



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **NEBRASKA**

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### 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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

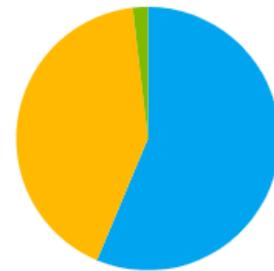
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Sara Morgan Administrator, DHHS Lifespan Health Services Sara.Morgan@nebraska.gov (402) 471-0196	Shannon Grotrain DHHS Economic Assistance Policy Chief Shannon.Grotrain@nebraska.gov (402) 471-2738	No Contact Information Provided

### Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$4,014,862
State MCH Funds	\$2,982,384
Local MCH Funds	\$131,209
Other Funds	\$0
Program Income	\$0

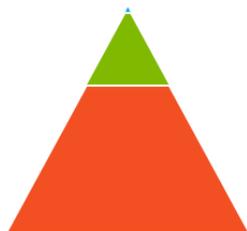
FY 2018 Expenditures



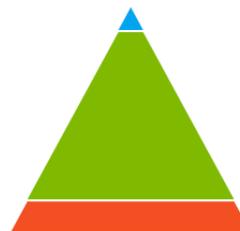
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$80,145	\$316,007
Enabling Services	\$1,281,774	\$2,347,278
Public Health Services and Systems	\$2,652,943	\$434,296

FY 2018 Expenditures Federal



FY 2018 Expenditures Non-Federal



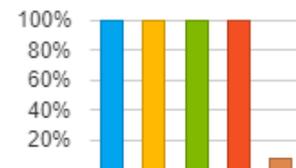
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
<span style="color: blue;">■</span> Pregnant Women	100.0%	\$858,361
<span style="color: orange;">■</span> Infants < 1 Year	100.0%	\$1,446,024
<span style="color: green;">■</span> Children 1 through 21 Years	100.0%	\$2,003,720
<span style="color: red;">■</span> CSHCN (Subset of all Children)	100.0%	\$1,788,338
<span style="color: brown;">■</span> Others *	7.0%	\$893,125

**FY 2018 Expenditures**  
Total: \$6,989,568



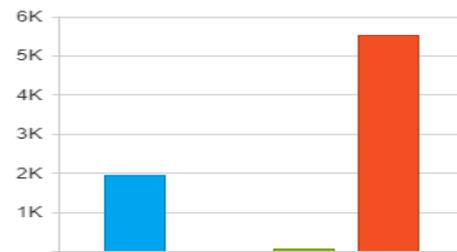
**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
<span style="color: blue;">■</span> State Title V Website Hits:	1,953
<span style="color: orange;">■</span> State Title V Social Media Hits:	0
<span style="color: green;">■</span> State MCH Toll-Free Calls:	62
<span style="color: red;">■</span> Other Toll-Free Calls:	5,522



### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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
NPM 11	Medical Home	Children with Special Health Care Needs

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.2	Percent Community Health Workers reporting increased knowledge of well-women care including screening for sexually transmitted infections.
NPM 4	Breastfeeding	ESM 4.1	The number of health providers participating in certified lactation counselors training who are minority women.
NPM 5	Safe Sleep	ESM 5.2	The number of birthing hospitals and pediatric clinics that become Champions of the "Nebraska Safe Babies Campaign".
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.1	The percentage of school districts participating in a child safety seat awareness campaign.
NPM 7.2	Injury Hospitalization Ages 10 through 19	ESM 7.2.1	The number of schools participating in the "Teens in the Driver Seat" program
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.1	Continuation of the "School Health Data Project" plan to collect BMI and other school health data.
NPM 11	Medical Home	ESM 11.2	The number of CYSCHN families who have contact with a Parent Resource Coordinator

### State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percentage of women who initiated prenatal care in the first trimester.	Women/Maternal Health
SPM 2	The rate per 1,000 infants of substantiated reports of child abuse and neglect.	Perinatal/Infant Health
SPM 4	Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.	Child Health, Children with Special Health Care Needs
SPM 5	Number of adolescents, ages 12 through 17, with a preventive medical visit in the past year	Adolescent Health
SPM 6	Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day	Adolescent Health

### State Outcome Measures

SOM #	SOM Title	Reporting Domain(s)
SOM 1	Access to and utilization of health care	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

#### Executive Summary Program Overview

As a state, Nebraska covers a large geographic area with a smaller population base. 34 of the 93 counties are considered to be frontier and 44 counties are designated as medically underserved (more for certain specialties; HRSA.gov). Geographic differences in access to a medical provider is not the only disparity that exists in Nebraska. Demographic shifts have led to an overall aging of the population as well as an increasing racial/ethnic diversity, and those minorities often bear the greatest burden of morbidity for a variety of health outcomes.

The Nebraska Department of Health and Human Services (NDHHS) Title V program seeks to improve overall health outcomes of women, infants, and children, as well as to address health disparities, in a comprehensive, family-centered way. This work is achieved at the local level through agreements to external partner organizations and at the state level through systems-level work.

Title V is founded on a strong framework of data collection and analysis; collaborative planning; implementation of strategies; and evaluation of process, outcomes, and impact as reflected in the five year Needs Assessment. This robust, inclusive process applies a deliberate methodology to determine the 10 priorities which govern activities for the next five years. The 2015 Needs Assessment determined the following priorities:

- Infant Mortality
- Obesity/overweight among women, youth, and children, including food insecurity and physical inactivity
- Infant Abuse and Neglect
- Mental and Behavioral Health Needs of Children/Youth with Special Health Care Needs
- Unintentional Injury among Children and Youth, including Motor Vehicle Crashes
- Access to and Adequacy of Prenatal Care
- Breastfeeding of Infants
- Sexually Transmitted Disease among Youth and Women of Child Bearing Age
- Access to Preventative and Early Intervention Mental Health Services for Children
- Medical Home for CYSHCN, including Empowerment of Families to Partner in Decision Making and Access to Additional Family Supports

Data-driven decision-making is evident in the ways Title V uses data sets not only to identify priorities in the Needs Assessment, but also as a means to evaluate progress and assess trends. Sources such as the National Survey of Children's Health Survey (NSCH), the National Immunization Survey (NIS), NDHHS Vital Statistics, the Pregnancy Risk Assessment Monitoring System (PRAMS), and Child Welfare offer a more in-depth look at indicators important to Title V.

#### Women/Maternal Health

The continued need to focus on reduction of STD rates is evidenced by the rising chlamydia rate and the potential rise in the gonorrhea rate in the state. Nationally, NE ranked 34<sup>th</sup> among 50 states for chlamydia infections and 30<sup>th</sup> for gonorrhea infections, according to CDC in 2017. To counteract these trends, Title V efforts for the upcoming year are focused at the community level, recognizing that relationships with trusted individuals are key to encouraging women to utilize available preventive services. Proposed strategies include developing and providing education for community health workers on the importance of screening, testing/treatment, and where to seek low/no cost services as well as developing a provider tool with messaging about the importance of the well-woman visit as a means to screen for and potentially test/treat STD.

While provisional data from NE Vital Records show a slight increase in 2018 (72.5% of infants born to women who initiated prenatal care in the first trimester) from 2017 (71.1%), work still remains to improve these rates. Preliminary findings from the NDHHS Improving Birth Outcomes project indicate that ensuring appropriate access to prenatal care is one important way to prevent preterm birth, low birth weight, and other negative birth outcomes. Proposed strategies in this area build upon foundations laid in the previous year, both in the Medicaid/Vital Statistics data linkage and in utilizing subaward agreements with Tribal Health Departments. A new innovation is the development of a maternal medical home toolkit in partnership with the Office of Rural Health. This toolkit is intended to assist rural family medicine clinics to become maternal medical homes, addressing both access to care and quality improvement at the same time.

#### Perinatal/Infant Health

While the mPINC score (a CDC measure of infant feeding care practices, policies, and staffing expectations within hospitals that provide maternity services) in Nebraska has been steadily rising – from 60 in 2009 to 71 in 2015 – there is still much room for improvement. Various sources show that while many new mothers initiate breastfeeding, fewer sustain the practice for 6 to 12 months or longer, a trend that NE hopes to reverse by providing opportunities for more Certified Lactation Counselors throughout the state, particularly working with our minority populations.

Improvement in the Infant Mortality Rate (IMR), which fell in 2017 to 5.6 compared to the 2016 rate of 6.2 is promising, however racial disparities remain, as shown by a SUIDS (Sudden Unexplained Infant Deaths) rate for African American infants occurring anywhere from 1.5 to 4.6 times greater than that of Caucasian infants (2014-2016 NE Vital Records). Improvement has also been seen in the rate of substantiated reports of abuse and neglect – Nebraska's rate per 1,000 infants in 2018 was 17.0, continuing a

decrease that began in 2016. Title V will continue to push for further reductions in these areas as the NE Safe Babies: Abusive Head Trauma campaign continues, and through partnership with the Division of Children and Family Services as the Families First Prevention Services Act is implemented and a pilot project implementing the Child Welfare Adaptation of Healthy Families America is launched.

### Child Health

NDHHS Vital Records continues to report unintentional injuries as the leading cause of death for NE children and youth. Access to mental health services is challenging for much of the state as the majority of Nebraska's 93 counties are state-designated shortage areas for the Psychiatry and Mental Health disciplines (NDHHS Office of Rural Health, 2019). In terms of physical activity, the 2017 National Survey of Children's Health (NSCH) indicates that only 24.4% of children ages 6 through 11 were physically active at least 60 minutes per day, every day.

To address these important issues for children both with and without special health care needs, Title V continues to work under the leadership of the School Health program, as well as leveraging the expertise and networks of partners including the Injury Prevention program, Home Visiting, the Pediatric Mental Health Care Access project, and NE Department of Education (NDE), among others.

### Children and Youth with Special Health Care Needs

Nebraska's children and youth with special health care needs (CYSHCN) represent some of the most vulnerable citizens in the state. For this reason, NE stakeholders participating in the 2015 Needs Assessment have regularly prioritized appropriate screening for mental, behavioral, and developmental health and access to a medical home. While access to a mental or behavioral health professional is a challenge due to medical shortage areas, Nebraska has seen improvement in the percentage of CYSHCN receiving care within a medical home. Based on 2016-2017 NSCH data, 57.0% of CYSHCN received coordinated, ongoing, comprehensive care within a medical home compared to the national average of 43.2%. Title V continues the successful relationship with the University of Nebraska Medical Center Munroe Meyer Institute to increase access to and enhance the care received by patients at clinics statewide, particularly through the use of Parent Resource Coordinators (PRC). PRC have children with special health care needs who have experienced the system, but who have also completed a training curriculum that allows them to support other families. PRC, along with home visitors in evidence-based home visiting programs, are examples of the emerging Community Health Worker workforce serving children and families.

### Adolescent Health

Needs of the adolescent population in Nebraska in a way reflect the transitory nature of this population: some needs are similar to the child health domain (high rates of unintentional injury and obesity), while another is similar to the women's health domain (high rates of sexually transmitted disease). Motor vehicle crashes are the leading cause of death for youth up to 19 years of age (NDHHS Vital Records), and only 3.6% of youth ages 12-17 years old were physically active at least 60 minutes per day, every day (NCHS 2016-2017). Progress has been made in the area of sexually transmitted disease, with chlamydia and gonorrhea rates for Nebraska youth remaining stable since 2008 and lower than national rates. As needs in this area reflect other domains, so do the strategies to address them. Similar to efforts in the Child and Women/Maternal domains, strategies for Adolescent Health utilize partnerships with Injury Prevention and NDE, and work under leadership of the School Health, Adolescent Health, and Reproductive Health programs.

### Cross-Cutting

Cross-cutting topics continue to focus on social determinants of health and equity, including access to health insurance and culturally- and linguistically-appropriate services (CLAS). In 2015, stakeholders highlighted common themes of unequal access to services and health disparities among growing minority populations in the state. In this domain, Title V continues to convene stakeholders for collaborative workforce development activities with Community Health Workers to serve maternal and child health populations in Nebraska; promoting health insurance enrollment for children; and advancing adoption of CLAS standards in health organizations statewide.

The framework to address the needs of the maternal and child population in Nebraska mentioned above is broad and inclusive. Within the Nebraska Department of Health and Human Services (NDHHS), the Title V program is administered by staff in the Division of Public Health (DPH) and the Division of Children and Family Services (DCFS). This operational approach extends the reach of Title V activities, expands the amount of available state support, and increases the range and diversity of staff expertise available to the program. The Title V Director within the DPH oversees programs including WIC, Newborn Screening, Home Visiting, Reproductive Health, Women's Health Initiative and others that have a primary mission and goals directly aligning with those of Title V. The Children and Youth with Special Health Care Needs (CYSHCN) Director within the DCFS oversees programs including the Medically Handicapped Children's Program (MHCP), Disabled Children Program (DCP), Lifespan Respite, and others working directly with the target population. In addition to broad programmatic expertise, Title V staff include epidemiology support from the Office of Maternal and Child Health Epidemiology (MCH EPI). These staff not only play a significant role during the Needs Assessment, but also regularly monitor progress on action plan strategies, evidence based strategy measures, and other performance measures annually.

Title V staff have significant expertise, but partnering with other NDHHS programs is necessary to address Nebraska's priorities. Partners such as the Injury Prevention program, the Office of Health Disparities and Health Equity, Medicaid and Long-Term Care, the Behavioral Health System of Care, the Sexually Transmitted Disease program, and the Office of Rural Health, among others bring significant subject matter expertise.

Equally important to the work improving the health of Nebraska's women and children are the external organizations who are MCH stakeholders. These partners bring not only expertise, but their own networks of participants, partners, and contacts who are vital to informing Title V work. External partners include the NE Perinatal Quality Improvement Collaborative (NPQIC), the University of

Nebraska system (Munroe-Meyer Institute, College of Public Health, and Public Policy Center), public schools and school staff, Local and Tribal Health Departments, and the Nebraska Children and Families Foundation, among others. Partnerships such as these amplify the work of Title V in priority areas involving MCH populations and their professional health providers.

Title V leans upon partners for planning, evaluation, and implementation strategies. Partners play a vital role in the five year Needs Assessment, ensuring transparency and inclusivity as priorities are determined and the stage is set for the following five year period of work. Additionally, partners serve on the Title V Steering Committee to review performance measures and data updates as part of ongoing evaluation and monitoring; and also to provide feedback on initiatives such as subawarding, public input, and family engagement strategies.

In addition to assessing the needs of the Nebraska maternal and child population and setting priorities for work to address those needs, Nebraska Title V works to develop approaches promoting comprehensive and family-centered services across the state. The NDHHS Medically Handicapped Children's Program (MHCP), provides services for CYSHCN such as diagnostic, consultative, and treatment services as well as payment of medical treatment in accordance with an individual treatment plan. The program also offers Social Service Workers to provide ongoing family centered case management, and Parent Resource Coordinators (PRC) throughout the state.

Title V is adept at partnering not only to accomplish goals but to leverage existing funds as well. Many examples exist where federal funds have extended the reach of state support and increase the range and diversity of programming to enhance the health of NE families. In some cases the state provides general funds for a purpose that addresses MCH services, and Title V provides technical assistance, such as with Home Visiting, Immunizations, the NPQIC, and the Elemental Formula program. In other cases Title V funds play a more significant role in supporting the MCH services along with the state funds, such as with the Newborn Metabolic Screening and the Medically Handicapped Children's programs. Some of the most effective work occurs when federal dollars complement existing state efforts.

Through a framework of assessment, inclusive planning, and regular evaluation Nebraska Title V seeks to promote systems change that will directly benefit families, and ultimately improve the health of the maternal and child population in Nebraska.

### How Federal Title V Funds Support State MCH Efforts

#### Federal Support of Overall Nebraska MCH Efforts

Title V is adept at partnering and collaborating not only to accomplish goals, but to leverage existing funds as well. Many examples exist where federal funds complement the use of existing state funds to enhance the health of families in Nebraska.

Nebraska's priorities in maternal and child health can be found perhaps most tangibly in the state general fund appropriations to further maternal and child health priorities, which include:

- Education and public health services for Native American clientele
- Elemental Formula Program
- Evidence-based Home Visiting
- Hepatitis B birth dose for infants
- Medically Handicapped Children's Program
- Minority Health Initiatives
- NE Perinatal Quality Improvement Collaborative
- Public Health Screening funds
- Special foods and formula for individuals with inborn metabolic disease

By working to support state efforts with federal funds, Nebraska Title V staff extend the reach of state support and increase the range and diversity of programming. A prime example is the work to reduce STD rates as testing, case management, education, outreach, and treatment work is funded by a mix of state general funds (through Public Health Screening funds), federal grants specific to STD programming, and Title V funds. The slow pace of rate reduction shows that it is a complex problem deserving specific focus, as well as the additional support from federal funds that complement state efforts.

### MCH Success Story

#### MCH Success Story

The Current Practices of Maternal Behavioral Health conference was created in 2016 after recognizing a need for a forum on the behavioral health needs of pregnant and post-partum women. Education focusing on pregnancy or behavioral health topics existed, but an integrated approach was an innovation. The conference was an immediate success, drawing 161 attendees, 10 exhibitors, and one sponsor in the inaugural year. Participation has continued to grow in the four years since, and in 2019 the agenda included a panel of women who had experienced post-partum depression, Obsessive-Compulsive Disorder, and infant loss. The conference draws a blended audience of obstetric and primary care providers, mental health professionals, and others.

The success of the conference is shown by strong participation as well as evaluations. Comments include:

- "Very nice conference, best I've been to. Learned so much about caring for an OB patient with mental illness, which really most patients in that state have to some degree."

- "I liked the variety of topics and bringing in experts to speak to each. I also enjoyed the personal experience panel at the end."

The event includes national speakers as well as Nebraska's own practicing experts, including providers specializing in reproductive psychiatry. In 2020, the conference will be a complementary event for a visiting speaker, and continuing medical education hours will be offered for C.E. and licensure renewal.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Nebraska

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

### [List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.