

Nebraska Title V Maternal Child Health (MCH)
MCH priority needs by population domain¹ – **proposed 2023 Action Plan**

Priority needs (top row) impact various family members (left side). Below is “***the lattice***” to support the **growth of healthy Nebraska families**. Click links for info about each of the Top Ten Priorities. For the Action Plan objectives and strategies (“actions”), click where priorities & populations *crisscross*, for example B-2, WM-9, Y-5, etc.

Nebraska priorities the “Top 10” Family Members or population domains	1 Premature Birth	2 Infant Safe Sleep	3 Child Abuse Prevention	4 Access to Preventative Oral Health Care Services	5 Motor Vehicle Crashes Among Youth	6 Sexually Transmitted Disease Among Youth	7 Suicide Among Youth	8 Behavioral and Mental Health in School	9 Cardiovascular Disease including Diabetes, Obesity, and Hypertension	10 Improved Access to Utilization of Mental Health Care Services
Babies (Perinatal/Infant Health)	B-1	B-2								
Children (Child Health)			C-3	C-4						
Youth (Adolescent Health)					Y-5	Y-6	Y-7			
Children/Youth with Special Health Care Needs (CYSHCN)								CSHCN-8		
Women & Mothers (Women/Maternal Health)									WM-9	
Cross-cutting/ Systems Building										CCSB-10

List of Priority Needs – **Nebraska Top Ten** – 2020 Needs Assessment

- # 1 Premature Birth
- # 2 Infant Safe Sleep
- # 3 Child Abuse Prevention
- # 4 Access to Preventative Oral Health Care Services
- # 5 Motor Vehicle Crashes Among Youth
- # 6 Sexually Transmitted Disease Among Youth
- # 7 Suicide Among Youth
- # 8 Behavioral and Mental Health in School
- # 9 Cardiovascular Disease including Diabetes, Obesity, and Hypertension
- #10 Improved Access to Utilization of Mental Health Care Services

¹The Nebraska Top Ten are priority needs identified in the 2020 state-wide Needs Assessment of the maternal and child health (MCH) population. These guide the five-year Title V Action Plan 2021-2025. Priorities are organized by six MCH population domains. The Action Plan is re-assessed annually to update strategies and planned activities.
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Priority Need 1: [Premature Birth.](#)

When looking at preterm birth in Nebraska, significant demographic disparities exist between racial/ethnic, income, and educational attainment groups. Babies born preterm (in 2018 made up 10% 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.

This Priority Need is addressed by strategies in the [Perinatal/Infant Health](#) domain.

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

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Priority Need 2: [Infant Safe Sleep.](#)

2017 Pregnancy Risk Assessment Monitoring System (PRAMS) data shows that significant racial and ethnic differences exist in numbers and percentages of infants who routinely share their sleep surface with others. The number of infants who share their sleep surface is highest in mothers who are African American (41.5%) followed by Asian (34.2%), American Indian (31.4%) and Hispanic (29.5%) compared to White (19.6%).

This Priority Need is addressed by strategies in the [Perinatal/Infant Health](#) domain.

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

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Priority Need 3: Child Abuse Prevention

Poverty is often associated with a greater risk of child maltreatment. According to the American Community Survey in Nebraska 19.4% of children live at or below 100% of the poverty level. Additionally, data indicates that the majority of children enter foster care due to neglect, and that approximately 45% of children who enter out-of- home care are ages 0-5. Data also indicates that 50% or more of children who enter out-of-home care in Nebraska do so because of parental substance use.

This Priority Need is addressed by strategies in the [Child Health](#) domain.

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

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Priority Need 4: **Access to Preventative Oral Health Care Services**

In 2015-16 63.9% of 3rd grade children in Nebraska had decay experience, 32% of 3rd grade children had untreated caries, and 15% of children age 1-17 reported active oral health problems; all of these rates are higher than the U.S. averages. A significant percentage of Nebraska's population lives in rural locations, including approximately 125,000 children ages 1-9 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.

This Priority Need is addressed by strategies in the [Child Health](#) domain.

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

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Priority Need 5: Motor Vehicles 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 9.8%. Rural areas of the state consistently have a lower seat belt use rate compared to urban areas.

This Priority Need is addressed by strategies in the [Adolescent Health](#) domain.

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

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Priority Need 6: **Sexually Transmitted Disease Among Youth**

Young people aged 15 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. 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.

This Priority Need is addressed by strategies in the [Adolescent Health](#) domain.

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

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Priority Need 7: **Suicide Among Youth**

In Nebraska, suicide was the second leading cause of death in 2018 for youth ages 10-24, both nationally and in Nebraska. Racial disparities exist in Nebraska with American Indian and Asian 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.

This Priority Need is addressed by strategies in the [Adolescent Health](#) domain.

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

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Priority Need 8: 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.

This Priority Need is addressed by strategies in the [Children/Youth with Special Health Care Needs \(CYSHCN\)](#) domain

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

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Priority Need 9: Cardiovascular Disease including Diabetes, Obesity, and 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.

This Priority Need is addressed by strategies in the **Women/Maternal Health** domain.

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

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Priority Need 10: **Improved Access to Utilization of Mental Health Care Services**

One in five Nebraskans are reported to experience mental illness; 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).

This Priority Need is addressed by strategies in the **Cross-cutting/Systems Building** domain.

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

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Nebraska MCH priority needs by population domain - 2023 Action Plan
alignment of strategies ("actions") and objectives for a corresponding priority need

B-1

Babies (Perinatal/Infant Health domain)

Premature Birth is Priority Need 1.

Five-year Objective B-1a: By 2025, decrease preterm birth by addressing disparities among women of childbearing age, increasing access to care, and providing education.

Strategy B-1a(1): Title V staff will participate in Nebraska Perinatal Quality Improvement Collaborative (NPQIC) group on prematurity prevention.

Strategy B-1a(2): Maternal Infant Health Program will develop collaborations with Omaha Healthy Start and Rural Health Clinics.

Five-year Objective B-1b: Continue implementation of the Nebraska Maternal Mortality Review Committee.

Strategy B-1b(1): Implement a process for developing actionable recommendations.

Strategy B-1b(2): Incorporate Child Death Review data to inform prematurity prevention.

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B-2

Babies (Perinatal/Infant Health domain)

Infant Safe Sleep is Priority Need 2.

Five-year Objective B-2: By 2025, decrease sudden unexpected infant death (SUID) by promoting safe sleep practices particularly separate sleep surfaces, addressing racial disparities, and protective factors such as breastfeeding.

Strategy B-2a: Continue to expand the NE Safe Babies campaign.

Strategy B-2b: Next steps in development of SUID Investigation Form Education (review user evaluations; marketing/promotion activity).

Strategy B-2c: Maternal Infant Health Program collaborations with Omaha Healthy Start, Milkworks, Rural Health Clinics.

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C-3

Children (Child Health domain)

Child Abuse Prevention is Priority Need 3.

Five-year Objective C-3: By 2025, 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.

Strategy C-3a: Expand home visiting.

Strategy C-3b: Collaborate with the Nebraska Department of Health and Human Services (DHHS) Division of Children and Families Services (CFS) in Thriving Families, Safer Children workgroup, and Bringing Up Nebraska initiatives.

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C-4

Children (Child Health domain)

Access to Preventative Oral Health Care Services is Priority Need 4.

Five-year Objective C-4: By 2025, increase the percent of children ages 1 – 17 who receive preventive oral health care services.

Strategy C-4a: Translate prevention materials as needed.

Strategy C-4b: Office of Oral Health will distribute dental health starter kits in the population and report evaluation measures of the project.

Strategy C-4c: Title V will participate in the planning and execution of the statewide 3rd Grade and Head Start Open Mouth Survey.

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Y-5

Youth (Adolescent Health domain)

Motor Vehicle Crashes Among Youth is Priority Need 5.

Five-year Objective Y-5: By 2025, reduce number of crashes among adolescent drivers age 14-19 years to prevent injury and death by addressing disparities in rural and minority population.

Strategy Y-5a: Office of Injury Prevention will expand scope of Teens in the Drivers Seat (TDS) survey to include non-participating schools in order to enlarge the data and understand driver behaviors.

Strategy Y-5b: Include cultural centers in distribution of graduated driver licensing (GDL) and safe driving info for parents.

Strategy Y-5c: Incorporate a health equity lens in TDS expansion by using a Health Equity planner in data collection and assessment to identify inequalities and social determinants of health (SDOH).

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Y-6

Youth (Adolescent Health domain)

Sexually Transmitted Disease Among Youth is Priority Need 6.

Five-year Objective Y-6: By 2025, decrease rates of chlamydia and gonorrhea rates by addressing disparities among racial/ethnic and urban/rural groups.

Strategy Y-6a: Conversation Starters testing, refinement, and dissemination.

Strategy Y-6b: Facilitate the evaluation of Making a Difference (MAD) pilot implementations and seek to renew, as appropriate.

Strategy Y-6c: Continue current Adolescent Reproductive Health subawards with assessment / determination of changes to be made following current period end.

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Y-7

Youth (Adolescent Health domain)

Suicide Among Youth is Priority Need 7.

Five-year Objective Y-7: By 2025, reduce suicide rates among youth by increasing access to early intervention services and education, addressing stigma, promoting protective factors, and reducing risk factors.

Strategy Y-7a: Title V participation in key collaborations: NE Statewide Suicide Prevention Coalition, Garrett Lee Smith project management team, Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP), NE Dept. of Ed suicide prevention specialist, Behavioral health system of care, Society of Care.

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CSHCN-8

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

Behavioral and Mental Health in School is Priority Need 8.

Five-year Objective CSHCN-8a: By 2025, the Medically Handicapped Children's Program (MCHP) will collaborate with stakeholders 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.

Strategy CSHCN-8a(1): MCHP establishes Collaborative by identifying contractor, developing operating agreements, and establishing membership.

Strategy CSHCN-8a(2): MCHP continues the Parent Resource Coordinator project, supporting families with CYSHCN age birth to 21 years.

Five-year Objective CSHCN-8b: By 2025, Title V will collaborate with partners to increase capacity of schools for behavioral health access and referrals, and equitable behavior management practices.

Strategy CSHCN-8b(1): Participate in collaborations with networks, programs, projects working with schools.

Strategy CSHCN-8b(2): Provide continuing education on mental and behavioral health best practices for school health professionals.

Strategy CSHCN-8b(3): Continue key informant project to inform recommendations about Title V role in addressing disparities and promoting equitable behavior management practices at school.

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WM-9

Women & Mothers (Women/Maternal Health domain)

Cardiovascular Disease including Diabetes, Obesity, and Hypertension is Priority Need 9.

Five-year Objective WM-9a: By 2025, increase access to preventive care and address health disparities in order to reduce rates of obesity, diagnosed diabetes, and diagnosed hypertension in women age 18 – 44 years.

Strategy WM-9a(1): Promote Medicaid Expansion enrollment.

Strategy WM-9a(2): Implement Making Sustainable Health Impacts in Underserved Neighborhoods (MSHIUN) project in collaboration with a community organization.

Five-year Objective WM-9b: By 2025, develop and implement an innovative project design to address maternal and birth disparities, specifically those impacting Black mothers.

Strategy WM-9b(1): Led by the Women's Health Program Manager, a planning team will develop project design and implementation plans.

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CCSB-10

Cross-cutting/Systems Building domain

Improved Access to Utilization of Mental Health Care Services is Priority Need 10.

Five-year Objective CCSB-10a: By 2025, address stigma, and needs for cultural intelligence about mental health needs among providers.

Strategy CCSB-10a(1): Community Health Worker (CHW) continuing education on mental health topics.

Strategy CCSB-10a(2): CHW workforce development activities.

Five-year Objective CCSB-10b: By 2025, increase screening, referral, and treatment in primary care for mental and behavioral health.

Strategy CCSB-10b(1): Promote Medicaid expansion.

Strategy CCSB-10b(2): Title V leadership in Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP).

Five-year Objective CCSB-10c: By 2025, assess impact of telehealth.

Strategy CCSB-10c(1): NEP-MAP and Medicaid collaboration.

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