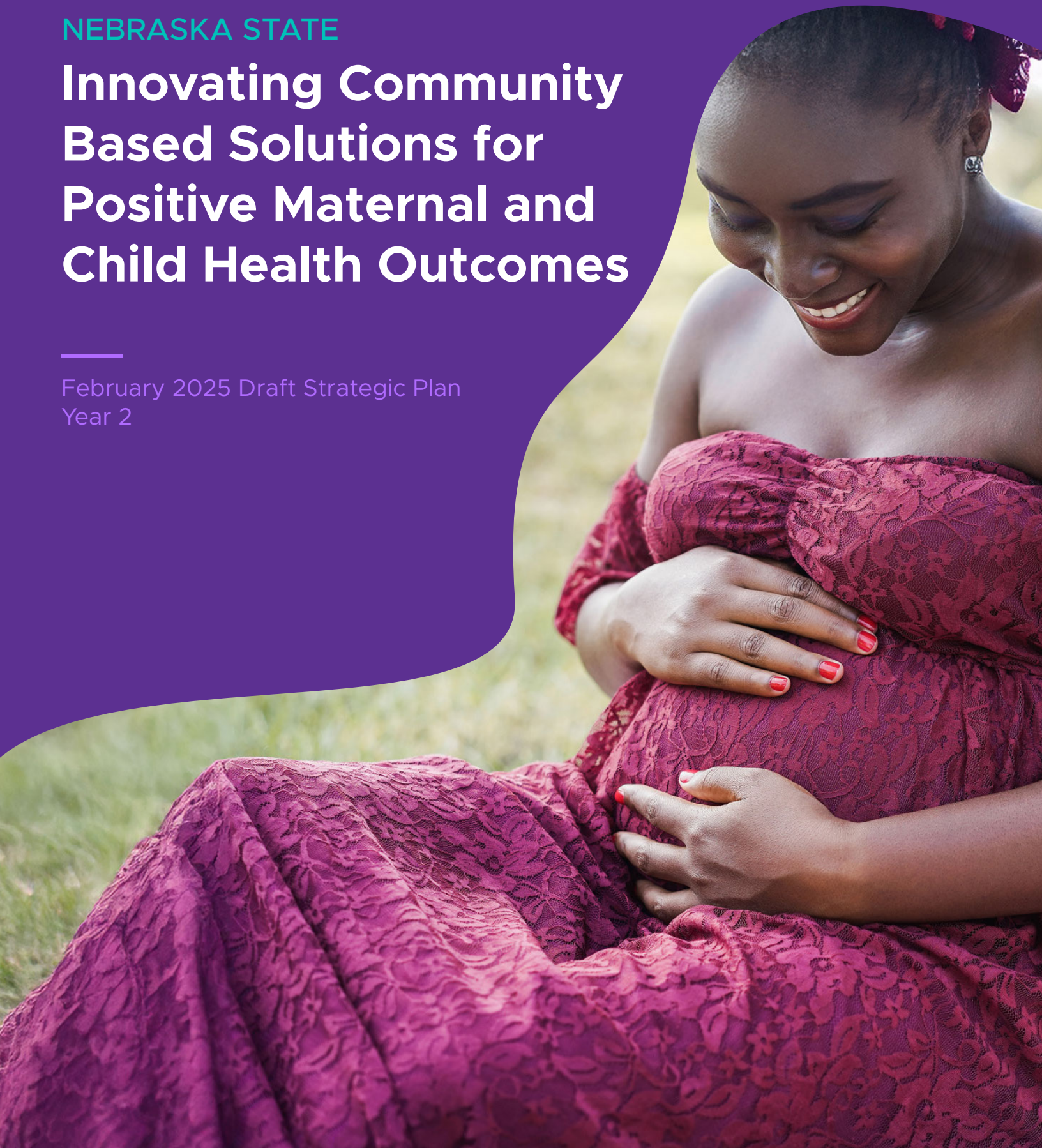
I BE BLACK GIRL

NEBRASKA STATE

Innovating Community Based Solutions for Positive Maternal and Child Health Outcomes

February 2025 Draft Strategic Plan
Year 2



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EXECUTIVE SUMMARY

Underrepresented populations deserve to not just live through their birth experiences but thrive. The Nebraska Maternal Health Initiative (MHI) is a 5-year (2023-2028) cooperative agreement funded through Health Resources and Services Administration (HRSA) to innovate positive birth outcomes for underrepresented families in Nebraska.

Through this investment, I Be Black Girl (IBBG) will (1) establish the Nebraska Maternal Health Task Force (MHTF), (2) improve state level maternal health data dissemination and sharing and (3) promote and execute innovate solutions in maternal health service delivery that center the leadership and experience of underrepresented populations within maternal and child health.

IBBG is the first and only community-based organization to receive this Maternal Health Innovation (MHI) award since the program's inception. This demonstrates the thought leadership and impact IBBG has had in the 8 years since inception in health access and system change.

The MHI award has high potential for impact as it will expand the work of IBBG while creating more responsive maternal and child health systems.

IBBG has long been involved in creating transformational impact such as expansion of postpartum Medicaid coverage from 60 days to up to one year and ensuring that partner recruitment for the Nebraska Maternal Mortality Review Committee was representative and accessible.

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WHY I BE BLACK GIRL?

I Be Black Girl (IBBG) is a community-based organization that holds the community's experience and expertise at the center of their work. IBBG works on addressing the social determinants of health by developing strategies and programs based on data and research in collaboration with the community.

The approach IBBG uses to address maternal health outcomes in Nebraska includes a collective action framework and targeted universalism framework.

APPROACH

Targeted Universalism

Targeted universalism[4] is a framework that focuses on understanding the needs of those most impacted by negative outcomes and centering solutions on the identified population to improve outcomes for everyone. It centers the needs of underserved populations by creating targeted strategies that benefit the entire population. Targeted Universalism will be used to address maternal health in Nebraska with the goal of improving Nebraska's maternal health outcomes by creating strategies to address the underrepresented population most impacted.

In Nebraska, underrepresented populations are experiencing poor health outcomes at a disproportionately higher rate than the state average and other racial, ethnic and cultural groups.

Black babies have **HIGHER PRETERM BIRTH RATES** when compared to Nebraska's preterm birth rates[3]

12% of Black babies in Douglas County, Nebraska are dying within their first year of life

Black mamas are **2-3x** more likely to die during and after childbirth[5]

BLACK BIRTHING PEOPLE have higher near death and traumatic birth experiences

Black women experience disproportionate maternal health outcomes when compared to Nebraska and other race and ethnic groups. Thus, Black women were chosen as the population of focus for the Maternal Health Initiative When you focus on those most impacted, all women and birthing people will benefit, leading to increased positive birth outcomes.

(ENTERED APPROACHES OF PRACTICE

I Be Black Girl uses key frameworks of practice to actualize change as an intermediary organization.

Targeted Universalism

Targeted universalism[4] is a framework that focuses on understanding the needs of those most impacted by negative outcomes and centering solutions on the identified population to improve outcomes for everyone. It centers the needs of under served populations by creating targeted strategies that benefit the entire population. Targeted Universalism will be used to address maternal health in Nebraska with the goal of improving Nebraska's maternal health outcomes by creating strategies to address the underrepresented population most impacted.

Collective Action Framework

Collective Action Framework[12] is the action taken together by a group of people who share knowledge, resources, and a common purpose. This approach brings together people from various backgrounds, services areas, and disciplines to address a common issue, including grant makers, including grant makers, nonprofit service providers, public and government agencies, and people with lived experience. This approach focuses on aligning philanthropic resources, direct social services, public institutions, policy, and community efforts to solve complex social issues linked to social determinants of health *(Adapted from Root Cause)*.

I Be Black Girl (IBBG) serves as the Collective Action Backbone of the approach. In this role, IBBG serves as the facilitator, champion, and data manager, ensuring communication, collaboration, and a concerted effort towards a common goal centered within the needs and the wants of the community and ensuring the efforts are measured and evaluated
The Collective Action Backbone has six key functions:

1. Guide strategy, alignment, and evolution of the initiative towards the common purpose.
2. Support coordination and collaboration across the initiative to ensure work is on track and aligned towards the vision.
3. Manage shared performance measurement of the initiative for the purposes of learning, evaluation, accountability, and sharing the story of the collective work.
4. Cultivate community leadership through intentional relationship building and shifting the decision-making power to the community.
5. Support community-led initiatives to remove barriers to collective progress.
6. Secure, develop, and mobilize resources for the initiative.

I Be Black Girl is using the Collective Action Framework to break down silos within the maternal and child health ecosystem to create alignment and strengthen the relationships between agencies working within it. The Maternal Health Initiative Task Force was developed to create a dedicated space for a collaborative effort to improve maternal health outcomes in Nebraska. Thus, ensuring the targeted innovative strategies are centered around the population most impacted and are a collaborative effort between agencies, organizations, and community members to improve maternal health outcomes in Nebraska.

Collective Action Framework

Social Drivers/Determinants of Health

Social Drivers/Determinants of Health[11] (SDoH) is defined as conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality of life outcomes and risks.

The way communities and individuals experience health and health care is not just based on access to medical services. It is also impacted by other factors that may support or create barriers to health and well-being. At a community level, these factors are referred to as "social drivers of health" (SDOH) and may also be referred to as "social determinants of health." Examples of SDOH include economic stability, access to quality education and health care, and the neighborhood and built environment.

The specific factors that impact individuals directly are called "health-related social needs" (HRSN). Examples of HRSN include lack of stable or affordable housing and utilities, financial strain, lack of access to healthy food, personal safety, and lack of access to transportation. SDOH and HRSN can coincide and overlap, for instance, in the case of a household with income below the federal poverty line (an individual-level HRSN) in an area with poor economic conditions (a community-level SDOH). Health providers can take steps to address HRSN by understanding the needs of their patients and referring them to community-based services. SDOH and HRSN are what commonly lead to health disparities—that is, different health outcomes in different groups of people.

MATERNAL HEALTH LANDSCAPE IN NEBRASKA

Key indicators measuring maternal and child health reveal a clear picture of where things are in Nebraska.

- In 2023, there were **24,111 live births across the state.**[8]
- Nebraska ranks **23rd in maternal mortality** (death) rates across the U.S.[3]
- Nebraska has received a **grade D from the March of Dimes** with a preterm birth rate of 15.0. **Black women are 43% more likely to deliver a preterm baby than all other women in the state.**[3]

These statistics demonstrate a significant disparity, with Black women experiencing the burden of adverse birth outcomes.

- Nebraska ranks **second-highest in the US for maternity care deserts.**
- **Rural regions of the state accounted for roughly 40% of births from 2016-2018**, yet 66 of the state's 93 counties have no hospitals providing obstetric care, no birth centers, no OB/GYNs, and no certified nurse midwives.[6]
- **Over a third of Nebraskans (38%) use Medicaid to cover their maternal care.**[5]
- There is a lack of representation in health care providers with **less than 2% of the state's physicians being Black or African American.**

NEBRASKA LANDSCAPE ANALYSIS

Nebraska, like most geographies across the US, is seeing a crisis in maternal and child health outcomes for underrepresented populations.

NEBRASKA SNAPSHOT

5% of the population is Black or African American

48% of the population are women.

The largest county in Nebraska is Douglas County, where **11.4% of the population is Black,** with half being Black women, femmes, and girls.

Nebraska is home to large urban areas as well as rural farming communities. **The state serves as a resettlement location for refugees,** has six Indigenous tribes with reservations, and is home to migrant and seasonal workers.

Nebraska Snapshot [7]

NEBRASKA SOCIAL DRIVERS OF HEALTH SNAPSHOT

WOMEN IN NEBRASKA

9.4% lack access to health insurance

12.2% reported fair or poor health

11.7% are living in poverty

10% lack appropriate access to food

8.8% experience housing insecurity

For Black women living in Nebraska, the outcomes are disproportionally worse. These factors and more contribute to poor maternal and child health outcomes for Black pregnant people, as we know that things like access to health insurance, income, food, and housing all impact a pregnant person's wellbeing.

BLACK WOMEN IN NEBRASKA

14.5% lack access to health insurance

26.2% reported fair or poor health

19.2% are living in poverty

23.6% lack appropriate access to food

18.8% experience housing insecurity

NEBRASKA MATERNAL HEALTH DATA

From the 2023 Maternal Mortality Review Committee (MMRC) report[2]:

KEY FINDINGS:

- In the United States, Maternal deaths rose from 754 in 2019 to 1,205 in 2021 (i.e. pregnancy-related and pregnancy-associated deaths combined).
- 93% of pregnancy-related deaths were deemed preventable in Nebraska.
- In 2021, the mortality ratio for non-Hispanic Black women was 22 per 100,000 live births compared to 11.8 per 100,000 live births among non-Hispanic White women in Nebraska.
- In Nebraska, lack of continuity of care was the most frequent factor identified as contributing to pregnancy related deaths; followed by lack of access or financial resources and clinical skill or quality of care. Lack of knowledge, delay in referral or access to care, and inadequate assessment of risk also contributed to the deaths.

The MMRC developed seven priority recommendation areas and related strategies to reduce preventable maternal mortality, including:

1. Closed loop social support
2. Non-discriminatory practices
3. Behavioral health access
4. Healthcare best practice adoption
5. Domestic violence safety plan development
6. Care continuity
7. Medical care access

From the 2024 Nebraska Severe Maternal Morbidity report[9]:

KEY FINDINGS

- From 2017-2021 in Nebraska, the total number of delivery hospitalizations with at least one SMM event was 657, corresponding to an SMM rate of 58.5 events per 10,000 delivery hospitalizations.
- There was a rise in SMM in Nebraska from 52.2 per 10,000 deliveries in 2017 to 66.8 per 10,000 deliveries in 2019, decreasing to 60.9 per 10,000 deliveries in 2021.
- The Nebraska SMM rate was statistically significantly greater in women with Medicaid than women with private insurance.
- From 2017-2021 in Nebraska, Non-Hispanic Black women (86.8 per 10,000 hospitalizations) experienced significantly higher SMM events compared to non-Hispanic White women (43.8 per 10,000 Hs).

Disproportionate Impact: While non-Hispanic Black women represented 7.6% of the delivery hospitalizations during the reporting period, 12.5% of the SMM occurred among this population.

Table 13. Severe Maternal Morbidity by Race and Ethnicity (N=110,146), Nebraska 2017-2021.

Race and ethnicity	Delivery hospitalizations	SMM	SMM rate per 10,000	95%CI for the rate		P-value
Non-Hispanic White	77,825	341	43.8	39.3	48.7	< 0.001
Hispanic	18,430	129	70.0	58.4	83.2	
Non-Hispanic Black	8,409	73	86.8	68.1	109.2	
Other*	5,482	40	73.0	52.1	99.4	
Total	110,146	583	52.9	48.7	57.4	

Data source: Nebraska Vital Records Office and Nebraska Hospital Association.
^Other race includes those with any race not included in non-Hispanic White, Hispanic, or non-Hispanic Black categories.
Race/Ethnicity unknown for n=106, not included.

Title V legislation requires the state to prepare and transmit a statewide Needs Assessment every five years that identifies (consistent with the health status goals and national health objectives). The 2020 Title V Needs Assessment report[10] determined the following priorities (in alphabetical order):

- Access to Preventative Oral Health Services
- Access to and Utilization of Mental and Behavioral Health Care across the Lifespan
- Behavioral Health in School for Children and Youth with Special Health Care Needs
- Cardiovascular Disease among Women aged 18 through 44 years
- Child Abuse and Neglect
- Infant Safe Sleep
- Motor Vehicle Crashes among Youth aged 10 through 19 years
- Premature Birth
- Sexually Transmitted Disease Prevention
- Suicide Prevention

AIN'T I A WOMAN REPORT

From September to October 2023 , through intentional dialogue and listening sessions led by UBUNTU Research and Evaluation, I Be Black Girl explored Black women's reproductive care journeys, stories, and experiences with special attention to their birthing and labor histories.

The findings were compiled and analyzed with the purpose of engaging the larger Nebraska community, healthcare systems, policy partners, and community-based birth workers to unveil the reproductive healthcare needs of Black women.

The Ain't I A Woman[2]: A Person-Centered Approach to Reproductive Care for Black Women report recommended **shared decision making, trust building, communication and birthing practices.**

THESE THEMES INCLUDE ACTIVITIES SUCH AS:

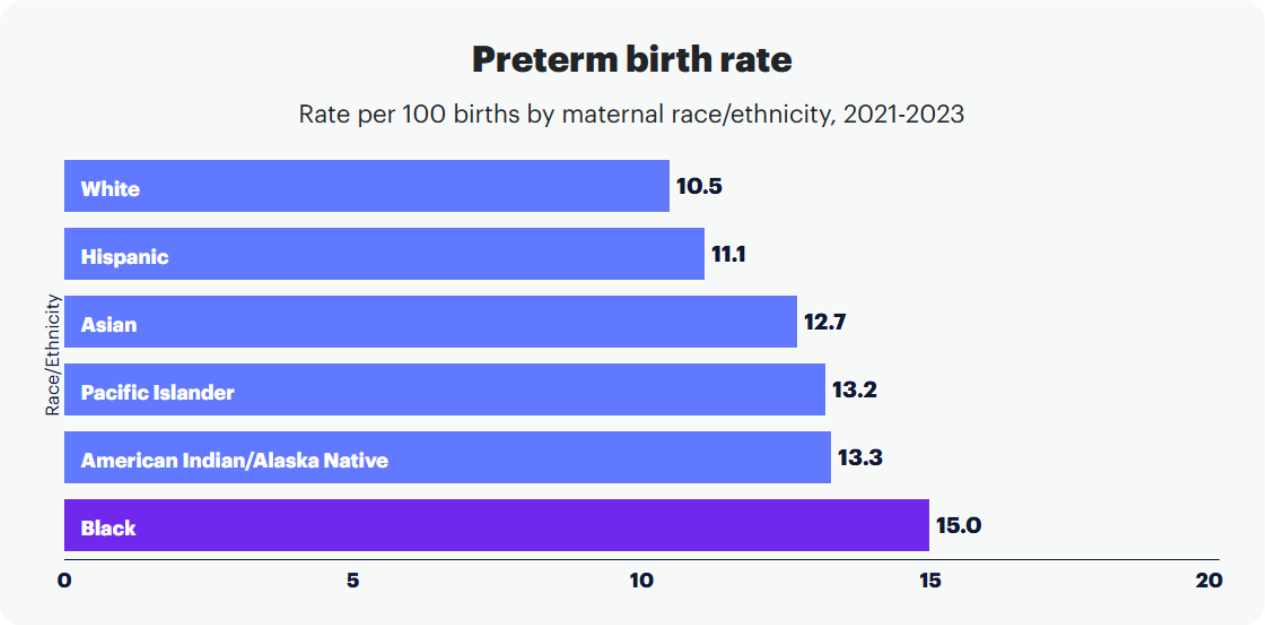
- Developing training protocols to improve provider-patient interactions and communication;
- Enhancing healthcare system capacities to increase their reach, by having shorter wait times and locating services in less populated areas of the state;
- Building in the opportunity for patient experiences to be tailored to the needs of individuals;

- Increasing provider empathy in patient experiences;
- Providing more incentives for providers of color to help increase their prevalence in the state;
- Increasing patient autonomy in reproductive health care situations, such as: birthing plans, access to doulas and midwives, tailored delivery options such as water births or birthing centers;
- Offering resources such as classes for single mothers and for extended family members, transportation to and from pregnancy and newborn monitoring visits, providing targeted resources to prep for and during the postpartum period and increasing efforts to publicize and link mothers to community programs, such as Essential Pregnancy Services, that highlight housing, education and childcare opportunities.

MARCH OF DIMES REPORT CARD

The 2024 March of Dimes Report Card[3] highlights key indicators to describe the current state of maternal and infant health as it relates to preterm birth:

- The preterm birth rate in Nebraska was 11.1% in 2023, lower than the rate in 2022.
- The preterm birth rate among babies born to Black birthing people is 1.2x higher than the rate among all other babies.



CURRENT NEBRASKA INITIATIVES ADDRESSING MATERNAL AND CHILD HEALTH FOR UNDERREPRESENTED POPULATIONS

Omaha Pathways Community Hub

This evidence-based PCHI® model helps communities work together to support their populations most at-risk for poor health outcomes, and is an organized, outcome focused, network of Care Coordination Agencies (CCAs) who hire and train community health workers (CHWs) and connect individuals to needed medical, social, and behavioral services. CHWs are from the communities they serve and created trusting relationships to bridge the community members and the resources they need, and deserve, to be healthy and thrive. The HUB entity, provides backbone support to align the network of partners, support community based organizations to excel in connecting and serving the community and ensures data-driven high-quality community based services. Through collaboration across sectors and alignment of community resources, the model improves health outcomes, reduces disparities, and ensures a financially sustainable model of care coordination.

CHWs, employed by local CCAs, work in the community to connect with individuals experiencing significant challenges accessing needed social, behavioral, and medical resources. The CHW uses a framework of 21 evidence-based "pathways" which are risk factors that are identified with a participant and then resolved through hands-on navigation. Outcomes have standard definitions across all CHWs, such as stable housing for 30 days or completion of vaccinations. The CCAs are paid by closing a "pathway" (a.k.a risk factor) and achieving a defined outcome.

The HUB provides centralized processes, systems, and resources to allow accountable tracking of those being served, measurement and evaluation of impact, and a method to tie payments to outcomes. This cross-sector innovative model bridges the resources and expertise of community organizations, healthcare providers, and insurance payers to reach their goals and drive positive outcomes for individuals in the community.

I Be Black Girl Maternal Health Strategy

The goal of this strategy is to use a Collective Action Framework to create a movement to disrupt the systems that perpetuate incidences of maternal morbidity, mortality, and traumatic care experiences using strategies that center the experiences and leadership of Black women and birthing people.

Collective Action Approaches

Convene: Connect stakeholders from different parts of the maternal health ecosystem to foster learning and collaboration by supporting coordination and collaboration towards an aligned vision.

1. Maternal Health Month Conference & Summit: These convenings bring birth workers and allied community members and partners together to strategize how we can create systems change which centers the experiences and needs of underrepresented women and birthing people.

2. Maternal Health Initiative Task Force: Support breaking down silos within this ecosystem, allowing aligned agencies to build relationships for strong continuity of care and impact.

Research: Manage the performance measurements of the initiative for the purposes of learning, evaluation, accountability, and sharing the story of the collective work.

1. Maternal Health Initiative Task Force Data Subcommittee: Improve state-level maternal health data and surveillance to inform policy and practice.

2. Maternal Health Initiative Evaluation: UBUNTU Research & Evaluation will implement an evaluation framework for the Nebraska Maternal Health Initiative. This framework will examine how targeted universalism affects maternal and child health outcomes by capturing the stories and lived experiences of underrepresented moms and others who have capacity for pregnancy, their children, and their families. The goal of this evaluation is to measure how innovations, partnerships, and systems changes work together to create sustained improvements in maternal healthcare delivery and outcomes for Nebraska's communities.

3. Collective Action Evaluation: The evaluation will measure IBBG's effectiveness as the backbone organization in advancing maternal and child health outcomes through its collective impact model. It will examine how IBBG fosters collaboration among service providers, policymakers, and community organizations to build a more coordinated maternal health system. By assessing both implementation processes and outcomes, the evaluation will determine whether this approach improves service delivery, aligns resources, and drives long-term systems change. It will also analyze how strengthened collaboration, enhanced data infrastructure, and innovative service models contribute to lasting improvements in maternal healthcare across Nebraska. By documenting these relationships, the evaluation will identify the key mechanisms that support sustainable progress in maternal and child health.

Catalyzation: Guide the strategy, alignment, and evolution of initiatives towards the common purpose of building the infrastructure to support and strengthen the community work force to improve maternal health outcomes in Nebraska.

1. Doula Ecosystem: Strengthen community-based birth workforce to build infrastructure for the Doula Ecosystem in Nebraska to support birthing people.

- Doula Passage Program: Builds a network of community-based Doulas that are equipped to serve underrepresented women and people with capacity for pregnancy through their birth journey. It includes Doula Group Mentoring, Continuous Learning Opportunities, and Doula Pilots. The group mentoring support for newly trained Doulas from the Doula Passage Program as they begin offering Doula services to community members to create a positive community between Doulas and a support system for the birth workers. The continuous learning opportunities provide Doulas with bi-monthly continuous learning to opportunities to enhance their knowledge about birth and maternal practices. Finally, Doula Pilots is a project with two Doula pilot programs through Medicaid Managed Care Organizations to help build the blueprint for investment in underrepresented birth workers as key members of the care team.

2. Maternal Health Care Access: Improve health care access by addressing the social determinants of health that impact the ability of individuals to obtain quality maternal health care.

3. Training, Education, and Resource Institute: provide resources, trainings, and toolkits to ensure community members, providers, and practitioners have access to information to improve maternal health outcomes.

Influence: Support community-led initiatives to remove barriers to collective progress and secure, develop, and mobilize resources.

1. Provider Finder: A free web-based application that allows underrepresented community to search and view providers who are reviewed explicitly for caring for underrepresented patients. This app allows the community to make informed care decisions and connects patients with competent providers.

2. The Anarcha Center: Houses the full spectrum of birth workers and partners so that underrepresented pregnant folks have more accessibility, choice, and autonomy in their birthing journey in one community-based location. The center works with partners to house traditional medical practitioners who will support their clients' comprehensive needs, including lactation consultants, and mental health practitioners. The Anarcha Center offers drop in workspaces for birth workers, meeting and appointment space, and a multipurpose space for prenatal yoga and massages, community meetings, and trainings.

Narrative Shift: Cultivate community leadership through intentional relationship building and and shifting the decision power to the community.

1. Lived Experience Focus Groups: Community members with lived experience participated in focus groups to provide feedback on the initial Maternal Health Initiative Strategic Plan and Work Plan to ensure it was centered around the needs of those most impacted.

SWOT ANALYSIS OF THE NEBRASKA LANDSCAPE

STRENGTHS

- There are a number of organizations working to address maternal and child health outcomes across the spectrum in Nebraska
- Nebraska's preterm birth rate decreased from 2022 to 2023
- Doula Pilots with Medicaid Managed Organizations to build the reimbursement blueprint for services under Medicaid

THREATS

- Although there are many organizations working to address maternal and child health outcomes, the efforts are siloed and missing collaboration between aligned agencies
- Maternal health data is missing key data indicators due to the lack of consistency in data collection
- The current efforts working to address maternal and child health do not center the solutions and leadership of those most impacted

CHALLENGES

- Lack of hospitals providing obstetric care, birth centers, OB/GYNs, and no certified nurse midwives in 66 rural counties of Nebraska's 93 counties
- Nebraska has lost six birthing units in rural hospitals since 2017
- Lack of representation of the underrepresented community in healthcare providers
- Lack of knowledge, delay in referral or access to care, and inadequate assessment of risk contributed to maternal deaths

OPPORTUNITIES

- Improve maternal and child health outcomes in Nebraska through access to maternal health care
- Break down silos within the ecosystem
- Improve state-level maternal health data and surveillance
- Implement maternal and child health community-based solutions

The Nebraska Maternal Health Initiative sets out to address the key barriers to success that do not allow underrepresented mamas, parents and babies to thrive.

OVERVIEW OF THE NEBRASKA MHI INITIATIVE

The 2023-2028 State Maternal Health Initiative aims to create innovative solutions to improve maternal and child health outcomes in Nebraska.

The overarching opportunities in Nebraska this project seeks to overcome include the following:

POOR MATERNAL AND CHILD HEALTH OUTCOMES.
Nebraska has significantly high rates of overall maternal mortality (28.2 compared to the national 20.4), ranks second-highest in the US for maternity care deserts, and the state has lost six birthing units in rural hospitals since 2017.

Additionally, Nebraska lacks access to culturally relevant and representative care providers, including OBGYNs, doulas, lactation consultants, midwives, and other specialized maternal care providers.

SILOED WORK IN THE MATERNAL AND CHILD HEALTH ECOSYSTEM.
Through this project, the establishment of the Maternal Health Task Force will support breaking down silos within this ecosystem, allowing aligned agencies to build relationships for strong continuity of care and impact. The Task Force will facilitate the development of innovative strategies over the course of the initiative.

LACK OF CONSISTENCY IN DATA COLLECTION METHODS.
A growth opportunity for Nebraska in regard to maternal outcomes includes creating consistency of data collection, and disaggregation of data by race. This type of data analysis is vital to identifying the best approach to decrease instances of maternal mortality and morbidity.

I Be Black Girl is serving as the collective impact agency, or backbone organization, to support this Initiative through the three key approaches:

1. Establish the Nebraska Maternal Health Task Force (completed)
2. Support Data Collection & Surveillance (in progress)
3. Innovation in Service Delivery (in progress)

As of September 2024, progress has been made with the first key approach. The second and third key approach are being addressed through the key partners and community members on the task force.

ESTABLISH THE NEBRASKA MATERNAL HEALTH TASK FORCE

Launched in January 2024, this task force is a collaborative of partners representing various expertise, disciplines and perspectives, which influence the contexts that drive maternal health experiences and outcomes.

KEY DRIVERS:

- In 2023, there were 24,111 live births in Nebraska[8]
- Nebraska ranks 23rd in maternal mortality (death) rates across the U.S.[3]
- Nebraska received a grade of D from the March of Dimes
- Black babies have higher preterm birth rates[3]
- 12% of Black babies in Douglas County, Nebraska are dying within their first year of life
- Black mamas are 2-3X more likely to die during and after childbirth[5]
- Black birthing people have higher near death and traumatic birth experiences

APPROACH

To transform maternal health through systemic level change that will support underrepresented people with the capacity for pregnancy. By centering the needs of underrepresented birthing people, this task force aims to create a Maternal and Child Health ecosystem that will transform systems for the health and well-being of all.

The intentionality of this approach is reflected in the emphasis on ensuring that the majority of task force partners are Black community members with lived maternal health experiences and outcomes; including families and support persons impacted by adverse maternal health outcomes such as maternal mortality and severe maternal morbidity, and birthing people belonging to underrepresented and underserved groups.

PRIMARY TASK FORCE GOALS

1. To develop innovative strategies centered in the community's needs, to implement those strategies, and to effectively evaluate their impact, thereby ensuring that our innovations are not only ideal for our communities but can be adapted to communities beyond Nebraska.
2. To improve state-level maternal health data collection, surveillance, and access, by supporting the state's data infrastructure and developing innovative ways of giving voice to the underrepresented maternal health experience.
3. To promote and execute innovation in maternal health service delivery through the strengthening of our Doula Passage Program, building infrastructure to support maternal health care access, and catalyzing the Training, Education, and Resource Institute.

TASK FORCE COMMUNITY AGREEMENTS

- Commit to being teachable through self-reflection, vulnerability, and learning inside and outside the taskforce
- Be transparent and courageous when leaning into conflict and engaging in difficult conversations
- Give grace and ask open-ended questions to understand one another
- Network with other task force members by sharing resources and opportunities
- Recognize how personal lived experiences or trauma shape our professional experiences
- Understand that this work is a journey and not always comfortable
- Hold each other accountable to MHI goals outside the task force to carry the work in our respective fields
- Provide psychological support through laughter, breaks, being present, and asking for help

TASK FORCE POSITIONALITY STATEMENT MISSION

As a collective of maternal programs and cross-sector advocates for maternal health located throughout Nebraska, we are here to transform the underrepresented maternal experience. We strive to improve service outcomes and ensure access to community-centered care, interventions, and resources that will create a blueprint for impact across the country. By fostering community partnerships, our alliance is united to build a new standard that will stand in solidarity with our community and honor the human dignity of underrepresented women across the state.

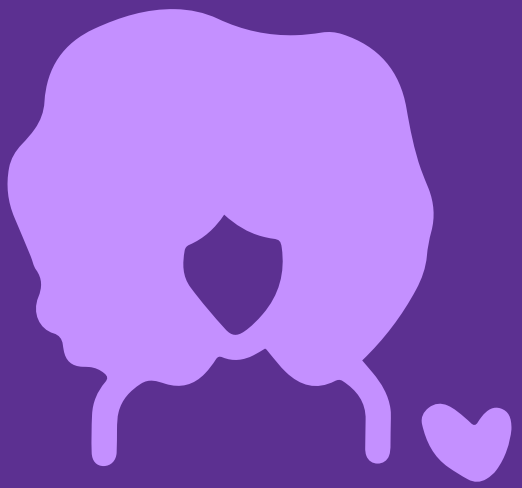
TASK FORCE SHARED PRACTICAL VISION

This is a baseline shared practical vision which was used as a foundation for the development of our strategic plan. Taskforce partners were invited to share their vision for maternal health in Nebraska (vision not limited by current barriers). Folks shared various elements, and this was followed by the group categorizing them as follows:

- Availability of real-time, transparent data.
- Sustainable funding and payment sources.
- Trained, competent, and community-centered responsive maternal health workforce.
- Broad, committed, cross-sector partners.
- An accountability framework for overcome barriers.
- Access and connection to better birth services.
- Supporting birthing choice through policy.
- Listen to, trust, and respond with dignity to underrepresented women.
- Nebraska is a gold standard for maternal health experiences and outcomes.

2023-2024 TASKFORCE MEMBERS

- A Meaningful Delivery
  Community/Family Group
- A Mother's Love
  Community/Family Group
- Baby & Me
  Community/Family Group
- Carole's House of Hope
  Social Service Agency
- Charles Drew Health Center
  Health Care Provider/Clinical Provider
- CHI Health
  Health Care Provider/Clinical Provider
- CityMatch
  Educational Institute
- Community members with lived maternal health experience
  Community Members
- Creighton Institute for Population Health
  Educational Institute
- Douglas County Health Department
  Other State/Local Agency
- First Five Nebraska
  Community/Family Group
- Help Me Grow
  Community/Family Group
- Lancaster County Health Department
  Other State/Local Agency
- Malone Maternal Wellness
  Community/Family Group
- Milkworks
  Community/Family Group
- Molina Healthcare
  Medicaid Agency
- Nebraska Children & Families Foundation
  Community/Family Group
- Nebraska Children's Home Society
  Community/Family Group
- NE Department of Health and Human Services
  Title V
- Nebraska Early Childhood Collaborative
  Community/Family Group
- Nebraska Perinatal Quality Improvement Collaborative
  Educational Institute
- Nebraska Methodist Health System
  Health Care Provider/Clinical Provider
- Omaha Better Birth Project
  Community/Family Group
- Omaha Center for Refugee & Immigrant Services
  Community/Family Group
- Omaha Pathways Community Hub
  Social Service Agency
- SHERO-Omaha
  Community/Family Group
- United Healthcare
  Medicaid Agency



The Task Force is comprised of members from community/family groups (38%), educational institutions (13%), health care providers/clinical providers (11%), Medicaid agencies (9%), other state/local agencies (6%), social service agencies (4%), Title V (4%), and community members with lived experience (15%). The Task Force meets on a quarterly basis, with subcommittees meeting more frequently.

TASK FORCE SUBCOMMITTEES:
Members of these action-oriented groups leverage their knowledge, expertise, talents, and lived experiences to support the taskforce in addressing critical gaps in the etiology of poor maternal health experiences and outcomes. The Task Force Subcommittees include:

- **Data and Evaluation Committee**
  - Committee Members:
    - Creighton University of Public Health
    - CityMatch
    - Community Members with Lived Experience
    - Cync Health
    - Douglas County Health Department
    - Lincoln Lancaster County Health Department
    - MilkWorks
    - Nebraska Department of Health and Human Services
    - Omaha Pathways Community HUB
    - Partnership for a Healthy Nebraska
    - University of Nebraska Medical Center
- **Doula Ecosystem Committee**
  - Committee Members:
    - A Mother's Love
    - Bergan Mercy and Immanuel Hospital (CHI)
    - Charles Drew Health Center
    - Community Members with Lived Experience
    - Douglas County Health Department
    - Malone Maternal Wellness
    - Methodist Women's Hospital
    - Molina
    - Nebraska Abortion Resources
    - Nebraska Medicine
    - Nebraska Total Care
    - NPQIC
    - Omaha Better Births
    - Omaha Pathways Community HUB
    - Ronald McDonald House
    - SHERO
    - United Health Care
    - UNMC Community Wellness Collaborative

FUTURE SUBCOMMITTEES: 2025-2028

- Maternal Health Access Subcommittee
- Training, Education, and Resources Institute Subcommittee

INITIATIVE GOALS AND STRATEGIC PLAN DEVELOPED BY THE TASK FORCE

The MHI Task Force developed strategies and activities to create positive maternal and birth outcomes in underserved communities.

The MHI Task Force developed the initial strategies and activities of the strategic plan rooted in the social determinants of health. The full list of initial strategies and activities created by the Task Force can be found in Appendix B.

After the initial Maternal Health Goals and Strategic Plan was completed by the Task Force, it was reviewed by focus groups of community members. The focus groups provided feedback on the Strategic Plan, the suggested strategies from the Task Force, and provided additional strategies to improve maternal health outcomes in Nebraska.

The suggested strategies from both the Task Force and focus were compared and used to develop the initiative goals and finalize the strategic plan.

What will this project address?

1. Support Multidisplinary Collaboration and Break Down Silos in the Maternal and Child Health Ecosystem.
2. Improve State-level Maternal Health Data and Surveillance to Inform Policy and Practice.
3. Catallyze maternal and child health community-based innovations.

Rooted in SDoH and Community Feedback

The current strategies outlined in the Maternal Health Initiative Goals are rooted in the social determinants of health and community feedback. This information was used to develop the five-year work plan.

MATERNAL HEALTH INITIATIVE 5-YEAR WORK PLAN

Goal 1

Build, convene, and sustain a Maternal Health Initiative Task Force that brings together expertise and perspectives of key partners and people most impacted to improve maternal & child health outcomes in Nebraska.

OBJECTIVE 1A

By September 30, 2024, establish the Maternal Health Initiative Task Force and convene quarterly to support multidisciplinary collaboration and break down silos in the maternal and child health ecosystem.

INTENDED IMPACT

The Maternal Health Task Force Initiative will transform Nebraska's maternal health ecosystem through coordinated partnerships and service delivery to continue to break down silos and build relationships between different entities working to improve maternal health outcomes in Nebraska

ACTIVITIES AND TIMELINE

Year 1 (2023 – 2024)

- Establish the Maternal Health Initiative Task Force.

Year 1 - 5 (2023 - 2028)

- Convene quarterly Task Force meetings, alternating between in-person and virtual sessions.
- Maintain and monitor Task Force member.
- Monitor and evaluate Task Force effectiveness through quarterly assessments that document progress toward strategic priorities.

EVALUATION STRATEGY

Assess the Nebraska Maternal Health Task Force's role in strengthening alignment among service providers, stakeholders, policymakers, and community members. Examine how the task force fosters collaboration and decision-making to improve maternal health service coordination and inform policy changes.

Goal 2

Improve state-level maternal health data and surveillance to inform policy and practice.

OBJECTIVE 2A

Build partnerships and capacity for continuous data improvement through the engagement and convening of the Data and Evaluation Subcommittee to strengthen data-driven decision-making through enhanced surveillance and analysis capabilities by September 30, 2028.

INTENDED IMPACT

Improve the data collection, surveillance, and access of state-level data to create positive birth outcomes for underserved populations.

ACTIVITIES AND TIMELINE

Year 2 (2024 – 2025)

- Create an inventory system of all different and existing database systems in Nebraska.
- Work with MHARC technical assistance to support the Data Subcommittee implementation.
- Work with MHARC technical assistance to determine speakers or trainers in data and evaluation to speak to the Maternal Health Initiative Task Force on March 28, 2025, and August 21, 2025.

Year 2 - 5 (2024 – 2028)

- Establish and convene the Maternal Health Initiative Task Force Data Subcommittee bimonthly.
- Ecosystem maternal health data mapping and research on how other states measure maternal and child health data to determine best practices to improve data and evaluation in Nebraska.
- Collect individual qualitative interviews to learn about their care experience.
- Examine additional indicators, like social determinants of health, and analyze the data in relation to maternal health.
- Create a shared data dashboard with both quantitative and qualitative data to enhance maternal health data.

EVALUATION

Assess improvements, including quality, timeliness, and incorporation of qualitative and social determinants of health data, in maternal health data collection, sharing, and utilization across Nebraska's healthcare system.

Goal 3

Catalyze maternal and child health community-based innovations.

OBJECTIVE 3A

Strengthen the community-based birth workforce to build a sustainable infrastructure in Nebraska by September 30, 2028.

INTENDED IMPACT

Increased access to community-based birth workers, including doulas and community health workers in Nebraska will significantly expand access to comprehensive maternal care, leading to improved birth experiences and better health outcomes for both parents and infants.

ACTIVITIES AND TIMELINE

Year 1 - 5 (2023 – 2028)

- Establish and convene the Doula Ecosystem Subcommittee quarterly to establish and strengthen the workforce and partner infrastructure in Nebraska.
- Administer the Doula Passage Program three times annually to build a network of community-based doulas. Establish data collection protocols to measure the Doula Passage Program and conduct quarterly analysis of the Doula Passage Program performance metrics to assess progress, identify areas for improvement, and document successful innovations in service delivery.
- Host a 6-week Group Mentoring for newly trained Doulas who complete the Doula Passage Program.
- Host bi-monthly Doula Continuous Learning Opportunities for Doulas in Nebraska to enhance their knowledge and capacity about birth and maternal practices.

Year 2 - 5 (2024 – 2028)

- Develop a technology application to support Doulas in running their practice and supporting their clients more effectively.
- Manage Doula Pilots with Medicaid Managed Care Organizations to build the reimbursement blueprint for services under Medicaid.

EVALUATION

Assess how the Doula Passage Program and Doula Medicaid pilots expand access to community-based birth support. It will measure impacts on birth experiences, outcomes, and patient-provider communication while evaluating the sustainability of doula integration and ongoing training efforts, including the workforce development of Doulas and community-based birth workers.

OBJECTIVE 3B

Reduce access barriers to maternal health care by addressing financial, geographic, social, and community needs to improve the use of maternal health care services by September 30, 2028.

INTENDED IMPACT

To catalyze community-driven innovations to improve access.

ACTIVITIES AND TIMELINE

Year 2 (2024 – 2025)

- Conduct a cost analysis to determine what financial resources are needed to create a mobile maternal health unit to offer care in care deserts including but not limited to prenatal, post-natal, and mental health care.
- Identify and organize partners to assist with the development and implementation of a maternal mobile health unit to provide perinatal care services in community settings.

Year 2 -5 (2024 – 2028)

- Establish and convene the Maternal Health Care Access Subcommittee to mobilize services and resources to address gaps in maternal health care access and available recommendations integrating systems to connect services and resources.
- Identify the programs that provide direct maternal service care, resource sharing, and support programs for birthing people to create an interactive and dynamic state-wide catalog of where services are available, identify gaps in maternal health care, and ensure it is updated quarterly.
- Implement the mobile health unit to provide services in communities.
- Establish data collection protocols to measure the mobile health unit impact through participation surveys, outcome tracking, and service delivery assessments across all program components.
- Develop a communication campaign to disseminate materials (e.g., flyers, social media posts, radio ads) that inform communities about available maternal and child health services and how to access them.
- Identify and organize partners to assist with the development and implementation of a birth center in Omaha, Nebraska.

EVALUATION

Measure the impact of each innovation on service accessibility, utilization, and patient satisfaction. It will assess whether it reduces barriers and improves access to prenatal, postnatal, and mental health services in underserved populations and care deserts.

OBJECTIVE 3C

Launch the Training, Education, and Resource Institute to provide resources, education, and toolkits for community members, providers, and practitioners to improve maternal and child health outcomes by September 30, 2028.

INTENDED IMPACT

Build the capacity within maternal health knowledge and practice in Nebraska by creating comprehensive, accessible educational resources that increase provider capability, increase community understanding, and improve care delivery across Nebraska's maternal health ecosystem.

ACTIVITIES AND TIMELINE

Year 2 - 5 (2024 - 2028)

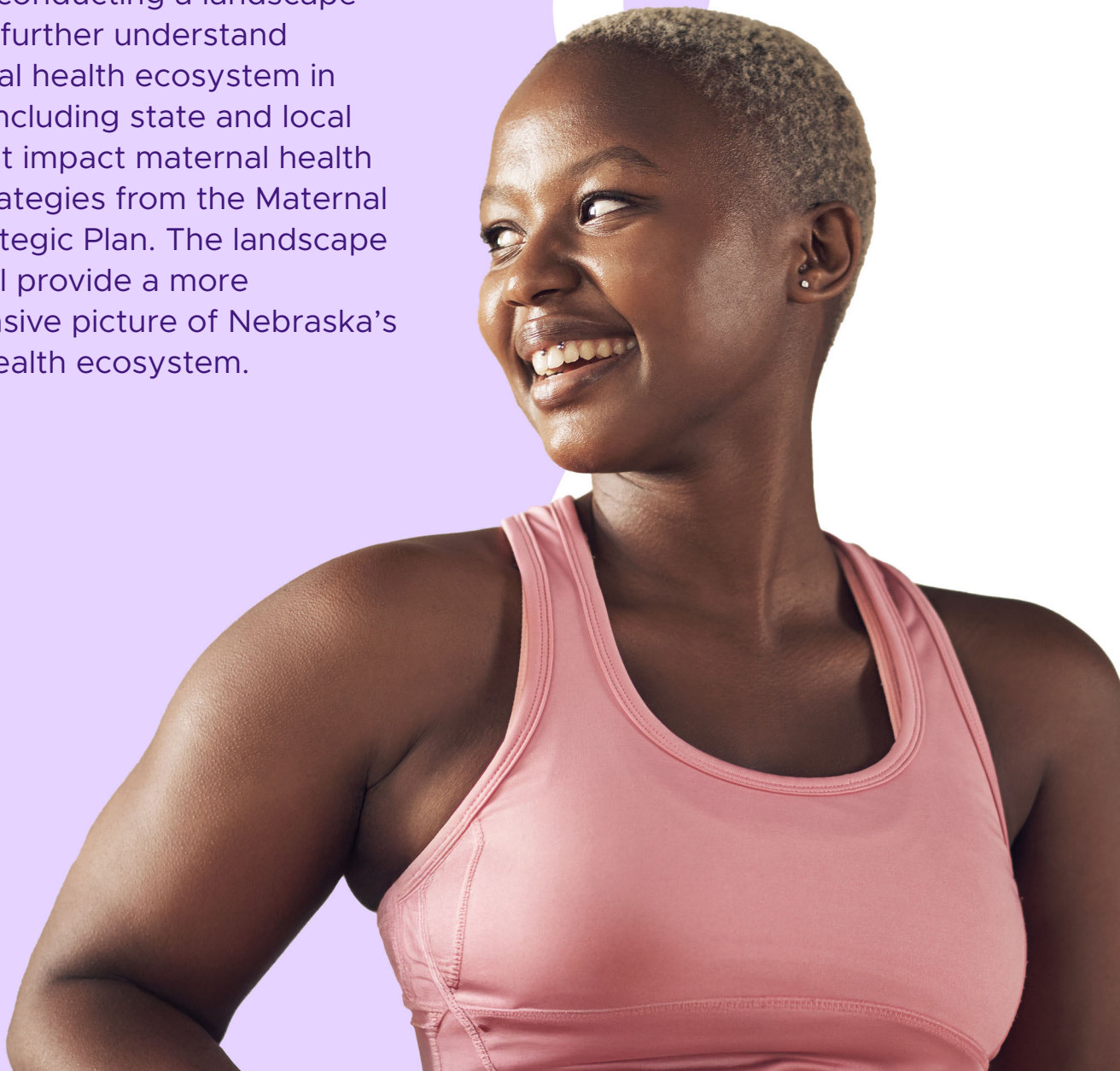
- Develop comprehensive maternal health workshops and training curricula that address identified knowledge gaps and incorporate evidence-based practices to improve care delivery for medical providers, practitioners, and birth workers.
- Develop a comprehensive maternal health training curriculum for community members that is family-focused to address identified knowledge gaps.
- Find expert trainers to help develop training curricula, and provide workshops and trainings.
- Establish and convene the Training, Education, and Resource Institute Subcommittee bi-monthly to ensure the Institute is a collaborative effort and inclusive of all maternal health efforts happening across Nebraska.
- Create educational toolkits and resources that support healthcare providers, community organizations, and families in understanding and navigating maternal health services.
- Develop and implement a communication campaign to promote the resources available in the Training, Education, and Resource Institute.
- Establish data collection protocols to measure the effectiveness of training material through pre/post assessments, participant surveys, and outcome tracking to continuously improve educational content.
- Establish data collection protocols to measure the number of toolkits assessed and connections to resources provided by various organizations.

EVALUATION

Examine how the institute enhances provider knowledge and expands access to maternal health education. Assess the effectiveness of training, toolkits, and community education in improving decision-making and care navigation for families and community engagement in improving healthcare delivery and family support. Measure changes in provider practice, community awareness, and health outcomes resulting from educational initiatives.

NEXT STEPS

The next steps to the Maternal Health Initiative are the implementation of the innovative strategies as outlined in the 5-year strategic plan. The activities will be evaluated regularly to evaluate the progress and impact on maternal health outcomes in Nebraska. Additionally, I Be Black Girl will be conducting a landscape analysis to further understand the maternal health ecosystem in Nebraska including state and local policies that impact maternal health and the strategies from the Maternal Health Strategic Plan. The landscape analysis will provide a more comprehensive picture of Nebraska's maternal health ecosystem.



APPENDIX A

Glossary / Language Bank

The Nebraska Maternal Mortality Review Committee (MMRC) conducts comprehensive, multidisciplinary reviews of pregnancy associated deaths among Nebraska residents using national technical guidance from the Centers for Disease Control and Prevention (CDC) and CDC's Maternal Mortality Review Information Application (MMRIA).

Severe Maternal Morbidity
Severe maternal morbidity (SMM) includes unexpected outcomes of labor and delivery that can result in significant short- or long-term health consequences. SMM has been steadily increasing in recent years.

Maternal Mortality
Maternal mortality is the death of a woman during pregnancy or within one year after the end of a pregnancy. Maternal mortality is an indicator used to assess the overall health of a country, state, or community.

Social drivers of health (SDOH)
The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. SDOH refers to community-level factors. They are sometimes called "social determinants of health." (Adapted from CDC Healthy People 2030)

Health-related social needs
Social and economic needs that individuals experience that affect their ability to maintain their health and well-being. They put individuals at risk for worse health outcomes and increased health care use. HRSN refers to individual-level factors such as financial instability, lack of access to healthy food, lack of access to affordable and stable housing and utilities, lack of access to health care, and lack of access to transportation. (Adapted from HHS)

Health disparities
Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health, health quality, or health outcomes experienced by disadvantaged populations. (Adapted from CDC)

APPENDIX B

Citations

Suggested Strategies by the Maternal Health Initiative Task Force Rooted in SDoH

SDOH DOMAIN
Social and Community Context Goals

1. Increase culture-based support programs to deal with specific challenges that folks faced due to their cultural differences (ex. Gender roles impacting how a mom shows up for herself and how a man supports)
2. Create more support groups for nontraditional partnerships including grandparents, aunts, uncles, etc. who are raising children
3. Create a Dad Doula program to support the dads in their understanding of how to support their partners during this process

What would this feel like? ***Well-informed, community-centered.***

SDOH DOMAIN
Education Access & Quality

1. Increase reproductive health education opportunities past the school-age years and continue into adulthood
2. Increase reproductive health education opportunities to understand what resources they see online are trusted resources and what are not
3. Create a roadmap to understand how insurance works, the steps, and when to attain the proper reproductive health resources
4. Increase number of community health workers in each neighborhood, on each block

What would this feel like? ***Individuals will feel confident, empowered, and supported to make the right decisions about their body.***

SDOH DOMAIN
Economic Stability

1. Financial support and resources for the partner post-partum as well as the birthing person
2. Family leave specialist or researcher for all families to help support moms in finding the right daycare and employment/workforce resources post-partum
3. Free program for birthing persons to have someone to check the home for environmental hazards before the baby arrives

What would this feel like? ***Families would feel peaceful.***

APPENDIX C

Citations

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