



# Nebraska Injury Prevention State Plan

**NEBRASKA**

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DEPT. OF HEALTH AND HUMAN SERVICES

# **Nebraska Injury Prevention State Plan**

**Nebraska Department of Health and Human Services**

Injury Prevention Program  
Peg Ogea-Ginsburg  
Jason Kerkman  
Jeanne Bietz  
Ashley Miller

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**Vision: A safe and injury-free life for all Nebraskans.**

## **Introduction and Background Information**

Injury represents a serious public health problem in Nebraska and the United States because of its impact on individuals' health and the entire health care system.

In Nebraska, from 2013 to 2017, unintentional injuries were the leading cause of death in the 1 to 44 age groups and among the top five causes of death among individuals in most other age groups. Across all age groups, injury was the fifth leading cause of death in the state (Table 1).

Injury deaths represent just a fraction of the impact that injuries have on a population. For each death from injury, many more result in hospitalizations (Table 3), emergency department visits or treatment that does not involve formal medical care.

As such, the Nebraska Department of Health and Human Services (DHHS) Injury Prevention Program secured funding from the Centers for Disease Control for the Core Violence and Injury Prevention Program. The Program works with community partners with interest and expertise in the area of injury prevention to address the burden of injury in the state. Using a public health approach, the Program and its partners aim to increase the public's awareness about the preventability of the injuries.

## **Planning Process**

Overall, the purpose of the Nebraska Injury Prevention Action Plan is to:

- Provide overall direction and focus to the Injury Prevention Program and partners as they work to prevent injuries in Nebraska.
- Highlight priorities for the Injury Prevention Program and its partners.
- Identify strategies that can be used to prevent injuries in Nebraska as well as identify partners that can help to implement those strategies.
- Provide a stimulus for organizations, agencies and community groups to collaborate on reducing or preventing injuries in Nebraska.

The priorities addressed in this Action Plan include:

- Infrastructure
- Total Injury
- Child Passenger Safety
- Older Adult Falls
- Intimate Partner/Sexual Violence
- Motor Vehicle Related Injury/Seat Belt Use
- Child Abuse and Neglect
- Traumatic Brain Injury/Youth Concussions

## Evaluation Methodology

The evaluation of the Nebraska Injury Prevention grant will be based on the activities highlighted in the Action Plan for each of the priority areas as previously mentioned. Documentation of the listed outputs in the work plans will be collected utilizing a variety of program appropriate evaluation methods that measure process, impact, and outcome results.

Annually epidemiological data for each of the short and long term SMART objectives (or when new data is available) will be compared to baseline data as listed in the action plans. Annual trends will be provided to program staff.

**Mission: The mission of the Injury Prevention Program is to reduce injuries in Nebraska by guiding and collaborating with public and community partners.**

## Injury-Free Nebraska

### What an Injury-Free Nebraska would look like:

- Healthcare costs will be significantly reduced, contributing to a stronger economy and improved quality of life for all Nebraskans.
- Annually, an additional 1000 Nebraskans will be able to enjoy productive lives because they will not die from injuries.
- Annually, approximately two more classrooms of children and teens attending schools will be able to pursue their dreams because they will not die due to motor vehicle crashes.
- Employees will miss fewer work days, which results in increased profits to businesses.
- Fewer families will experience the stress of dealing with hospitalization, recovery, and the related financial burden when a family member is seriously injured.
- Older adults will be able to live independently longer, because they will not be incapacitated or hospitalized due to falls.
- Annually more than 10,000 children will avoid hospitalizations due to fall-related injuries, thereby improving the quality of life for both the child and their family and reducing healthcare costs.

**Table 1. Five leading causes of death by age, Nebraska, 2013-2017**

Rank	Age Groups										
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages
1	Congenital Anomalies 179	Unintentional Injury 28	Unintentional Injury 20	Unintentional Injury 24	Unintentional Injury 358	Unintentional Injury 401	Unintentional Injury 366	Malignant Neoplasms 1,113	Malignant Neoplasms 3,139	Heart Disease 14,487	Malignant Neoplasms ---
2	SIDS 97	Congenital Anomalies 21	Malignant Neoplasms 16	Suicide 17	Suicide 205	Suicide 218	Malignant Neoplasms 314	Heart Disease 720	Heart Disease 1,651	Malignant Neoplasms 12,658	Heart Disease 17,171
3	Short Gestation 68	Malignant Neoplasms 14	Congenital Anomalies 13	Malignant Neoplasms 13	Homicide 68	Malignant Neoplasms 96	Heart Disease 204	Unintentional Injury 433	Chronic Low. Respiratory Disease 525	Chronic Low. Respiratory Disease 4,970	Chronic Low. Respiratory Disease 5,670
4	Maternal Pregnancy Comp. 60	Homicide 12	Chronic Low. Respiratory Disease ---	Chronic Low. Respiratory Disease ---	Malignant Neoplasms 46	Homicide 93	Suicide 198	Suicide 223	Unintentional Injury 484	Cerebro-vascular 3,469	Cerebro-vascular 3,941
5	Placenta Cord Membranes 51	Heart Disease 10	Influenza & Pneumonia ---	Three Tied ---	Heart Disease 20	Heart Disease 67	Diabetes Mellitus 61	Liver Disease 219	Diabetes Mellitus 380	Alzheimer's Disease 2,973	Unintentional Injury 3,866

**WISQARS™**

Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

**Table 2. Five leading causes of injury death by age, Nebraska, 2013-2017**

Rank	Age Groups											All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+		
1	Unintentional Suffocation 21	Unintentional Drowning 11	Unintentional MV Traffic ---	Unintentional MV Traffic 17	Unintentional MV Traffic 267	Unintentional MV Traffic 214	Unintentional MV Traffic 148	Unintentional MV Traffic 160	Unintentional MV Traffic 146	Unintentional Fall 915	Unintentional MV Traffic 1,190	
2	Homicide Unspecified ---	Unintentional MV Traffic ---	Unintentional Fire/burn ---	Suicide Suffocation 10	Suicide Firearm 97	Unintentional Poisoning 122	Unintentional Poisoning 148	Unintentional Poisoning 150	Suicide Firearm 101	Unintentional Unspecified 230	Unintentional Fall 1,068	
3	Homicide Other Specified ---	Homicide Firearm ---	Ten Tied ---	Suicide Firearm ---	Suicide Suffocation 86	Suicide Firearm 100	Suicide Firearm 85	Suicide Firearm 100	Unintentional Poisoning 101	Unintentional MV Traffic 221	Unintentional Poisoning 615	
4	Unintentional MV Traffic ---	Unintentional Suffocation ---	Ten Tied ---	Unintentional Drowning ---	Homicide Firearm 53	Suicide Suffocation 89	Suicide Suffocation 71	Suicide Suffocation 60	Unintentional Fall 86	Unintentional Suffocation 141	Suicide Firearm 600	
5	Three Tied ---	Nine Tied ---	Ten Tied ---	Unintentional Suffocation ---	Unintentional Poisoning 43	Homicide Firearm 77	Homicide Firearm 34	Suicide Poisoning 46	Suicide Suffocation 45	Suicide Firearm 111	Suicide Suffocation 382	

**WISQARS™** Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention

Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

**Table 3. Five leading causes of hospital discharge for injury by age Nebraska, 2010-2014**

		Age Groups										
Rank	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	All Ages	
1	Fall 3,881	Fall 26,547	Fall 20,290	Fall 18,032	Struck by/Against 29,068	Fall 20,729	Fall 19,895	Fall 27,091	Fall 31,367	Fall 114,482	Fall 305,455	
2	Struck by/Against 947	Struck by/Against 10,074	Struck by/Against 11,277	Struck by/Against 16,931	Fall 23,141	Struck by/Against 15,307	Motor Vehicle Traffic 10,341	Motor Vehicle Traffic 9,447	Motor Vehicle Traffic 6,740	Struck by/Against 8,125	Struck by/Against 116,101	
3	Fire/Burn 484	Natural Environment 4,628	Cut/Pierce 3,712	Over- exertion 6,093	Motor Vehicle Traffic 22,051	Motor Vehicle Traffic 15,232	Over- exertion 10,208	Over- exertion 9,296	Overexertion 6,317	Over- exertion 6,950	Motor Vehicle Traffic 77,408	
4	Motor Vehicle Traffic 406	Fire/Burn 2,993	Natural Environment 3,478	Cut/Pierce 4,157	Over- exertion 14,835	Over- exertion 12,441	Struck by/Against 10,150	Struck by/Against 8,668	Struck by/Against 5,554	Motor Vehicle Traffic 6,277	Overexertion 70,339	
5	Natural Environment 338	Cut/Pierce 2,879	Other Pedal Cyclist 2,340	Motor Vehicle Traffic 2,967	Cut/Pierce 12,651	Cut/Pierce 11,212	Cut/Pierce 7,836	Cut/Pierce 6,804	Cut/Pierce 5,034	Cut/Pierce 4,886	Cut/Pierce 59,361	

Source: NE Hospital Discharge Data, 2010-2014.

Note: Hospital visits include visit as inpatient, ER, or non-ER patient. Causes coded as "Other specified" and "Unspecified" are excluded in this matrix.

Data reflects Hospital Discharge Data from 2010-2014 prior to transition from ICD-9-CM to ICD-10-CM to account for potential coding changes after the transition



## **Injury Prevention State Plan Introduction**

The Nebraska Department of Health and Human Services Injury Prevention Program (NIPP) will work with partners to reduce the burden of injuries across the state.

The NIPP seeks to increase the sustainability of injury prevention programs and practices in Nebraska by creating and maintaining a strong program infrastructure, and utilizing strong partnerships for implementing programs, leveraging funds, and completing strategies/activities. The NIPP strives to decrease and prevent injury and violence related morbidity and mortality in the following areas: child abuse and neglect, traumatic brain injury (TBI), motor vehicle crash injury and death, older adult falls, and intimate partner/sexual violence.

The NIPP work will focus on strategies that are evidence-based and address the shared risk and protective factors that impact the injury focus areas. Risk and protective factors are aspects of a person or group and environment or personal experience that make it more likely or less likely that that person/group will engage in a certain behavior. For example, when a teen driver has high parental involvement (protective factor) the more likely the teen will wear a seat belt or not text and drive. On the other hand, lack of family support or connectedness (risk factor) makes it more likely that an infant will be shaken by their caregiver. Addressing shared risk and protective factors allows for a broader look into individual, relational, community and societal factors of why certain behaviors occur and strategies that can affect those.

# Nebraska Injury Prevention Action Plan

## Injury Area: Infrastructure

**Objective 1:** By July 2021, the NIPP will partner with relevant stakeholders to assess policy and focus on state injury and violence priorities as measured by the Injury Prevention State Plan.

▼ **Strategy 1:** Educate health department leaders, stakeholders, partners and policy makers about public health approaches to injury and violence prevention.

Action Step	Collaborators/Resources	Outputs
1. Conduct or support activities that inform policy and evidence-based programming in the Core SVIPP priority focus areas.	Drive Smart NE members, Safe Kids Coalitions, Concussion Coalition	Creation of fact sheet(s), bill reviews, newsletter, meetings
2. Analyze data to identify trends and opportunities for evidence-based prevention.	DHHS CODES, NIPP Epidemiologists, NHSO (Nebraska Highway Safety Office), NeVDRS, Hospital Discharge Data, EMS data, Vital Statistics	Data reports, fact sheets, DHHS Injury Prevention and Surveillance websites
3. Utilize stakeholders to develop and implement communication strategies and deliver relevant messaging and materials to educate the public.	Drive Smart Nebraska, Safe Kids Coalitions, Concussion Coalition, DHHS Maternal and Child Health, NHSO	Creation of messaging, distribution and use; online/social messaging toolkits; Drive Smart Nebraska website

▼ **Strategy 2:** Engage, coordinate and partner with internal and external stakeholders.

Action Step	Collaborators/Resources	Outputs
1. Enhance public and private partnerships to leverage funding sources and disseminate information related to injury and/or violence.	Drive Smart Nebraska, Safe Kids NE, Concussion Coalition, Falls Coalition, Sexual Violence Prevention Advisory Council, NHSO, other DHHS programs,	Membership lists, regular meetings, new partnerships established. Number and type of materials distributed, gather feedback on materials. Grants applied for, funding received

	local public health departments, others	
2. Provide technical assistance and resources to partners to facilitate implementation of injury and violence prevention activities.	CDC NCIPC and other federal entities, DHHS Injury Prevention Program; partners with subject matter expertise	Activities implemented.

▼ **Strategy 3: Review and revise the state plan.**

Action Step	Collaborators/Resources	Outputs
1. Annually review and revise the state plan.	NIPP and partners as appropriate	Changes to plan, if needed

▼ **Strategy 4: Provide data for injury prevention focus areas.**

Action Step	Collaborators/Resources	Outputs
1. Prepare required data reports as specified by the CDC.	NIPP Epidemiologist	CDC reports completed
2. Promote the use of data by external partners. Respond to data requests.	NIPP Epidemiologists and staff	Data requests completed, data shared with partners
3. Implement evaluation plan.	DHHS, contracted evaluators	Evaluation plan results

## Injury Area: Total Injury

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**Objective 1: By July 2021, the NIPP will work with partners to reduce the age-adjusted rate of injury-related deaths to less than 55 per 100,000 Nebraskans**

▼ **Strategy 1: The NIPP will provide training and education to community partners.**

Action Step	Collaborators/Resources	Outputs
1. Provide public information	Local public health departments, Safe Kids Nebraska, Local safe kids coalitions	Social messaging, newsletters, presentations
2. Administer injury prevention subawards	Safe Kids Nebraska, Local safe kids coalitions	Number of subawards awarded

## Injury Area: Child Passenger Safety

**Objective 1: By July 31, 2021, DHHS Injury Prevention Program, partners, and contractors will maintain observed use of child restraints at 98%.**

▼ **Strategy 1: Provide training and education to community partners.**

Action Step	Collaborators/Resources	Outputs
1. Child Passenger Safety Certification Training	Drive Smart NE members, Safe Kids Coalitions, NHSO	Completion of classes, number of new technicians
2. Provide mini-grants	Safe Kids Nebraska	Number of mini-grants awarded
3. Provide public information and technical assistance	Drive Smart Nebraska, Safe Kids Coalitions, DHHS Maternal and Child Health, NHSO	Creation of messaging, distribution and use; online/social messaging toolkits; Drive Smart Nebraska website
3. Safe Kids Nebraska Child Care Transportation Training	Safe Kids Nebraska, child passenger safety technicians, DHHS child care licensing	Number of trainings completed

## Injury Area: Older Adult Falls

**Objective 1:** By July 2021, the NIPP will work with partners to reduce the age-adjusted death and injury rates from falls to less than 9.4 deaths per 100,000 Nebraskans

▼ **Strategy 1:** The NIPP will maintain local partnerships, providing resources and technical assistance to continue implementing evidenced based programs.

Action Step	Collaborators/Resources	Outputs
1. Falls prevention subawards for implementation of STEADI, Tai Chi and Stepping On Training	Local public health departments, Older Adult Falls Coalition	Number of implemented evidenced-based programs.
2. Tai Chi/Stepping On training	Local public health departments, Older Adult Falls Coalition, Master trainers	Number of implemented evidenced-based programs.
3. Instructor Development	Local public health departments, Older Adult Falls Coalition, Master Trainers	Technical assistance provided to evidenced-based programs.
4. Older Adult Falls Coalition meetings	Local public health departments, Older Adult Falls Coalition	Older Adult Falls Prevention Day

## Injury Area: Intimate Partner/Sexual Violence

**Objective 1 :** By July 31, 2021, decrease the percentage of students who reported being physically forced to have sexual intercourse when they did not want to

### Risk and Protective Factors for Intimate Partner/Sexual Violence:

**Risk factors that contribute to intimate partner/sexual violence:** Societal norms supportive of sexual violence, weak laws

**Protective factors:** Evidence-based laws, societal norming, positive youth development, connectedness

### ▼ Strategy 1: Evaluate implementation of sexual violence prevention evidence-based strategies.

Action Step	Collaborators/Resources	Outputs
1. Work with Nebraska Coalition to End Sexual and Domestic Violence to identify evidenced-based strategies to be implemented in Nebraska.	NCESDV, local rape/domestic violence prevention programs	Identification of strategies.
2. Provide support and technical assistance to NCESDV and partners to facilitate implementation of strategies.	NIPP, NCESDV	Types of technical assistance provided
3. Establish a sexual violence prevention advisory committee	NCESDV, community partners	Quarterly meetings of committee
4. Develop a state plan for sexual violence prevention	NIPP, Sexual Violence Prevention Advisory Committee	State plan completed

## Injury Area: Motor Vehicle Related Injury/Seat Belt Use

**Objective 1:** By July 31, 2021, Decrease the percentage of students who reported texting or emailing while driving in the past 30 days from 47% to 45%.

**Objective 2:** By July 31, 2021, increase the percent of reported seat belt use ("always") by Nebraska high school students as reported on the YRBS from 49.7% to 51.7%.

**Objective 3:** By July 31, 2021, increase the percent of observed seat belt use by Nebraska adults from 79% to 81%.

### Teen Driver Safety

**Shared risk and protective factors for Teen Motor Vehicle Safety:**

**Risk factors that contribute to teen-related motor vehicle crashes:** Policies and laws not aligned with the best evidence (GDL provisions that don't meet national standards, inability to fully enforce secondary action laws), lack of family support and connectedness.

**Protective factors that reduce teen-related motor vehicle crashes:** Policies and laws aligned with best evidence (GDL provisions that match national standards, enforcement of GDL provisions by law enforcement and parents, primary seat belt use laws, primary texting laws), family support and connectedness (parent-teen driving agreements), seat belt use.

### ▼ Strategy 1: Review state graduated driver licensing (GDL) standards to compare to national best practice standards.

Action Step	Collaborators/Resources	Output
1. Conduct in-depth review of state GDL and national GDL provisions to establish baseline of needed evidence-based programming.	NIPP, Drive Smart NE, NHSO DMV	Fact sheet(s), educational materials
2. Disseminate materials identifying the burden (e.g., death rate, injury rate, cost, etc.) of teen-related motor vehicle crashes.	NIPP, NHSO, Drive Smart NE, Teens in the Driver Seat (TDS), DMV	Fact sheet(s), educational materials
3. Disseminate materials educating teens and parents about GDL provisions.	NIPP, NHSO, DMV, TDS	GDL card disseminated through partners
4. Provide data and support to partners to implement evidence-based strategies.	NIPP, NHSO, external evaluator	Reports, fact sheets, materials



5. Secure funding from the NHSO for paid media for parent and teen education outreach.	NIPP, NHSO	Funding received and activities conducted
6. Continue support of existing Teens in the Driver Seat schools. Recruitment of new schools.	NIPP, NHSO, Drive Smart NE, TDS, FCCLA	Number of schools maintained and recruited. Funding secured to support TDS.

### Seat Belt Use

#### Shared risk and protective factors for seat belt use:

**Risk factors:** Policies and laws not aligned with best evidence (secondary enforcement laws, low fines, seat belt nonuse).

**Protective factors:** Policies and laws aligned with best evidence (primary enforcement, high fines, high visibility enforcement), family support and connectedness (role modeling by parents).

#### ▼ Strategy 2: Increase seat belt use through policy and education.

Action Step	Collaborators/Resources	Outputs
1. Creation of media campaigns.	NIPP, NHSO	Media materials produced and distributed
2. Disseminate materials and data to partners for use in policy development and education.	NIPP, NHSO, Drive Smart Nebraska	Fact sheets and educational materials produced

#### ▼ Strategy 3: Coordinate the Drive Smart Nebraska Coalition.

Action Step	Collaborators/Resources	Outputs
1. Maintain current membership and add new partners that can enhance current activities.	NIPP, NHSO, Drive Smart Nebraska	New outreach approaches, number of new partners, number of meetings held
2. Identify evidence-based educational activities surrounding seat belt use and related policies.	NIPP, NHSO	Number of evidence-based activities implemented
3. Support development and implementation of educational programs/activities through partnerships.	NIPP, Drive Smart Nebraska	Number of activities developed, identified and implemented by workgroups

## Injury Area: Child Abuse and Neglect

**Objective 1:** By July 31, 2021, develop and disseminate crying plan/abusive head trauma prevention materials.

**Objective 2:** By July 31, 2021, increase the number of Home Visitation staff who have completed child passenger safety training from 0 to 5 as documented by MIECHV staff.

**Objective 3:** By July 31, 2021, the NIPP will partner with MIECHV to create a standardized home safety checklist and pilot with a minimum of five home safety visitation staff.

### **Risk and Protective Factors for Child Abuse and Neglect:**

**Risk factors:** lack of family support or connectedness, lack of skills solving problems non-violently, cultural norms that support aggression, social isolation/lack of social support, poor parent-child relationships, poor behavioral control/impulsiveness.

**Protective factors:** family support and connectedness, safe home environment, coordination of resources and services, proper child safety seat use, policies and laws aligned with best available evidence.

### ▼ Strategy 1: Develop and disseminate crying plan/abusive head trauma prevention materials.

Action Step	Collaborators/Resources	Outputs
1. Creation of crying plan.	NIPP, MCH	Crying plan materials
2. Distribution of crying plan materials.	NIPP, MCH, Safe Kids Nebraska, child passenger safety technicians, Champion Hospitals	Number of home visiting programs providing crying plan to families. Number of Champion Hospitals. Number of Safe Kids Coalitions and car seat fitting stations distributing crying plan materials.

### ▼ Strategy 2: Increase the number of Home Visitation staff who have completed child passenger safety training from 0 to 5 as documented by MIECHV staff.

Action Step	Collaborators/Resources	Outputs
1. Support child passenger training for home visitation staff statewide.	Safe Kids Nebraska, NHSO, MCH	Number of home visitation staff completing training

▼ Strategy 3: NIPP will partner with MIECHV to create a standardized home safety checklist and pilot with a minimum of five home safety visitation staff.

Action Step	Collaborators/Resources	Outputs
1. Create and pilot home safety checklist to be used by home visitation staff.	Safe Kids Nebraska, Home Visiting Programs, MCH	Safety checklist
2. Promote use of home safety checklist for home visitation staff.	NIPP, MCH	Safety checklist availability

## Injury Area: Traumatic Brain Injury/Youth Concussions

**Objective 1: By July 31, 2021, increase the number of schools aware of and utilizing Return to Learn/Return to Play best practice information and policies.**

**Risk and Protective Factors for TBI and Youth Concussions:**

**Risk Factors:** Lack of policies and laws aligned with best available evidence, lack of coordination of resources and services.

**Protective Factors:** Coordination of resources and services, policies and laws aligned with best available evidence.

▼ **Strategy 1: Increase the number of schools with Return to Learn/Return to Play policies in place.**

Action Step	Collaborators/Resources	Outputs
1. Survey Nebraska schools to determine baseline knowledge of and adherence to Return to Learn/Return to Play state statute.	NIPP, Nebraska Concussion Coalition, Contracted Evaluator	Survey results, survey report
2. Provide policy resources to schools to facilitate Return to Learn policy development.	Nebraska Concussion Coalition, School Nurses, NIPP, educational trade organizations	Number of school contacts
3. Upon availability from CDC, disseminate pediatric Mild TBI guidelines through state health organizations.	CDC, NIPP, Local public health departments, Concussion Coalition	Dissemination of guidelines via email, website, social media, newsletter, and other means
4. Launch statewide school-based concussion training	NIPP, Concussion Coalition, Department of Education, Nebraska Association of School Board	Provide Get Schooled on Concussion Training, development and dissemination of Safe Schools Return to Learn Training
5. Increase awareness of importance Return to Learn	NIPP, Concussion Coalition, Nebraska School Activity Association	NSAA PSA, number of individuals completing Safe Schools Training

## **For More Information:**

For more information about this plan, or for question or comments, please contact:

Injury Prevention Program  
Nebraska Department of Health and Human Services  
301 Centennial Mall South  
P.O. Box 95026  
Lincoln, NE 68509  
Phone: (402) 471-2101  
Web site: [www.dhhs.ne.gov/injuryprevention](http://www.dhhs.ne.gov/injuryprevention)

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