HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

NEBRASKA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Nebraska

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

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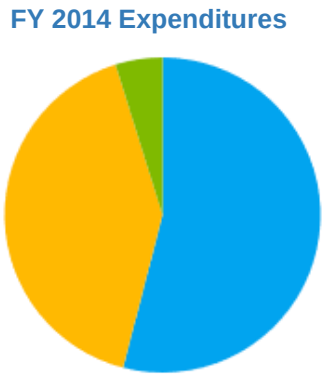
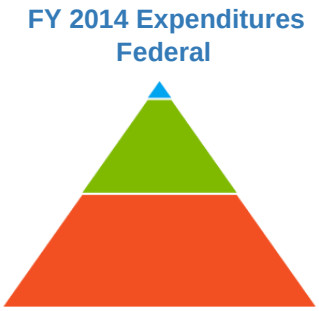
Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$3,982,922
State MCH Funds	$3,035,018
Local MCH Funds	$354,425
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$296,387	$637,379
Enabling Services	$1,671,371	$1,378,012
Public Health Services and Systems	$2,015,164	$1,374,052



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	21,379	$1,067,945	14.7%
Infants < 1 Year	25,903	$849,475	11.7%
Children 1-22 Years	233,291	$1,822,304	25.0%
CSHCN	2,274	$2,958,770	40.6%
Others *	16,039	$590,346	8.1%
Total	298,886	$7,288,840	100%

*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2014 Expenditures

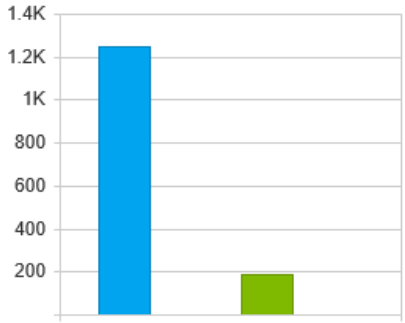
FY 2014 Individuals Served

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	1,246
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	191
Other Toll-Free Calls:	0



Executive Summary

The Title V Maternal and Child Health (MCH) Services Block Grant to the State of Nebraska is awarded to the Nebraska Department of Health and Human Services (NE DHHS), with the primary responsibility for the Block Grant's administration organizationally placed in the Division of Public Health, Lifespan Health Services Unit. The Medically Handicapped Children's Program (MHCP) is organizationally placed and administered in the Division of Children and Family Services and MHCP is the primary Title V-supported program serving CSHCN.

Nebraska's geography shows the state to be a primarily rural and sparsely populated state by national standards, with 34 out of 93 counties considered to be frontier (6 or fewer persons per square mile). In contrast, approximately 45% of the state's residents reside in the population centers of Lincoln and Omaha in the eastern part of the state.

In 2015, NE DHHS completed a statewide needs assessment as required under Section 505 of Title V. The findings of that needs assessment and the subsequently identified priorities provide the foundation for Title V supported services and activities for FFY 2016 through FFY 2020. Organized by six population domains and the priorities identified for each, this summary describes the need, associated National Performance Measures (NPMs), plans to address each need, and any emergent issues related to the priority.

WOMEN/MATERNAL HEALTH DOMAIN

Priority Need: Access to and Adequacy of Prenatal Care
NPM: #1, Percent of women with a past year preventive medical visit

In 2013, 27.4 percent of Nebraska's pregnant women did not receive prenatal care in the first trimester and 26.6 percent did not receive adequate prenatal care. According to Nebraska PRAMS, among Nebraska women with late or no prenatal care and who did not receive care as early as they wanted, a number of barriers have been identified: 1) the provider or health insurance plan would not start coverage sooner (21.5%); 2) could not get an appointment (31.8%); 3) couldn't afford the care (48.9%); and 4) didn't have transportation (15.6%).

Action plan objectives addressing this priority include increasing first trimester care for all women, American Indian women, and women under age 20. Access to prenatal care will also be addressed within the continuum of preventive health care for women of child bearing age. The objective set for NPM #1 for 2016 is 59.4%, as compared to the 2013 level of 58.2%.

Priority Need: Sexually Transmitted Diseases (STD) among (youth and) women of child bearing age.
NPM: #1, Percent of women with a past year preventive medical visit

Nebraska data from 2013 shows a rate of infection for chlamydia as 1,166.5 per 100,000 women ages 20-44 and for gonorrhea as 166.5 per 100,000 women ages 20-44. The chlamydia rate within Nebraska is increasing and disparities for chlamydia and gonorrhea exist by race and geography. This priority also relates to the Adolescent Health Domain, and replaces a similar priority identified in 2010.

Nebraska's Title V action plan for this priority sets forth objectives to increase use of preventive health care services for young adult women and to decrease chlamydia rates for African American and all women ages 20 to 44. The objective set for NPM #1 for 2016 is 59.4%, as compared to the 2013 level of 58.2%.

PERINATAL/INFANT HEALTH DOMAIN
Priority Need: Infant Mortality
NPM: #5, Percent of infants placed on their backs.

Nebraska infants died at a rate of 5.3 per 1,000 live births in 2013, an increase from 2012. Death resulted primarily from birth defects, prematurity, and Sudden Infant Death Syndrome/ Sudden Unexpected Infant Death. African American and American Indian infants have a significantly higher death rate than other racial/ethnic groups in Nebraska. A newly identified priority in 2015, it includes the emergent issue of increasing rates of SIDS/SUID. The number of SIDS/SUIDS cases in Nebraska's most populous county has increased over the past 2-3 years, with 4-6 deaths previously identified per year, but with a total 7 deaths in the first 6 months of 2015.

Nebraska's Title V action plan includes objectives to decrease rates of SUID overall and among African American and American Indian infants. Place-based strategies will be developed through a learning community with Nebraska stakeholders. The recently funded Nebraska Perinatal Quality Collaborative offers a framework for identifying and addressing disparities within the perinatal period. The objective set for NPM #5 for 2016 is 83.3%, as compared to the level of 81.7% reported for 2011.

Priority Need: Infant Abuse and Neglect
NPM: State Performance Measure (SPM) to be established for 2017.

The incidence of maltreatment in infancy is not improving over time and Nebraska's infants are the most likely to be abused/neglected. Considerable racial and ethnic disparities exist. A similar priority was identified in 2010.

Plans for 2016 include objectives to increase screening of infants and young children for social/emotional developmental status, to develop and implement a plan for using multiple modes for delivering evidence-based parenting education, and to reduce risks for maternal depression.

Priority Need: Breastfeeding of Infants
NPM: #4-A, Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months.

According to the CDC's 2014 Breastfeeding Report Card, Nebraska moms report ever breastfeeding their infants, with less than one half of Nebraska infants breastfeeding at six months and only one fifth exclusively breastfeeding at six months. Breastfeeding initiation, duration, and exclusivity rates vary across racial, ethnic, and socioeconomic groups. This priority was also identified in 2010.

The action plan for this priority includes objectives to increase the duration of exclusive breastfeeding, particularly among African American and American Indian mother-infant dyads, and to expand adoption of Baby Friendly Hospital standards. The objective set for NPM #4-A for 2016 is 84%, and 20.4% for 4-B, as compared to 82.4% and 20.2%, respectively, reported in 2011.

CHILD HEALTH DOMAIN
Priority Need: Unintentional Injury among children (and youth), including motor vehicle crashes
NPM: #7, Rate of hospitalization for non-fatal injury per 100,000 children 0 through 9 and adolescents 10 through 19

Unintentional injuries are the leading cause of death for Nebraska children ages 1-9. In 2012, the Nebraska death rate due to unintentional injuries for children ages 1-9 was 7.5 per 100,000 children compared to a national rate of 5.7. This priority was newly identified through the needs assessment completed in 2015 and is also related to the Adolescent Health Domain.

Action plan objectives have been established to increase proper use of child safety restraints and seatbelt use by women (as a means to reinforce proper use for their children). The objective set for NPM # 7 for 2016 is 111.4 per 100,000 children ages 0 -9 and adolescents 10 – 19.

Priority Need: Access to Preventive and Early Intervention Mental Health Services for Children
NPM: SPM to be established for 2017.

In 2012, data from the National Survey of Children's Health (NSCH) showed that approximately one-third of Nebraska 6 to 11 year old children who needed some type of mental health care or counseling did not receive it. It is assumed that access to care and counseling is likely no better for young children, who are highly susceptible to both positive supports and "toxic" stressors in the child's environment and relationships. This priority was newly identified in the 2015 needs assessment.

The action plan for this priority includes objectives to increase: rates of age-appropriate social/emotional development screening of children ages 0 to 3; delivery of professional development to health care professionals on early childhood mental health issues; integration of behavioral health and primary care for children; and numbers of children served in a medical home.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS (CYSHCN) DOMAIN
Priority Need: Mental and Behavioral Health Needs of Children/Youth with Special Health Care Needs (CYSHCN)
NPM: SPM to be established for 2017.

Twenty-eight percent of CYSHCN ages 3-17 in Nebraska have on-going emotional, developmental and/or behavioral conditions (2009-2010). Newly identified in the 2015 assessment, this priority bridges that of early screening and intervention identified as a related priority in the Children's Health Domain, to one that better focuses on mental health needs as a CYSHCN issue.

The action plan for this priority includes objectives to increase family involvement in Medicaid Behavioral Health Managed Care, to address workforce development needs related to promoting optimal early identification of and intervention for behavioral health needs of CYSHCN, and to increase screening of CYSHCN for age-appropriate social/emotional development and receipt of needed care or counseling.

Priority Need: Medical Home for CYSHCN, including empowerment of families to partner in decision making and access to additional family supports
NPM: #11, Percent of children with and without special health care needs having a medical home

According to the 2009/10 National Survey for Children with Special Healthcare Needs, the percentage of CSHCN in Nebraska who receive coordinated, ongoing, comprehensive care within a medical home is significantly lower than the national average and that more of Nebraska families have one or more unmet needs in family support services, compared to the national average. A similar priority need was identified in 2010, but this priority established in 2015 has expanded emphasis on family supports.

The action plan for this priority includes objectives to increase: care coordination services in medical clinics; percent of CYSHCN whose families partner in decision making and are satisfied with services; percent of CYSHCN who receive care in a medical home; and the number and percent of CYSHCN covered by health insurance. The objective set for NPM #11 is 51.9 percent for 2016 for CSHCN, compared to 50.9% reported in 2011-2012

ADOLESCENT HEALTH DOMAIN
Priority Need: Unintentional Injury among youth (and children), including motor vehicle crashes
NPM: #7, Rate of hospitalization for non-fatal injury per 100,000 children 0 through 9 and adolescents 10 through 19

Motor vehicle crashes are the leading cause of death for Nebraska teens ages 10-19. In 2012, the Nebraska death rate due to motor vehicle crashes for youth ages 10-19 was 15.0 per 100,000 youth compared to 7.8 nationally. Risk factors include inexperience, brain

development, exposure to driving in high risk situations such a driving at night, driving distractions, low seat belt use, speeding and alcohol. This priority also relates to the Child Health Domain and is newly identified in 2015.

The objective set for this priority in the action plan calls for decreasing youth injury due to motor vehicle crashes through increased seat belt use, decreased distracted driving, and recognition of the risks of drowsy driving, speed, and alcohol use. The objective set for NPM # 7 for 2016 is 111.4 per 100,000 children ages 0 -9 and adolescents 10 – 19.

Priority Need: Sexually Transmitted Disease (STD) among youth (and women of child bearing age)
NPM: #10, Percent of adolescents, ages 12 through 17 with a preventive medical visit in the past year.

Also associated with the Women's/Maternal Health Domain, this priority need has particular implications for adolescents. The highest reported rates of STDs are found among young people aged 15-19 and 20-24. A similar priority was identified in 2010.

One of the action plan objectives to address STDs among youth targets a reduction in chlamydia. Other objectives include increasing adolescent use of preventive health care services and incorporation of STD prevention into preconception health planning. The objective set for NPM #10 for 2016 is 85.1%, compared to 83.4% reported in 2011-2012.

CROSS-CUTTING OR LIFE COURSE DOMAIN
Priority Need: Obesity/overweight among women, youth, and children, including food insecurity and physical inactivity
NPM: #8, Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

According to the 2013 Behavioral Risk Factor Surveillance System (BRFSS), 30.2% of Nebraska women aged 18-44 are overweight and 28.3% are obese. The percentage of women who are highly active and active have not significantly changed in the past six years. Approximately 29% of Nebraska's children and adolescents (10-17 years) are obese (BMI ≥30.0) or overweight (BMI 25.0-29.9). There has been substantial worsening of indicators of food insecurity. The 2012 National Survey of Children's Health indicates that only 23% of Nebraska youth age 12-17 engage in vigorous physical activity every day.

This priority need was also identified in 2010, and has been placed in the Cross-Cutting or Life Course Domain because of its implications for more than two populations, the complex array of factors that contribute to overweight and obesity at the socio-ecological level, and the impact on life course outcomes.

Action plan objectives have been set to increase: BMI data collection in Nebraska schools, place-based initiatives to increase physical activity, and percent of women in active or highly active levels of recommended physical activity. The objective for NPM # 8 for 2016 has been set at 33%.

Priority Needs: Mental and Behavioral Health Needs of Children/Youth with Special Health Care Needs (CYSHCN), Access to and Adequacy of Prenatal Care, Sexually Transmitted Diseases (STD) among (youth and) women of child bearing age, Access to Preventive and Early Intervention Mental Health Services for Children, and Medical Home for CYSHCN, including empowerment of families to partner in decision making and access to additional family supports
NPM: #15, Percent of children ages 0 through 17 who are adequately insured.

These five priorities were previously described in other population domains, but are again addressed in the Cross-Cutting or Life Course Domain because of the commonalities around access to and utilization of health care associated with each, including insurance coverage, type and cost of coverage (deductibles, co-pays, premiums, conditions and treatments not covered, etc.), availability of providers, education and language barriers, and geographic barriers.
The action plan for this cross-cutting issue includes an objective to facilitate and promote agency-level cross-cutting planning and policy development that includes Title V but goes beyond it in scope and impact, and an objective to utilize the plan in future Title V MCH and CSHCN programming and policy development. The objective set for NPM #15 for 2016 is 75.8%, compared to 74.4% reported in 2011-2012.