2014-2015

Women's Health Initiatives

Lifespan Health Services Unit
Division of Public Health
Nebraska Department of Health and Human Services
ANNUAL REPORT

Department of Health & Human Services
DHHS
NEBRASKA

IN FULFILLMENT OF THE REQUIREMENTS OF
WOMEN'S HEALTH INITIATIVE STATUTE
NEB. REV. STAT. 71-701 TO 71-707

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Introduction Letter

I am very excited to report that the Nebraska Women's Health Initiatives (WHI) and the Women's Health Advisory Council (WHAC) have done great work over the past year. Nebraska Women's Health Initiatives developed a website and a new logo. WHI participated in collaborative work with internal partners as well as state and national partners. DHHS partners include: Nebraska Women's and Men's Health Programs, Reproductive Health, Maternal Child and Adolescent Health, the Immunization Program, Nutrition and Activity for Health, PRAMS (Pregnancy Risk Assessment Monitoring System) and the Office of Health Disparities and Health Equity. State level partners include: Nebraska Breastfeeding Coalition, The Center for Great Plains Studies and the Nebraska Commission on Indian Affairs. The Nebraska Women's Health Initiatives has also completed work through National organizations including: AMCHP (Association of Maternal and Child Health Programs) and the Office on Women's Health U.S. Department of Health and Human Services.

The Women's Health Advisory Council developed a strategic plan and four additional workgroups were created: Mental Health, Nutrition and Healthy Weight (including obesity), Sexual Health (including preconception health) and Advanced Care Planning. The Council continued work in monitoring legislative bills and reviewing issues related to health equity.

The Nebraska Department of Health and Human Services saw change with the election of a new governor, Pete Ricketts and in the appointment of a new Chief Executive Officer, Courtney Phillips. I am looking forward to whatever change our new administration may bring.

I will continue to work through the Department of Health and Human Services and the Women's Health Initiatives Advisory Council to equip the women of Nebraska with information to make more positive choices for health.

Sincerely,

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 Initiatives 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;

(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;

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

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

(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;

(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;

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

Partners

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

• **Maternal Child Adolescent Health** supports holistic life course development and 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. http://dhhs.ne.gov/publichealth/mcah/pages/home.aspx

• **Nebraska Reproductive Health** is a Federal Grantee that administers the statewide Title X Family Planning Program. Title X delegate clinics to provide reproductive heath education and comprehensive medical services that are an integral part of prevention and good health. http://dhhs.ne.gov/publichealth/Pages/reproductivehealth.aspx

• **The Nebraska Domestic Violence Sexual Assault Coalition** enhances safety and justice by changing the beliefs that perpetuate domestic violence and sexual assault. http://ndvsac.org/get-informed/

• **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. http://dhhs.ne.gov/publichealth/Pages/prams.aspx

• Nebraska WIC (Women, Infants, Children) is the special supplemental nutrition program for women, infants and children. http://dhhs.ne.gov/publichealth/Pages/wic_index.aspx

• **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.
Women's Health: http://dhhs.ne.gov/publichealth/Pages/womenshealth.aspx
Men's Health: http://dhhs.ne.gov/publichealth/Pages/hew_menshealth_index.aspx

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 Statues § 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 Statues § 71-701 through 71-707. The 2014-2015 Council committees included:

Legislative: This committee, chaired by Jina Ragland, read, compiled and monitored introduced legislation that pertained to women's health. Bills that were monitored included (click on bill for more info):

- LB77 Require a Medicaid state plan amendment for family planning services and state intent relating to appropriations for the Every Woman Matters program
- LB125 Create a fund relating to health care homes for the medically underserved
- LB294 Adopt the Human Trafficking Victims Civil Remedy Act and change and adopt provisions relating to service of process, sexual assault, crimes relating to morals, human trafficking, search warrants, juveniles, intercepted communications, and forfeiture of assets
- LB307 Change provisions relating to stalking and domestic abuse
- LB627 Change provisions relating to pregnancy and eliminate subversive membership provisions under the Nebraska Fair Employment Practice Act

Mental Health: This committee, chaired by Jamie Monfelt-Siems, included the following discussion topics:

- Mental health issues co-occurring with substance abuse
- Eating disorders and self-harm
- Publishable fact sheets or webpage dedicated to some of these topics
- Understanding disparities for African American women seeking behavioral health services
- Distribution of "Women's Health Data Book"
- Presentation of findings at the 2016 Maternal and Child Health Conference

Nutrition & Healthy Weight: This committee, chaired by Heidi Woodard, focused on

- Interconception health and continuum of care for mother and baby after delivery
- Educate providers and health departments on how to talk to new moms about excessive weight gain, chronic disease, and self-care
- Brainstormed potential social marketing message for pediatricians: "Don't close your door. Sometimes moms need more"

Advanced Directives: This committee, chaired by Judy Reimer, included work on the following project topics:

- Researched and printed materials for distribution to professionals and the general public
- Distributed printed materials at a booth for 2015 National Caregivers Day
- Educate health and other professionals as well as care providers on end of life issues
- Develop social marketing campaign to educate public
- Utilize faith-based communities in promotion

Sexual Health: This committee, chaired by Dr. Amy Lacroix, considered a variety of project topics including:

- Billing process for Sexually Transmitted Infections (STI)

Council continued...

• Compile a list of adolescent health and preconception health resources
• Research existing educational literature around Adolescent Sexual Health
• Create brochure or pamphlet on: "Why my child needs private time with his/her provider"
• Search for training and/or grants to educate family practice physicians on implant insertion
• Proposed topics for Reproductive Health Plan: adolescent doctor visits, human papillomavirus (HPV) vaccine, Long Acting Reversable Contraception (LARC) resources

Health Equity: This committee, chaired by Liliana Bronner, partnered with the Office of Health Disparities, Women's and Men's Health Programs and Women's Health Initiatives to produce the "2015 Health Disparities Report." A condensed version of the report can be found on pages 8-9, of this report.

2014-2015 Meetings
September 17, 2014,
Mahoney State Park, Ashland
January 14, 2015,
Mahoney State Park, Ashland
May 13, 2015,
Mahoney State Park, Ashland

Council Members, September 2014 -June 2015

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

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

Women's Health Initiatives 2014-2015 Activities

Women's Health Initiatives (WHI) staff and partners continued to develop new working relationships and enhance existing ones to promote women's health. WHI staff participated in a myriad of activities, including:

• Tina Goodwin, RN, Program Manager for Women's Health Initiatives, and Andrea Wenke, Health Educator for Women's Health Initiatives, co-presented with Holly Dingman, MS, Nutrition Coordinator for Health Promotion, at the June 2015 Community Health Worker Training. The hour-long presentation was called "Breastfeeding 101."

• Tina Goodwin continues participation in the PRAMS Breastfeeding Data Analysis Workgroup working with community and PRAMS staff to create new programs/interventions that will have a positive impact in Nebraska communities.

• Tina Goodwin is a co-lead in the Young Adults in Health Transformation Project (YAHTP). The DHHS Division of Public Health Maternal Child Adolescent Health program in partnership with the national MCH Workforce Development Center, aims to identify recommendations for increasing the utilization of preventive services by young adults (ages 20-24) within three population subgroups: young adults with autism; young adult females with behavioral or mental health conditions and young adults with foster care experience.

• Andrea Wenke and Tina Goodwin will assist the

Maternal Child Adolescent Health staff in the planning of the Maternal Behavior Health Conference scheduled for April 7, 2016.

• Tina Goodwin is the chairperson of the Breastfeeding Coalition Diversity Inclusion Workgroup. Workgroup goals include: increasing breastfeeding rates in underserved populations (African American, Native America, Hispanic, rural women and low income women), promoting education of actual or potential breastfeeding providers that belong to minority groups or that have direct contact with diverse populations and putting forth recommendations to the NE Breastfeeding Coalition on potential projects and funding needs.

• The Breastfeeding Coalition, DHHS Division of Nutrition and Physical Activity for Health and Women's Health Initiatives worked together to bring Cami Goldhammer MSW, CLE. IBCLC from Washington State to present at the Great Plains Standing Bear and the Trail Ahead Symposium in May 2015.

• Women's Health Initiatives will continue to work with the Office on Women's Health U.S. DHHS, to report state-wide breastfeeding activities and promote a learning community between Iowa, Kansas, Missouri and Nebraska.

Spotlight On

Title V/ Maternal and Child Health Block Grant 2016 State Plan

Each year the Nebraska Department of Health and Human Services (DHHS) submits an application for federal Title V/Maternal and Child Health (MCH) Block Grant funds. This Block Grant awards approximately $4 million to Nebraska to help address our state's MCH and Children and Youth with Special Health Care Needs (CYSHCN) priorities. DHHS recently completed a comprehensive needs assessment which identified these priorities for the period of 2016–2020.

Identified Priorities (numbers are for reference only and not a ranking):

1. Infant Mortality
2. Obesity/overweight among women, youth, and children, including food insecurity and physical inactivity
3. Infant Abuse and Neglect
4. Mental and Behavioral Health Needs of Children/Youth with Special Health Care Needs (CYSHCN)
5. Unintentional Injury Among Children and Youth, including Motor Vehicle Crashes
6. Access to and Adequacy of Prenatal Care
7. Breastfeeding of Infants
8. Sexually Transmitted Disease among Youth and Women of Child Bearing Age
9. Access to Preventive and Early Intervention Mental Health Services for Children
10. Medical Home for CYSHCN, including Empowerment of Families to Partner in Decision Making and Access to Additional Family Supports

DHHS has prepared a draft action plan, setting five year objectives and identifying strategies to address these objectives. Action plan found here: http://dhhs.ne.gov/publichealth/MCHBlockGrant/Pages/home.aspx

Emerging Issues and Trends in Women's Health

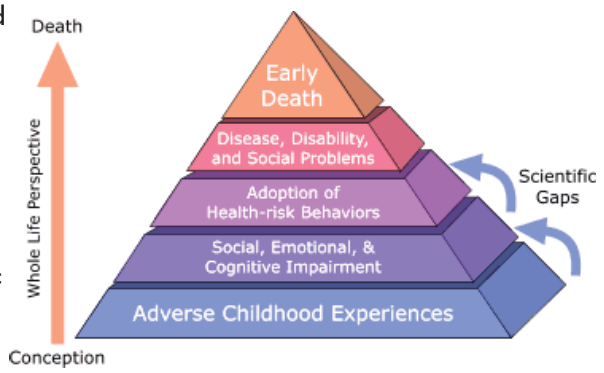
Women's Health Initiatives researches, monitors and reports on emerging trends in women's health. The following selections are brief summaries of trending health issues, including: Adverse Childhood Experiences, the heroin epidemic, long-lasting menopause symptoms and social determinates of health.

ADVERSE CHILDHOOD EXPERIENCES: EARLY LIFE EVENTS THAT CAN DAMAGE OUR ADULT HEALTH

According to The Robert Wood Johnson Foundation, "traumatic childhood events like abuse and neglect can create dangerous levels of stress and derail healthy brain development resulting in long-term effects on learning, behavior and health. A growing network of leaders in research, policy and practice are leading the way in preventing adverse childhood experiences (ACEs) and mitigating their impact through building resilience."

STUDY

The ACEs Study is one of the largest investigations ever conducted to assess associations between childhood maltreatment and later-life health and well-being. The study is a collaboration between the Centers for Disease Control and Prevention and Kaiser Permanente's Health Appraisal Clinic in San Diego. More than 17,000 Health Maintenance Organization (HMO) members undergoing a comprehensive physical examination chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction.



The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States. It is critical to understand how some of the worst health and social problems in our nation can arise as a consequence of adverse childhood experiences. Realizing these connections is likely to improve efforts towards prevention and recovery.

SOURCE: CDC: Division of Violence Prevention (LINK)

ACEs and NEBRASKA

According to The Nebraska Pregnancy Assessment Monitoring System (PRAMS) stress on mothers can seriously contribute to ACEs in their children. Issues such as substance abuse or physical abuse can lead to poor health for both mothers and children.

PRAMS 2011 data shows:

- 7 out of 10 Nebraska mothers report one or more stressful situations
- 1 out of 10 Nebraska mothers report depression or sadness

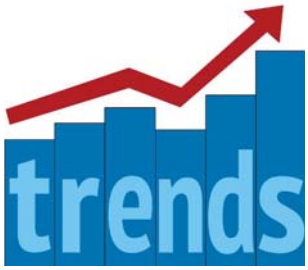
Stressors asked about in the PRAMS Survey:

- Problems with alcohol or drug use
- Separation or divorce from husband or partner
- Incarceration of husband or partner
- Physical abuse
- Depression

PRAMS ACEs Infographic
http://dhhs.ne.gov/publichealth/Documents/ACEs_Fact_Sheet.pdf

HEROIN EPIDEMIC

According to the CDC, heroin use among women has doubled in the span of 10 years. Heroin use has increased across the U.S. among most age groups, and all income levels. Some of the greatest increases occurred in demographic groups with historically low rates of heroin use: women, the privately insured, and people with higher incomes. Not only are people using heroin, they are also abusing multiple other substances, especially cocaine and prescription opioid painkillers. As heroin use has increased, so have heroin-related overdose deaths. Between 2002 and 2013, the rate of heroin-related overdose deaths nearly quadrupled, and more than 8,200 people died in 2013. States play a central role in prevention, treatment, and recovery efforts for this growing epidemic. SOURCE: http://www.cdc.gov/vitalsigns/heroin/



MENOPAUSAL SYMPTOMS LAST LONGER THAN REALIZED

Vasomotor symptoms (VMS) are the most common symptoms of the menopausal transition. Previous research has given widely disparate estimations on the duration of VMS, but a current study from the American College of Obstetrics and Gynecology suggests that most women experience VMS for six months to two years, however, some research, particularly studies that include younger women and higher proportions of racial and ethnic minorities, has demonstrated a substantially longer mean duration of VMS. According to a study published in JAMA Internal Medicine (02/16/2015), the longest duration of VMS occurred among black women. The study found that longer VMS duration was associated with younger age, lower educational level, smoking, stress and depression. The duration of VMS affects healthcare decisions, such as when to begin hormone replacement therapy. SOURCES: Medscape: Vasomotor Menopausal Symptoms Last Longer than Realized, Authors: Lewis, PhD and Vega, MD; JAMA International Medicine (02/16/2015).

SOCIAL DETERMINANTS OF HEALTH

The Centers for Disease Control and Prevention's (CDC) science-based health objectives campaign, *Healthy People 2020* has defined, "Social Determinants of Health" (SDOH) as conditions in the environments in which 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 five key determinants identified by the CDC include:

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment

These key determinates frame social and physical environments that promote good health for all. To ensure that all Americans have access to good health, advances are needed not only in health care but also in fields such as education, childcare, housing, business, law, media, community planning, transportation, and agriculture. Making these advances involves working together to:

- Explore how programs, practices, and policies in these areas affect the health of individuals, families, and communities.
- Establish common goals, complementary roles, and ongoing constructive relationships between the health sector and these areas.
- Maximize opportunities for collaboration among federal, state, and local-level partners related to social determinants of health. SOURCE: HealthyPeople.gov http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health

HEALTH DISPARITIES REPORT

These graphs represent a small selection from the full 2015 Health Disparities Report (which will be released in late 2015). These exerpts illustrate both the progress Nebraska has made in recent decades to reduce health disparities by race/ethnicity, income, education, and other social characteristics, and the health inequities that still exist. By comparing the data from the 2012 Disparities Report we are able to see trends in selected social and health indicators, which provide a comprehensive understanding of the underlying factors of disparities among women in Nebraska. Comparing data also facilitates accountability to reduce disparities with effective interventions.

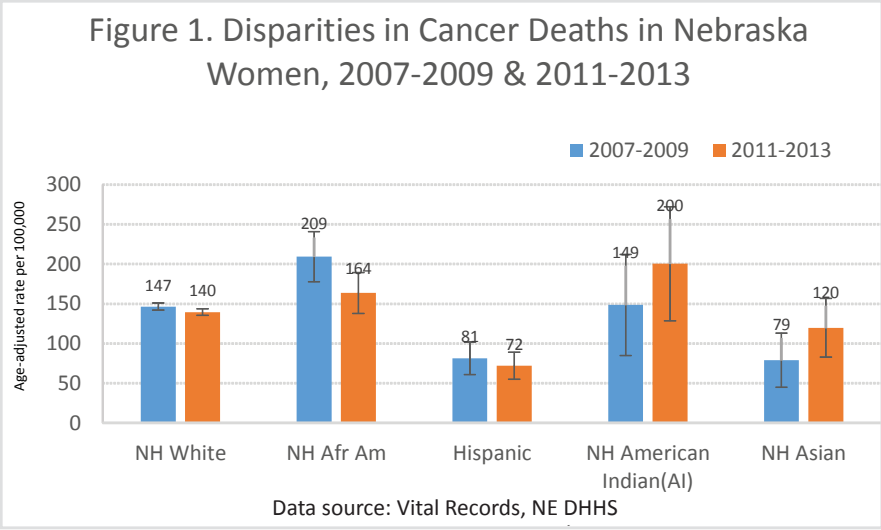
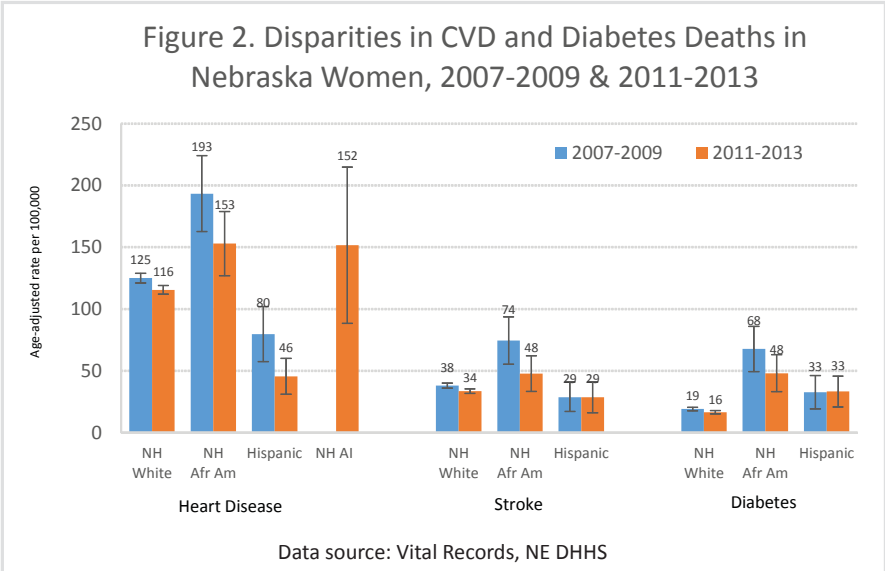


Figure 1.
Disparities in Cancer Deaths.
Since 2009-2010, cancer has been the number one cause of death in Nebraska, but disparities in cancer deaths among racial/ethnic groups, are not currently apparent. The 2011-2013 cancer death rates for non-Hispanic African American women and non-Hispanic American Indian women are not statistically significantly higher than non-Hispanic white women. The cancer death rates did not change significantly for any racial/ethnic women from 2007-2009 to 2011-2013, indicating no significant improvements or deterioration.

Figure 2.
Disparities in Heart Disease, Stroke, and Diabetes Deaths.
Heart disease, stroke, and diabetes continue to be leading causes of death for Nebraska women, and some significant disparities persist. Non-Hispanic African American women continue to be more likely to die from heart disease and diabetes; Hispanic women are more likely to die from diabetes than non-Hispanic white women. Despite a significant disparity on stroke between non-Hispanic African American and white women in 2007-2009, there are no significant disparities for any minority women in 2011-2013. From 2007-2009 to 2011-2013, the decline in the death rates from the three diseases in non-Hispanic white women are statistically significant, an indication of significant improvements. The decline in the death rates for non-Hispanic African American and Hispanic women are not statistically significant, implying no significant improvements over time.



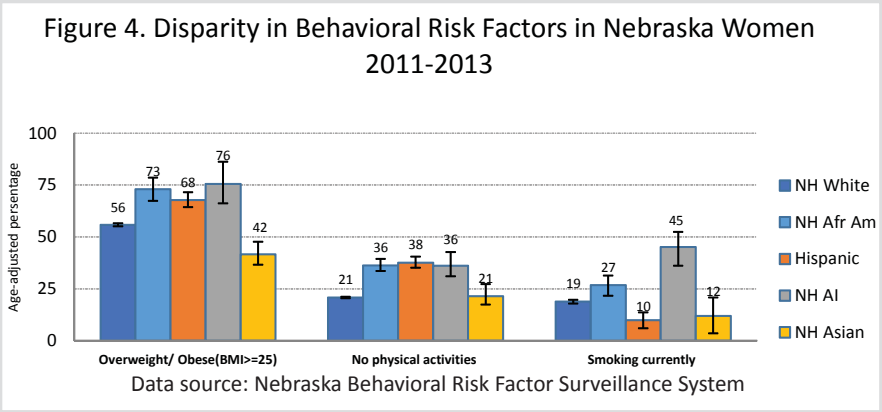
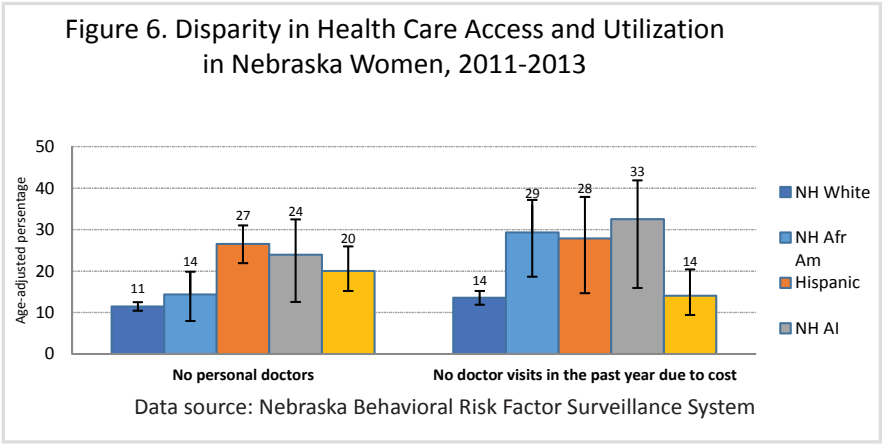


Figure 4.
Disparities in Behavioral Risk Factors.
Racial disparities in behavioral risk factors, such as weight and physical activity exist among Nebraska women. Non-Hispanic African American and American Indian women and Hispanic women are more likely to be overweight and report a lack of physical activity; non-Hispanic African American and American Indian women are more likely to be smokers than non-Hispanic white women.

Figure 6.
Disparities in Health Care Access and Utilization.
Health care access and utilization are strongly related to better health outcomes; gaps exist in Nebraska women. Hispanic women and non-Hispanic American Indian and Asian women are less likely to have personal doctors. Hispanic women and non-Hispanic African American and American Indian women are less likely to visit doctors due to cost.



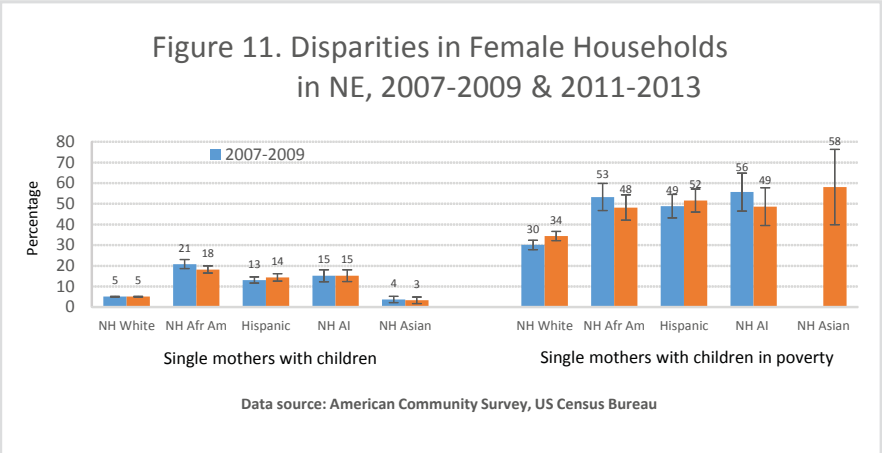


Figure 11.
Disparities in Female Family/Household
Single mothers experience many challenges obtaining quality healthcare, this disparity is considerably large and persistent for minority women. Hispanic women, non-Hispanic African American women, and American Indian women continue to be significantly more likely to be single mothers and to live in poverty than their white counterparts between 2007-2009 and 2011-2013. The percentage of single mothers of non-Hispanic Asian women is not significantly different from non-Hispanic white women. However, the 2011-2013 percentage of single non-Hispanic Asian mothers in poverty is statistically significantly higher than non-Hispanic white women. The percentages of single mothers and those in poverty did not change significantly from 2007-2009 to 2011-2013 for all women.

DHHS Women's Health Initiatives Organizational Chart