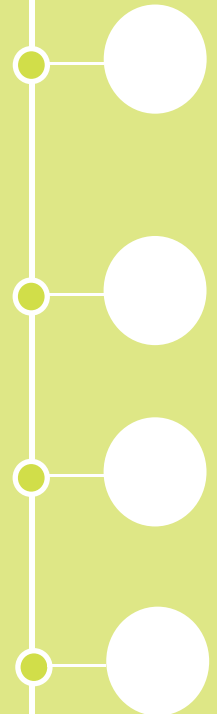


2013-2014

**Women's Health Initiatives**  
Lifespan Health Services Unit  
Division of Public Health  
**ANNUAL REPORT**  
Revised 09/10/2014



## Table of Contents

Introduction Letter.....	1
State Statute Duties.....	2
Women's and Men's Health Programs.....	2
Women's Health Advisory Council.....	4-5
Council Members.....	5
Emerging Issues and Trends.....	6-7
Partner Programs.....	7
Quick Health Data: <i>Women's Health in Nebraska</i> .....	8-9
Organizational Chart.....	10

## Acknowledgements

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## Introduction Letter

The past year has been one of growth and change for the Nebraska Women's Health Initiative. I am honored to have been selected to be the Program Manager with the responsibility for guiding the Initiative. I began in this new position in February 2014 and have been busy since then learning about all of the important women's health activities in the past and underway, meeting Women's Health Advisory Council members, and working with staff to organize for the next year.

I am a Baccalaureate-trained Registered Nurse, and my education and training have aptly prepared me for this work. I have worked in the area of Maternal/Child Health for over 19 years. Areas of expertise include: Pregnancy and Newborn/Infant Care, Sudden Infant Death Syndrome (SIDS) Breastfeeding, Maternal Depression and Domestic Violence. I have professional work experience in the areas of: communicable disease control, immunizations and home visitation. I also hold a Bachelor of Science degree in Sociology and I am a Certified Lactation Counselor.

I am looking forward to continued work with the Women's Health Initiative Advisory Council as we move toward developing a new strategic plan. The Mission of the Women's Health Initiative Advisory Council is to help women of all ages in Nebraska lead healthier lives, supported by a comprehensive system of coordinated services, policy development, advocacy and education. These next few years will include collaborative work with local and state agencies, health care providers, and others engaged in promoting the health of women.

The Current Annual Report includes: Initiative Activities, the Subcommittees of the Women's Health Advisory Council, Emerging Issues and Trends, and Women's' Health Data.

It is my hope that the Department of Health and Human Services and the Women's Health Initiative Advisory Council can equip the women of Nebraska with information to make more positive choices for health.

Submitted by,



Tina Goodwin RN, BSN, CLC  
Program Manager Women's Health Initiatives  
Division of Public Health  
Nebraska Department of Health and Human Services

## Women's Health Initiative of Nebraska State Statute Duties

This section provides the statutory language that outlines the duties of the Initiative, and offers examples of activities related to each duty.

*Nebr. Rev. Stat. 71-701. The Women's Health Initiative of Nebraska is created within the Department of Health and Human Services. The Women's Health Initiative of Nebraska shall strive to improve the health of women in Nebraska by fostering the development of a comprehensive system of coordinated services, policy development, advocacy, and education. The initiative shall:*

*(1) Serve as a clearinghouse for information regarding women's health issues, including pregnancy, breast and cervical cancers, acquired immunodeficiency syndrome, osteoporosis, menopause, heart disease, smoking, and mental health issues as well as other issues that impact women's health, including substance abuse, domestic violence, teenage pregnancy, sexual assault, adequacy of health insurance, access to primary and preventative health care, and rural and ethnic disparities in health outcomes;*

### Example of Activities:

As a clearinghouse for information, Women's Health Initiatives will monitor and report on activities and programs within DHHS. This report features three: Every Women Matters (EWM), a federally funded program that provides breast and cervical cancer screening to medically underserved women between the ages of 40 and 74; Nebraska Colon Cancer Screening Program (CRC), a federally funded program that provides colorectal (colon) cancer screening and education to men and women ages 50 years and older; and WISEWOMAN (WW), a federally funded program that provides screening & lifestyle intervention for cardiovascular disease and diabetes to low-income uninsured or underinsured women between the ages of 40 and 74. Special attention is given to populations at higher risk - African American, Hispanic, and Native American women. The following tables include screening data for FY 2013:

### PROGRAM DATA

EWM: 07/01/13 to 06/30/14	
Screened:	2,946 Women 18+
Performed:	2,219 Mammograms
	2,424 Pap Smears
	5,138 Clinical Breast Exams
Diagnosed:	57 Breast Cancers
	3 Cervical Cancers
Detected:	34 Cervical pre-cancers

WISEWOMAN: 09/01/01 to 06/30/14	
Cardiovascular Screens:	33,143 Women 40+
Detected:	2,561 cases of high cholesterol
	3,882 cases of hypertension
	759 cases of diabetes
Lifestyle Counseling	59,476 counseling sessions

CRC: 07/01/13 to 06/30/14	
Screened:	3,257 Men and Women 50+
Colonoscopies:	272
Removed:	100 Polyps
Detected	5 Cancers
Distributed:	7,502 FOBT kits (including those distributed by community coalitions)

Duties continued...

(2) *Perform strategic planning within the Department of Health and Human Services to develop department-wide plans for implementation of goals and objectives for women's health;*

During 2013, Women's Health Initiatives launched a strategic planning process in collaboration with the Women's Health Advisory Council. This process, to be completed in 2014-2015, will identify priorities and goals for the coming years.

(3) *Conduct department-wide policy analysis on specific issues related to women's health;*

The Women's Health Advisory Council's Legislative sub-committee monitors and reports on specific bills and legislative activities that pertain to women's health.

(4) *Coordinate pilot projects and planning projects funded by the state that are related to women's health;*

Women's Health Initiatives provided assistance in the development and support of the Community Health Worker Training Course. The Course was staffed and administered by Every Woman Matters and the Office of Health Disparities and Health Equity.

The Community Health Worker concept is gaining more attention in Nebraska and nationally. These workers are individuals who serve as a liaison/link between public health, health care, behavioral health services, social services and the community to assist individuals and communities in adopting healthy behaviors. The Nebraska Community Health Worker Coalition adopted the following definition based on the American Public Health Association (APHA) and the U.S. Department of Labor definition:

*"A community health worker (CHW) is a trusted member of and/or has a good understanding of the community they serve. They are able to build trusting relationships, and are able to link the individuals with the systems of care in the communities they serve. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support, and advocacy. CHW is an umbrella term used to define other professional titles." (Nebraska Community Health Worker Coalition 2014).*

The Nebraska CHW Coalition has been active in developing core competencies for training of CHWs, creating awareness of who CHWs are and what they do, advocating the efficacy of the use of CHWs in Nebraska's communities to promote health, wellness and the efficient use of available resources. Women's Health Initiatives has supported the work of this Coalition for the improvement of women's health in Nebraska by supporting staff in their participation in Coalition activities.



Mary Lentini provided logistical and technical support for staff and students before, during and after the training. There has been increasing interest in the training since the pilot in the summer of 2012. The course is currently being offered each spring and fall. The 10-week training program includes several webinars, in-person trainings and online training. Each student must complete a Capstone Project that provides the opportunity to employ the skills learned during the course before their certificate of attendance is received.

Duties continued...

Women's Health Initiatives has also provided professional staff to assist in the CHW Training Course in-person sessions. Tina Goodwin, RN and Program Manager for Women's Health Initiatives, was a co-presenter with Holly Dingman MS Nutrition Coordinator for Health Promotion, at the June 10, 2014 Community Health Worker Training. The hour-long presentation was called "Breastfeeding 101."

*(5) Communicate and disseminate information and perform a liaison function within the department and to providers of health, social, educational, and support services to women;*

Women's Health Initiative liaison activities included engagement with Baby Blossoms Collaborative Perinatal Depression Affinity group, Douglas County Health Department; the NE Breastfeeding Coalition; and Community Health Worker activities (Every Woman Matters Program). Additionally, the Initiative has developed significant partnerships with Health Literacy Nebraska (HLNE), National Network of Libraries of Medicine, MidContinental Region, and other partners to bring Health Literacy educational opportunities to Nebraska health professionals. Trainings have been conducted quarterly via webinar, and have included topics on: health literacy in Nebraska; social media and health literacy; navigating breast health information and health systems; and CDC's Clear Communication Index. The webinars have been well attended with turnout from various parts of the state.

*(6) Provide technical assistance to communities, other public entities, and private entities for initiatives in women's health, including, but not limited to, community health assessment and strategic planning and identification of sources of funding and assistance with writing of grants;*

Women's Health Initiatives, along with the Health Promotion Unit, provided technical support to Nebraska businesses who implemented breastfeeding accommodations in the workplace. Assistance is ongoing.

*(7) Encourage innovative responses by public and private entities that are attempting to address women's health issues.*

Social media platforms such as Facebook, Twitter and Constant Contact were utilized to disseminate public health information, such as: National Breast, Cervical and Colon Cancer Awareness Months; Sexual Assault Awareness; The Bed is Dead, an anti-tanning bed campaign; and Healthy Nutrition and Physical Activity Promotion, as well as many other social marketing topics.

## Women's Health Advisory Council

**COUNCIL PURPOSE:** The purpose of the Council shall be to advise and serve as a resource for Nebraska Health and Human Services in carrying out its duties as enacted by the Legislature in the Women's Health Initiative of Nebraska Revised Statutes § 71-701 through 71-707.

**COUNCIL COMMITTEES:** The Council shall develop committees or task forces to carry out its duties as outlined in Nebraska Revised Statutes § 71-701 through 71-707. The 2013-2014 Council Committees included:

**Breastfeeding:** The "Breastfeeding Friendly Business" committee continued to collaborate with the Department of Labor and the Nebraska Breastfeeding Coalition to educate businesses and employees



Council continued...

about the 2010 Fair Labor Standards Act, which requires that businesses provide a private space for lactating women to express milk in the workplace. Activities included: updating and revising the NE Department of Labor Breastfeeding Website, the worksite breastfeeding letter to employers detailing the law, and supporting educational materials. Strategic planning for future activities include expanded direct mail and education efforts and an online technical assistance clearinghouse for Frequently Asked Questions.



**Perinatal Depression:** Continued work with the Omaha Baby Blossoms Collaborative (BBC) on developing strategies to improve referral systems for pregnant women with perinatal depression.

**Health Disparities:** The priority of the committee is to increase awareness and create policies that address health disparities in Nebraska. The Council continued to discuss strategic plans on how to best educate the public and policy makers about health disparities.

**Healthcare Reform:** Members of the Council were briefed on the Affordable Care Act (ACA) by Stephene Moore, Regional Director, Region VII, U.S. DHHS during the May 1, 2013 meeting. She presented on the ACA's impact on individuals and States. Mark Intermill with the American Association of Retired Persons (AARP) presented information on Healthcare Exchanges during the September 25, 2013 meeting. Both presenters helped Council members become more informed about the implementation of the ACA.

## Council Members, September 2013-August 2014

Chair: Liliana Bronner, MHSA, Omaha;  
Vice Chair: Open;  
Secretary/Treasurer: Position is pending ratification

Joseph Acierno, MD, JD, Omaha	Amy McGaha, FAAFP, MD, Omaha
Sarena Dacus, BA, Omaha	Jamie Monfelt-Siems, LMHP, Omaha
Vicki Duey, York	Audrey Paulman, MD, Omaha
Darla Eisenhauer, MD, Lincoln	Jina Ragland, BS, Lincoln
Paula Eurek, BS, Lincoln	Judy Reimer, RN, Hastings
Ann Fritz, BS, O'Neill	Josie Rodriguez, BS, MS Lincoln
Sharon Hammer, MD, Omaha	Terra Uhing, MS, Fremont
Amy Lacroix, MD, Omaha	Heidi Woodard, BA, BS, Omaha
Mary Larsen, Omaha	

2013-2014 Meetings  
September 25, 2013,  
Mahoney State Park, Ashland  
January 29, 2014,  
Videoconference, Various Locations  
May 14, 2014,  
St. Elizabeth Regional Medical Center, Lincoln

## Emerging Issues and Trends in Women's Health

Women's Health Initiatives researches, monitors and reports on emerging trends in women's health. The following selections are brief summaries of trending health issues, including: health screening schedules, stroke risk factors, drug abuse, birth rates and mandated preventative screening services for women.

### Revised Mammography Recommendations

- Women ages 40-49, mammogram every 2 years,
- Women ages 50-74, every 2 years.

SOURCE: U. S. Department of Health & Human Services, in implementing the Affordable Care Act under the standard it sets out in revised Section 2713(a)(5) of the Public Health Service Act, utilizes the 2002 recommendation breast cancer screening of the U.S. Preventive Services Task Force.

### Revised Pap Smear Recommendations

- Women ages 21-65, Pap smear every 3 years.

SOURCE: Clinical Summary of U.S Preventive Services Task Force (USPSTF) Recommendation, The Guide to Clinical Preventive Services 2012.

### Decrease in Teen Birth Rates in U.S. in 2013

- A CDC report showed a 10% decline in the birth rate among 15 to 19-year-olds, from 29.4 births for every 1,000 teens in 2012 to 26.6 in 2013.
- The birth rate for women in their early 20s also hit a historic low in 2013, while the birth rate increased for women aged 35 to 44 last year. SOURCE: USA Today (5/29/14), Reuters (5/29/14).

### Increase in Maternal Mortality in the U.S.

- In the United States, the maternal mortality ratio per 100,000 live births increased from 12 in 1990 to 28 in 2013. SOURCE: M. Brooks, "Fewer Women Dying During Childbirth Globally U.S. Lagging," M. Brooks, May 2014.

### Updated Stroke Risk Factors for Women

- High blood pressure (High BP before pregnancy, preeclampsia)
- Migraine Headache with aura
- Smokers
- Over 75 years old with atrial fibrillation
- Diabetes

SOURCE: New guidelines for reducing stroke risks unique to women, American Heart Association /American Stroke Association Scientific Statement February 6, 2014 Retrieved 07-01-2014

<http://newsroom.heart.org/news/new-guidelines-for-reducing-stroke-risks-unique-to-women>

### Drug Use/Abuse Trends

- Currently, over 4 million women in the U.S. use drugs. Nine million women have used illegal drugs in the past year and 3.7 million women have used prescription drugs for nonmedical reason this past year.
- Over 28,000 (70%) of AIDS cases in women are drug related (direct drug use or sexual contact with someone who uses drugs).
- At least 70% of women who use drugs have been sexually abused by the age of 16 and many of these women had at least one parent that abused drugs.



SOURCE: National Institute on

Drug Abuse, 07/2014;

<http://archives.drugabuse.gov/WomenDrugs/Women-DrugAbuse.html>.

- Drug overdose death rates in the U.S. have more than tripled since 1990. In 2008 more than 36,000 people died from drug overdoses and most of these were caused by prescription drugs.
- Nearly 75% prescription drug overdoses are caused by prescription painkillers (opioids).
- About 50% of prescription painkillers deaths involve at least one other drug including benzodiazepines, cocaine, and heroin and alcohol.

SOURCE: Centers for Disease Control and Prevention, (2014). Policy Impact: Prescription Painkillers Overdoses retrieved from: <http://www.cdc.gov/vitalsigns/PrescriptionPainkillerOverdoses/index.html>

### Affordable Care Act: 22 Covered Preventive Services for Women

The Affordable Care Act was passed by Congress and signed into law by the President on March 23, 2010. There are eight new prevention-related health services (marked with an asterisk\*) that must be covered, with no cost-sharing in plan years starting on or after August 1, 2012.

1. Anemia screening on a routine basis for pregnant women



covered services continued...

2. Bacteriuria urinary tract or other infection screening for pregnant women
3. BRCA counseling about genetic testing for women at higher risk
4. Breast Cancer Mammography screenings every 1 to 2 years for women over 40
5. Breast Cancer Chemoprevention counseling for women at higher risk
6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breast feeding supplies, for pregnant and nursing women\*
7. Cervical Cancer screening for sexually active women
8. Chlamydia Infection screening for younger women and other women at higher risk
9. Contraception: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs\*
10. Domestic and interpersonal violence screening and counseling for all women\*
11. Folic Acid supplements for women who may become pregnant
12. Gestational diabetes screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes\*
13. Gonorrhea screening for all women at higher risk
14. Hepatitis B screening for pregnant women at their first prenatal visit
15. Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women\*
16. Human Papillomavirus (HPV) DNA Test: high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older\*
17. Osteoporosis screening for women over age 60 depending on risk factors
18. Rh Incompatibility screening for all pregnant women and follow-up testing for women at higher risk
19. Tobacco Use screening and interventions for all women, and expanded counseling for pregnant tobacco users
20. Sexually Transmitted Infections (STI) counseling for sexually active women\*
21. Syphilis screening for all pregnant women or other women at increased risk
22. Well-woman visits to obtain recommended preventive services\*

SOURCE: <http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html>

## Programs

Women's Health Initiatives has, and will continue to collaborate with these, and other women's health programs:

- Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), is a monthly survey of new mothers from across the state. PRAMS partners with the Centers for Disease Control & Prevention (CDC) to identify and monitor selected maternal behaviors and experiences before, during, and right after pregnancy.

NE PRAMS Website

- Nebraska Reproductive Health is a Federal Grantee administering the statewide Title X Family Planning Program. Title X delegate clinics provide reproductive health education and comprehensive medical services that are an integral part of prevention and good health. NE Reproductive Health Website

- Maternal Child Adolescent Health Supports holistic life course development, pregnancy through young adulthood. Life course development is the collection of events that positively and negatively influence the health of every person. These events can happen before conception, during and after pregnancy and throughout all stages of life. NE Maternal Child Adolescent Health Website

- Nebraska WIC (Women, Infants, Children) is the special supplemental nutrition program for women, infants and children. B9K 7 K YVgH

- Women's and Men's Health Programs provide preventative health screenings, and public health education services to qualified Nebraska residents between the ages of 40 and seventy-four.

NE Women's Health Programs Website

NE Men's Health Programs Website

- The Nebraska Domestic Violence Sexual Assault Coalition enhances safety and justice by changing the beliefs that perpetuate domestic violence and sexual assault. NE DV SA Coalition Website



## WOMEN'S HEALTH IN NEBRASKA

### Female Population of NEBRASKA

Total state population: 1,855,525 (933,223 females; 922,302 males)

Racial/ethnic distribution of Female Residents*	Total	White, non-Hispanic	Black, non-Hispanic**	American Indian	Asian/Pacific Islander	Hispanic
<b>Number</b>	933,223	772,798	46,352	13,359	21,459	85,341
% of total females	100.0%	82.8%	5.0%	1.4%	2.3%	9.1%
<b>Below poverty level***</b>	130,549	81,978	13,992	3,335	2,977	25,119
% of females below poverty level	14.4%	11.1%	35.2%	41.8%	15.9%	30.2%
<b>High School graduates***</b>	563,538	503,883	18,836	3,972	9,560	21,825
% of female high school graduates	91.3%	94.6%	81.3%	85.6%	80.0%	56.3%

Age distribution of Female Residents	10-14	15-44		45-64	65-84	85+
		15-19	20-44			
<b>Number</b>	61480	62,418	296,157	239,527	117,623	27,226
% of total females	6.6%	6.7%	31.8%	25.7%	12.6%	2.9%

Sources: 2012, U.S. Census Bureau and NCHS; 2012 U.S. Census Bureau, American Community Survey

\*Racial/ethnic groups may not sum to total

\*\*Poverty and educational status data in the Black, non-Hispanic column reflect estimates for all Black females (both Hispanic and non-Hispanic)

\*\*\*Estimates of poverty status are based upon estimates of the population whose poverty status could be determined. Estimates of high school graduates are based upon the population who are 25 years and older. Some estimates of poverty and educational status in the API column may reflect Asian data alone.

### Health Status (Age-adjusted<sup>§</sup> percent of adult females)

- In poor general health: 3.1%
- Activity limitation due to poor phys/mental health: 8.6%
- No natural teeth: 4.3%

Sources: 2012, BRFSS

### Access to Care (Age-adjusted<sup>§</sup> percent of adult females)

- No health insurance coverage (under 65): 15.9%
- No personal doctor or primary care physician: 11.8%
- Saw a dentist in past year: 71.0%

### Health Conditions and Risk Factors (Age-adjusted<sup>§</sup> percent of adult females)

Condition or Risk Factor	Total	White, non-Hispanic	Black, non-Hispanic	American Indian	Asian/Pacific Islander	Hispanic
Currently smoke (age 18+)	18.8%	18.6%	34.2%	47.4%	7.7%	9.4%
No leisure time activity in past month	20.6%	18.6%	32.3%	37.9%	16.6%	32.1%
Overweight (age 20+)	29.3%	28.4%	37.7%	35.6%	NA	33.2%
Obese (age 20+)	28.9%	28.0%	38.2%	38.0%	NA	37.1%
Hypertension <sup>†*</sup>	26.7%	25.6%	48.7%	37.6%	25.6%	27.9%
High cholesterol <sup>†</sup>	30.2%	30.6%	32.5%	29.6%	22.4%	27.6%
Diabetes <sup>*</sup>	9.1%	8.0%	18.6%	16.3%	4.3%	15.4%
Arthritis	25.2%	25.5%	24.7%	27.1%	23.6%	20.4%
Asthma, currently	8.8%	8.6%	14.8%	22.2%	1.8%	6.5%

Source: 2012, BRFSS; <sup>†</sup>2011, BRFSS; \*Includes pregnancy-related condition

### Preventive Services/Screenings (Age-adjusted<sup>§</sup> percent of adult women)

- Routine physical exam within past two years: 81.1%
- Mammogram within past 2 years (age 50-74): 75.0%
- Pap smear within past 3 years (age 21-65): 81.3%
- Sigmoidoscopy/colonoscopy ever (age 50+): 66.2%
- Influenza immunization in past year: 46.4%
- Influenza immunization in past year (65+ only): 64.1%

Sources: 2012 BRFSS; For race information, see Quick Health Data Online: <http://www.womenshealth.gov/quickhealthdata>

NA - Data not available or suppressed

NR - Data not reported

## **Mortality** (Female residents)

Cause of Death	Number of Deaths	Age-Adjusted Death Rate (deaths per 100,000)
Total (all ages)	7,708	608.5
Heart Disease	1,690	124.0
Cancer	1,646	142.9
Breast Cancer	225	19.3
Cervical Cancer	24	2.6
Stroke	509	37.7
Chronic Lower Respiratory Disease	494	41.4
Alcohol- or Drug-Induced	107	11.7
Suicide	38	4.1
Homicide	18	2.0
Human Immunodeficiency Virus (HIV)	NA	NA
Infant Mortality Rate (All Causes, Not gender-specific) <sup>†</sup>		5.7

Source: 2010, NCHS National Vital Statistics System; <sup>†</sup> 2006-2010, NCHS National Vital Statistics System

## **Prenatal Care and Pregnancy Risk** (Percent)

### **Pregnant women:**

- Receiving prenatal care in 1<sup>st</sup> trimester<sup>†</sup>: 75.1%
- Smoking cigarettes<sup>†</sup>: 13.3%

### **Women:**

- With live births who reported unintended pregnancy<sup>††</sup>: 38.4%
- Reported physical abuse during pregnancy<sup>††</sup>: 2.8%

Sources: <sup>†</sup>2010, NCHS National Vital Statistics System; <sup>††</sup>2010, CDC PRAMS

## **Birth Outcomes** (Percent)

### **Births:**

- Low birthweight (LBW)<sup>†</sup>: 7.1%
- Preterm<sup>†</sup>: 12.0%
- Cesarean among low-risk women (full-term, singleton, vertex presentation)<sup>†</sup>: 24.8%

### **Children Breastfeeding:**

- Exclusively breastfed at least 3 months<sup>††</sup>: 44.7%
- Breastfed at least 6 months<sup>††</sup>: 53.4%
- Ever breastfed after delivery<sup>††</sup>: 82.2%

Sources: <sup>†</sup>2010, NCHS National Vital Statistics System; <sup>††</sup>2009, CDC NIS data for the cohort of children who were born in the year 2009

## **Sexually Transmitted Infections** (Number of new annual reported infections and rate per 100,000 women)

- Chlamydia: 4,628 cases (499.0)
- Gonorrhea: 784 cases (84.5)
- Primary and Secondary Syphilis: 1 cases (0.1)
- HIV<sup>†\*</sup>: 11 cases (1.5)
- AIDS<sup>†</sup>: 12 cases (1.6)

Source: 2012, Estimated Data from the CDC NCHHSTP Atlas; <sup>†</sup>2011, Estimated Data from the CDC NCHHSTP Atlas

## **Violence and Abuse:**

- Females reported physical abuse during pregnancy (percent)<sup>†</sup>: 2.8%
- Reported female rapes (number and rate per 100,000 females)<sup>††</sup>: 590 (65.2)

Sources: <sup>†</sup>2010, CDC PRAMS; <sup>††</sup>2009, FBI Uniform Crime Statistics

## **Mental Health**

- Adult females reporting poor mental health on 8 or more of the past 30 days (age-adjusted percent)<sup>†</sup>: 14.3%
- Female suicide deaths (number and age-adjusted rate per 100,000 females)<sup>††</sup>: 38 (4.1)

Source: <sup>†</sup>2012, CDC BRFSS; <sup>††</sup>2010, NCHS National Vital Statistics System

## **Teen Health** (Percent teenage females unless otherwise specified)

- Birth rate<sup>†</sup>: 14.6
- Currently use alcohol: 27.5%
- Currently use cigarettes: 15.5%
- Currently use marijuana: 12.0%
- Pregnancy rate<sup>†</sup>: NA
- Currently sexually active: 28.5%
- Attempted suicide: 8.5%
- Overweight: 13.6%

Sources: 2011, YRBS; <sup>†</sup>2010, NCHS National Vital Statistics System and Individual State Health Departments, per 1000 women ages 15-17

NA - Data not available or suppressed

NR - Data not reported

<sup>§</sup>Age adjustment is a statistical process applied to rates of disease, death or other health outcomes that allows populations to be compared by controlling for age group differences in the composition of each population.



These data and much more can be found at Quick Health Data Online:

<http://www.womenshealth.gov/quickhealthdata> .

# DHHS Women's Health Initiatives Organizational Chart

