Dodge, Knox, Madison, Pierce, Stanton, Thurston, Washington and Wayne. Elkhorn Logan Valley Public Health Department is a collaborating partner and provides additional home visitation services for the program. Norfolk Public Schools is also a collaborating partner. They allow the program to conduct teen parent classes once a week in the

school. For more information, visit <http://www.nencap.org/nencaphomevisit.cfm>.

Year 1 project budget = \$187,364.37
[\$37,473 match + \$149,891.37 subgrant award]

8. Northeast Nebraska Public Health Department

Project name: Caring Connections

The proposed project's goal is to increase the number of healthy children raised in healthy families through partnerships and collaboration by focusing on MCH Priorities 4 and 6. The proposed project will serve children, ages 1 – 18 (target population) in the Northeast Nebraska Public Health District that serves Cedar, Dixon, Thurston and Wayne Counties. The project will build on the recently developed Child-Fetal-Infant Death Review process of the Caring Connections Coalition. The objectives and activities focus on securing the Caring Connections Coalition to become a primary resource for technical assistance and networking for nurses, social workers, childcare providers, parents and others as they work with families with children ages 1-18. To read more about the Caring Connections Coalition, visit <http://www.nnphd.org/vnews/display.v/SEC/Programs%20%26%20Services%7CMaternal%20Child%20Health>.

Year 1 project budget = \$98,849
[\$19,800 match + \$79,049 subgrant award]

9. Public Health Solutions District Health Department

Project name: A Life of Smiles

Public Health Solutions District Health Department (PHSDHD) is working in partnership with Blue Valley Community Action and the UNMC College of Dentistry, to address a priority that PHSDHD has had for seven years, the need to increase

access to oral health care for children within our five county health department district.

The target population will be children ages birth to 3rd grade who have dental risk factors. The oral health of third graders is the rule that many states use as a quick indicator of the status of oral health. PHSDHD will focus on clinics at schools. PHSDHD is working with seven school systems that are interested in participating in the program. There is solid community support. Additionally, PHSDHD will carry out an education program, and screenings, to address those moms and families who have newborn babies to explain the importance of oral health starting at birth. The risk factors include: poverty, low educational levels, rural residence and non-white.

Year 1 project budget = \$192,581.70
[\$42,581.70 match + \$150,000 subgrant award]

10. South Heartland District Health Department

Project name: Student Wellness Works!

South Heartland District Health Department's *Student Wellness Works!* is addressing MCH priorities 1 and 7 in Adams, Clay, Nuckolls and Webster Counties. To address #1 (obesity focus), the project will build on an evidence-based Coordinated School Health (CSH) initiative started last year in partnership with the NE Dept. of Education and area schools. We will be continuing to build a culture of health improvement and facilitate implementation and evaluation of policy, systems and environment changes in the four current schools/districts (impacting 1725 students) and by providing CSH training to six additional schools or school districts. To address #7 (alcohol abuse focus), we will build on current intervention efforts with the Area Substance and Alcohol Abuse Prevention coalition and the College and Community Task Force. We will be working with Hastings College, Central Community College and area schools to impact underage drinking and binge drinking by

promoting Pure Performance code of conduct adoption and enforcement (facilitated by the CSH process with area schools) and will offer population-based e-SBI (electronic screening and brief intervention) evidence-based screenings to college students. For more information visit www.southheartlandhealth.org.

Year 1 project budget = \$244,692
[\$96,443 match + \$148,249 subgrant award]

11. Three Rivers Public Health Department

Project name: Healthy Kids Healthy Bodies

Three Rivers Public Health Department, along with five elementary schools located in the Three Rivers' district, will address MCH/CSHCN priority 1 to increase the prevalence of MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight. This priority was selected after review of a local community health needs assessment. Three Rivers and its school partners will use the research based program *HealthTeacher.com*, an online resource that integrates health into school curriculum. *HealthyTeacher.com's* subject material on nutrition and physical activity will be used to create the Healthy Kids Healthy Bodies project that will be implemented in partner schools in the Three Rivers' district. For more information visit <https://www.healthteacher.com/>.

The project will also incorporate additional evidence based practices, such as completing a school health assessment and school health improvement plan. The school health improvement plan will lead to implementing other evidence based programs, such as a Walking School Bus, at the schools. The project is an expansion of a 2014 pilot project led by Three Rivers to introduce health education into kindergarten classes.

Year 1 project budget = \$94,502.14
[\$19,150.14 match + \$75,352 subgrant award]

12. Two Rivers Public Health Department

Project name: Young Children Priority One Dental Program

Two Rivers Public Health Department (TRPHD) will continue efforts to improve health for Nebraska children and families through the utilization of Maternal and Child Health Grant funding to continue and expand the services provided by the TRPHD Young Children Priority One Dental program (YCPO). The goal of this model practice dental program is to improve health outcomes for high risk young children (0-8) and families and reduce gaps in services. The program will provide education, dental supplies, antibacterial and

fluoride varnish applications and dental sealants in coordination with providing a wrap-around component through utilizing a Community Health Worker. This will provide additional support to families by providing patient navigation, referrals, education and resources. The program utilizes the services of a Public Health Dental Hygienist in public health settings, such as WIC, Head Start and schools, which provides more economical and accessible care. The program currently serves Gibbon, Holdrege, Kearney and Lexington.

Year 1 project budget = \$185,672.55
[\$37,179.65 match + \$148,492.90 subgrant award].

Table 1: MCH/CSHCN Priorities and potential relationship to **children (ages 1 – 22)**

Priorities <i>(numbered for reference)</i>	Potential Relationships to Population of Children
1. Increase the prevalence of the MCH/CSHCN population who are physically active, eating healthy, and are at a healthy weight.	Activities specific to or impacting children age 1 up to age 22.
2. Improve the reproductive health of youth and women by decreasing the rates of STD's and unintended pregnancies.	Activities specific to or primarily impacting youth (male or female less than age 22).
3. Reduce the impact of poverty on infants/children including food insecurity.	Activities, particularly those based on a social-ecological model, impacting children as well as infants.
4. Reduce the health disparities gap in infant health status and outcomes.	Life course, socio-ecological models that impact preconception health and well-being of women less than age 22, with subsequent potential to improve infant health status and outcomes.
5. Increase access to oral health care for children and CSHCN.	Activities inclusive of both children and children with special health care needs.
6. Reduce the rates of abuse and neglect of infants and CSHCN.	Prevention models and systems which would be inclusive of children as well as infants and children with special health care needs.
7. Reduce alcohol use and binge drinking among youth.	This is a child specific priority.
8. Increase quality of and access to perinatal health services, including pre/inter-conception health care, prenatal care, labor and delivery services, and postpartum care.	Activities specific to or impacting pre-conception and inter-conception health of women less than age 22.
9. Increase the prevalence of infants who breastfeed exclusively through six months of age.	This priority not applicable to children.
10. Increase access to Medical Homes for CSHCN particularly for those with functional limitations.	This priority is not applicable to children, unless planned approach has broader intended impacts at the practice or community level.

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