Nebraska State Action Plan Table 2025 Application/2023 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Cardiovascular Disease including Diabetes, Obesity, and Hypertension	WM1a: By 2025, increase access to preventive health care and address health disparities to reduce rates of obesity, diagnosed diabetes, and diagnosed hypertension in women age 18 to 44 years.	WM1a (1): Title V will conduct outreach and education on Heritage Health Adult (Nebraska Medicaid Expansion) enrollment and benefits and promote Medicaid redetermination efforts following the end of the continuous coverage requirement. WM1a (2): The Women's and Men's Health Program will implement Making Sustainable Health Impacts in Underserved Neighborhoods (MSHIUM) project in collaboration with a community organization. WM 1a (3): Title V will collaborate with the Chronic Disease Prevention and Control Program and the Office of Health Disparities within the Division of Public Health to align efforts and leverage existing strategies.	***Inactive -*** *ESM WWV.1 - Participation in the Women's Community Health Initiative for Preventing Cardio Vascular Disease.* ESM WWV.2 - Percent of women participating in Women's Community Health Initiative who have had a well check according to the US Preventive Services Task Force (USPSTF) guidelines based on age and history.	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

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					NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,

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					Formerly NOM 24) - PPD
Cardiovascular Disease including Diabetes, Obesity, and Hypertension	WM1b: By 2025, increase the percent of women who attended a postpartum checkup within 12 weeks after giving birth.	WM1b (1): Promote Nebraska's newly extended Medicaid postpartum coverage by educating providers and the general public about the change in coverage.	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Perinatal/Infant Health					
Premature Birth	PIN2a: By 2025, decrease preterm birth by addressing disparities among women of childbearing age, increasing access to care, and providing education. PIN2b: By 2025, continue implementation of the Nebraska Maternal Mortality Review Committee.	PIN2a (1): Support partnerships with community-based organizations (like ALIGN Nebraska and the State Maternal Health Task Force) and rural health clinics. PIN2a(2): Provide guidance and support for community implementation of prenatal plans of safe care for substance using pregnant people. PIN2b (1): Review the Nebraska Maternal Mortality Review Committee recommendations and identify appropriate Title V actions to inform prematurity prevention. PIN2b(2): Review the Child Death Review Team recommendations and identify appropriate Title V actions to inform prematurity prevention.		SPM 1: The percent of preterm births.	
Infant Safe Sleep	PIN3a: By 2025, decrease Sudden Unexplained Infant Death (SUID) rate by promoting safe sleep practices particularly separate sleep surface; racial disparities; and protective factors such as breastfeeding.	PIN3a(1): Title V will evaluate the impact of the Nebraska Safe Babies Campaign and share lessons learned to ensure sustainability of safe sleep education/programming. PIN3a(2): Support partnerships with community-based organizations (like Omaha Healthy Start and MilkWorks) and rural health clinics by offering safe sleep materials and training. PIN3a(3): Provide American Indian and Alaskan Native (AI/AN) communities with SIDS/SUIDS prevention that builds on community cultural strengths and values.	***Inactive -*** *ESM SS.1 - The number of birthing hospitals and pediatric clinics that become Champions of the "Nebraska Safe Babies Campaign".* ESM SS.2 - The percent of organizations	NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live

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			receiving outreach that become Champions of the "Nebraska Safe Babies Campaign".	loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS	births (SUID Mortality, Formerly NOM 9.5) - IM-SUID
Child Health					
Child Abuse Prevention	CH4a: 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.	CH4a (1): The Nebraska MIECHV program will build capacity within existing agencies to provide evidence-based home visiting services targeted to Nebraska families at-risk for child abuse and neglect in collaboration with NDHHS Division of Children and Family Services. CH4a (2): Title V staff will continue collaboration with the Division of Children and Family Services (DCFS), Child Abuse Prevention Fund Board, Plan to Prevent Child Maltreatment Deaths workgroup, Prenatal Plans of Safe Care, and Bring Up Nebraska initiatives co-led by DCFS and Nebraska Children and Families Foundation.	***Inactive -*** *ESM MH.1 - The number of CYSCHN families who have contact with a Parent Resource Coordinator.* ESM MH.2 - The percentage of families who are satisfied with supports provided by the Parent Resource Coordinator	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
Access to Preventive Oral Health Care Services	CH5a: By 2025, increase the percent of children ages 1 to 17 years who receive preventive oral health care services.	CH5a(1): The NDHHS Office of Oral Health & Dentistry (OOHD) will distribute dental health starter kits in the population and report evaluation measures of the project. CH5a(2): The OOHD and Title V will fund and support community-based	***Inactive -*** *ESM PDV-Child.1 - The number of sites participating in the Nebraska Early Dental Health Starter*	NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child,	NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC

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		oral health care service delivery through subaward agreements.	*Kits Educational program.* ESM PDV-Child.2 - The percentage of children participating in the Open Mouth Survey from underserved communities	Formerly NPM 13.2) - PDV-Child	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Adolescent Health					
Motor Vehicle Crashes among Youth	AD6a: By 2025, reduce the number of crashes among adolescent drivers age 14 to 19 years to prevent injury and death by addressing disparities in under resourced and rural populations.	AD6a(1): The Office of Injury Prevention will incorporate an access lens in Teens in the Driver's Seat expansion and other teen driver safety initiatives by using a health equity planner and in data collection and assessment to identify inequalities and social determinants of health. AD6a(2): The Office of Injury Prevention will target teen driver safety programming efforts in high crash rate counties. AD6a(3): Title V will fund and support community-based motor vehicle crash prevention through subaward agreements.	ESM IH-Adolescent.1 - The number of schools participating in the "Teens in the Driver Seat" program.	NPM - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 (Injury Hospitalization - Adolescent, Formerly NPM 7.2) - IH-Adolescent	NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide
Sexually Transmitted Diseases among Youth	AD7a: By 2025, decrease the rates of chlamydia and gonorrhea among youth in Nebraska by addressing disparities among racial/ethnic and urban/rural	AD7a(1): The Adolescent & Reproductive Health (ARH) Program will test, refine, and disseminate "Conversation Starters" (named the Chatterbox Chats) for teen and parent communication. AD7a(2): The Adolescent & Reproductive Health Program will implement		SPM 3: The rate of chlamydia infections reported per 100,000 youth (age 15-19).	

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	groups.	the Making a Difference (MAD) curriculum. AD7a (3): The Adolescent & Reproductive Health Program will support projects to promote sexual health among underserved and disproportionately affected groups.			
Suicide among Youth	AD8a: By 2025, reduce suicide rates among youth by: increasing access to early intervention services and education; addressing stigma; promoting protective factors (resilience, asset-building, family engagement) and reducing risk factors.	AD8a(1): Title V will participate in key collaborations with the Nebraska Statewide Suicide Prevention Coalition, Nebraska Partnership for Mental Healthcare Access in Pediatrics (NEP-MAP), Nebraska Department of Education Office of Coordinated Student Support Services, and Society of Care. AD8a(2): Title V will promote utilization of the 988 suicide and crisis lifeline. AD8a(3): Title V will fund and support community-based suicide prevention efforts through subaward agreements.		SPM 4: The death rate due to suicide per 100,000 youth (age 10-19).	
Children with Special Health Care Needs					
Behavioral and Mental Health in School	CS9a: By 2025, the Medically Handicapped Children's Program (MHCP) 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 (CYSHCN) CS9b: By 2025, Title V will collaborate with partners to increase the capacity of schools for behavioral health access and referrals, and equitable behavior management practices.	CS9a(1): MHCP will work with University of Nebraska Medical Center's Munroe Meyer Institute (UNMC MMI) to maintain the family collaborative and convene statewide stakeholders to identify a continuum of needed family supports. CS9a(2): MHCP will work with UNMC MMI to continue the Parent Resource Coordinator (PRC) project, supporting families with CYSHCN age birth to 21 years. CS9b(1): Participate in collaborations with partners, networks, programs, and projects working with schools to address disparities and promote equitable access and engagement with mental/behavioral health resources. CS9b(2): Partner with Children's Nebraska (formerly the Children's Hospital and Medical Foundation) and Nebraska Department of Education to provide continuing education on mental and behavioral health best practices for school health professionals.	***Inactive -*** *ESM MH.1 - The number of CYSCHN families who have contact with a Parent Resource Coordinator.* ESM MH.2 - The percentage of families who are satisfied with supports provided by the Parent Resource Coordinator	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0

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					through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
Cross-Cutting/Systems Building					
Improved Access to and Utilization of Mental Health Care Service	XC10a: By 2025, increase awareness and decrease stigma around mental and behavioral health issues by ensuring that training, outreach, and provider tools reflect best practices in health literacy and are culturally and linguistically appropriate for underserved populations. XC10b: By 2025, increase screening, referral, and treatment in primary care for mental and behavioral health.	XC10a(1): Support Community Health Worker (CHW) workforce development activities, working with cross-divisional and cross-sector partners to promote access to training such as QPR Suicide Prevention, Mental Health First Aid, and trauma-informed care training, with the objectives of improving referrals to care, and reducing stigma about mental and behavioral health issues. XC10a(2): Coordinate CHW workforce development activities with the CHW Collaborative, including development of a sustainable infrastructure led by CHWs that supports connection with other CHWs. XC10b(1): Conduct outreach and education on Medicaid redetermination efforts to promote enrollment and improve access to care, particularly for disparate and disadvantaged women of childbearing age, and other parents/caregivers. XC10b(2): Promote screening, referral, and treatment in primary care by leading activities in Nebraska's Pediatric Mental Health Care Access Program, Nebraska Partnership for Mental Health Care Access in Pediatrics (NEP-MAP).		SPM 5: Percent of children, ages 0 through 17, who are continuously and adequately insured	