

2017 - 2018

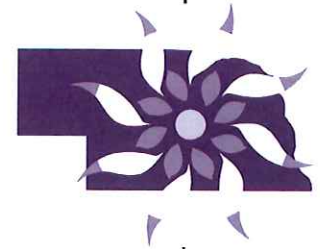
Women's Health Initiatives

Lifespan Health Services Unit

Division of Public Health

Nebraska Department of Health and Human Services

ANNUAL REPORT



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

www.dhhs.ne.gov/publichealth/WHI

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

September 1, 2018

This year brought about some changes for the Office of Women’s Health and the Women’s Health Advisory Council. The Program Manager, Tina Goodwin, accepted another position within DHHS after many years in the program and a number of long-term council members termed out. The Office also added on some additional work by taking on another Governor-appointed Council-Nebraska Palliative Care Advisory Council.

Program staff continued to work on priority areas identified by the Women’s Health Advisory Council, while collaborating with internal partners invested in making a difference in the health and well-being of all Nebraskans. Some of those collaborations included: PRAMS (Pregnancy Risk Assessment and Monitoring System), the Maternal Child and Adolescent Health Program, Reproductive Health, The Office of Community Health & Performance Management and the Office of Health Disparities and Health Equity.

The data for this report was taken from a number of sources and shows areas of progress and decline in some aspects of women's health.

It remains the goal of the Office of Women’s Health to help women of all ages in Nebraska lead healthier lives, with the overall goal of helping all Nebraskans live healthier lives.

Sincerely,



Shirley Pickens White, Program Manager
Office of Women’s Health Initiatives
Nebraska Department of Health and Human Services-Division of Public Health

Acknowledgements

Nebraska Department of Health and Human Services

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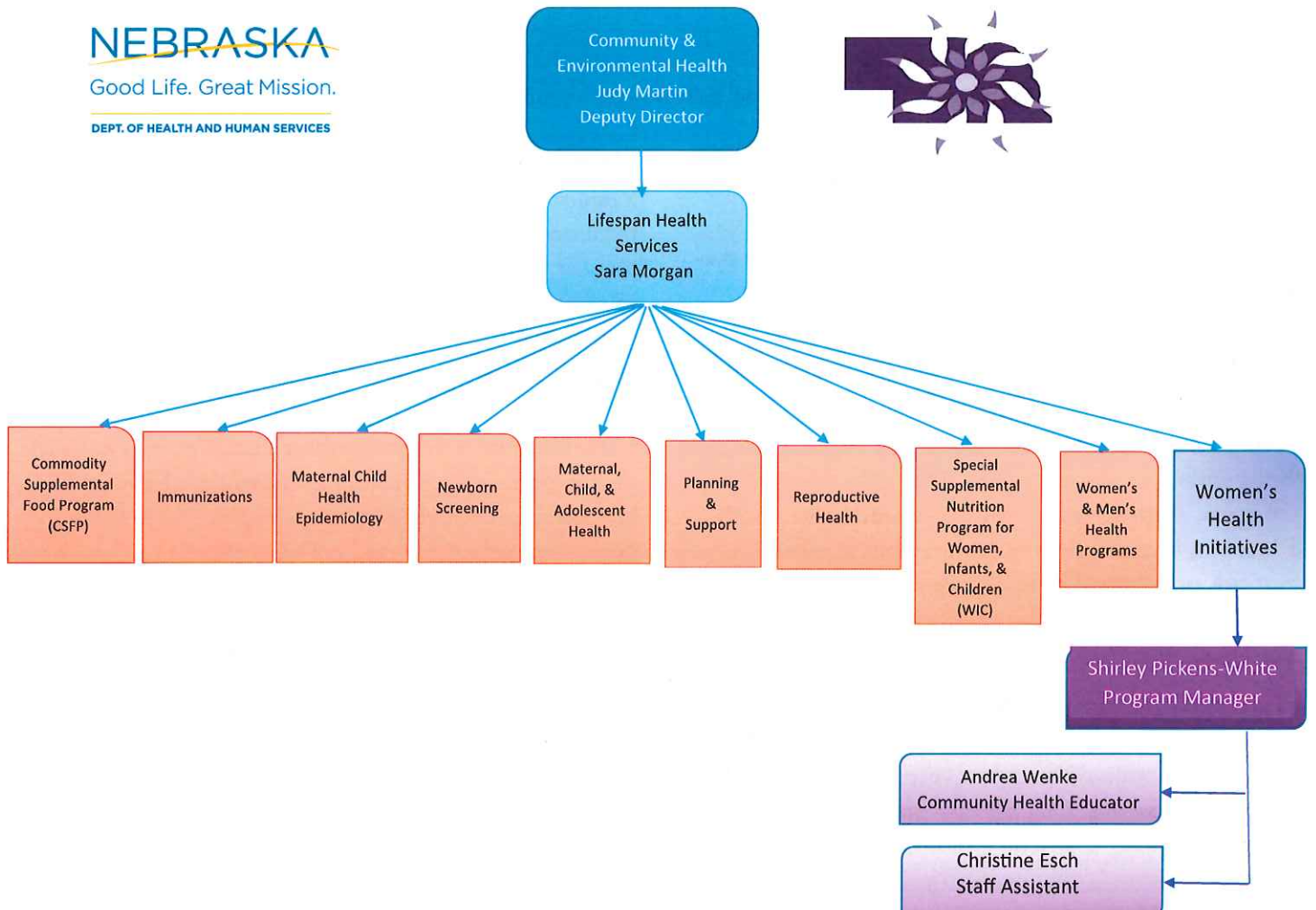
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DHHS Women's Health Initiatives Organizational Chart



Women's Health Initiatives of Nebraska State Statute Duties

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 clinics provide reproductive health education and comprehensive medical services that are an integral part of prevention and good health. <http://dhhs.ne.gov/publichealth/Pages/reproductivehealth.aspx>

- **Health Disparities and Health Equity** works to improve health outcomes for Nebraska's culturally diverse populations through a vision of health equity for all Nebraskans. Our priority populations are racial ethnic minorities, American Indians, refugees and immigrants. http://dhhs.ne.gov/publichealth/Pages/healthdisparities_index.aspx

- **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 and 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>

- **The Nebraska Breastfeeding Coalition** is a network of partners dedicated to improving the health of Nebraskans by making breastfeeding the norm through education, advocacy and collaboration. <http://nebreastfeeding.org/>

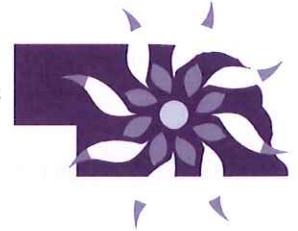
- **Women's and Men's Health Programs** provide preventative health screenings, and public health education services to qualified Nebraska residents between the ages of 40 and seventy-four.
Women's Health: <http://dhhs.ne.gov/publichealth/WMHealth/Pages/Home.aspx>
Men's Health: http://dhhs.ne.gov/publichealth/Pages/hew_menshealth_index.aspx

Women's Health Advisory Council

COUNCIL PURPOSE: The purpose of the Council shall be to advise and serve as a resource for Nebraska Department of 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 formed the following committees to address priority areas identified through its strategic planning process:

Legislative: This committee reviewed introduced legislation related to women's health. Bills that were supported by the Council during the 2018 session included:



- LB701 Amends the Uniform Credentialing Act to establish a physician-patient relationship through telehealth without the requirement for an initial face-to-face visit
- LB770 Change provisions related to the Supplemental Nutrition Assistance Program
- LB838 Change provisions related to the Indoor Tanning Facility Act
- LB985 Provide for state funding of prenatal care under the medical assistance program

Mental Health: This committee:

- Reviewed and discussed the University of Pittsburgh School of Medicine's "Social Media and Depression Among Adults" study, and considered how to incorporate study's findings into policy.
- Discussed prevalence of social media and its affect on the mental health of girls and women.
- Considered a partnership with the Nutrition and Health Weight group to focus on link between obesity and depression.

Nutrition and Healthy Weight: This committee discussed:

- The prevalence of obesity and depression among women.
- Creating resources to educate young women about non-dairy sources of calcium.
- At risk population for osteoporosis in Nebraska.

Advanced Directives: This committee:

- Continued discussion on developing effective education materials to inform and encourage women, and health care professionals about end-of-life decision making.
- Is shifting its focus from Advanced Directives to Healthy Aging.

Sexual Health: This committee discussed:

- Nebraska school participation in the CDC's Youth Risk Behavior Study.
- Nebraska's anti-bullying statute, specific school policies and the need for staff training.
- Cyber-bullying and sexual aggression.



The following speakers addressed a variety of topics pertinent to the Council's priority areas:
Dr. Charles Craft, DHHS Dental Health Director, "Nebraska State Oral Health Assessment."
Marissa Kluk, DHHS Health Data Coordinator, "State Targeted Response to the Opioid Crisis."
Jessica Seberger, DHHS PRAMS Program Coordinator, "Binge Drinking and Maternal Health."

Continued...

Council continued...

Health Equity: This committee discussed:

- Addressing pre-term birth risk factors for African American and Hispanic women.
- Medicaid and insurance coverage for pre-term birth interventions (17-P).
- How to utilize pregnancy monitoring system (PRAMS) and MCO's to address gaps in coverage.

Click [HERE](#) to visit the Council's webpage.

2017-2018 Meetings

- September 13, 2017
Mahoney State Park, Ashland
- January 10, 2018
Mahoney State Park, Ashland
- May 9, 2018
Mahoney State Park, Ashland

Council Members, September 2017-June 2018

Chair: Heidi Woodard, BA, BS
Vice Chair: Mary Larsen, Omaha

Nicole Barbour, BA, Omaha
 Shirley Blanchard, PhD, Omaha
 Robert Drvol, MD, Omaha
 Paraskevi Farazi, MD, Omaha
 Kristine Follett, MSN, Lincoln
 Elizabeth Hardy, MSN, Hastings
 Ashley Kassmeier, BS, Gretna
 Brenda McIntosh, BS, Nebraska City
 Marcia Merboth, RN, Lincoln

Barbara Moffatt, BS, Hastings
 Elizabeth Mollard, APRN, Lincoln
 Sara Morgan, MS, Lincoln
 Audrey Paulman, MD, Omaha
 Jina Ragland, BS, Lincoln
 Judy Reimer, RN, Hastings
 Terra Uhing, MS, Fremont
 Tom Williams, MD, Lincoln
 Ellen Zoeller, BA, BS, Lincoln

Women's Health Initiatives 2017 - 2018 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:

Maternal Behavioral Health Conference: Staff participated in the planning of the Third Annual "2018 Current practices of Maternal Behavioral Health Conference."

SHIP (State Health Improvement Plan, 2017-2021): Continued participation in SHIP, which is a "Statewide Plan for Public Health Partners and Stakeholders to Improve the Health of Nebraskans." Priorities include: Obesity, Health Equity, Depression, Suicide and Stigma, Health Systems Integration, Healthcare Utilization and Access. Click [HERE](#) to access the SHIP Plan.

Palliative Care: Provided support and technical assistance to the newly created Palliative Care Council. The Council was mandated by the Nebraska Legislature to educate the public about what palliative care is and its benefits. The Council is made up of experts and stakeholders. Women's Health Initiatives created a public [website](#) as part of the mandate.

Breastfeeding Coalition: In collaboration with the [Coalition](#), WHI provided technical support, advocacy, outreach and support to NE employers and employees in their efforts to accommodate breastfeeding women in the workplace.



Activities continued...

Division of Public Health (DPH) Strategic Plan: Health Equity, priorities include: Equity in all Policies, Training and Tools, CLAS (Culturally & Linguistically Appropriate Services) Agreements, and Evidence-Based Practices. DPH Strategic Plan - Culture and Communication: Priorities include: Respectful Environment and Culture, Well Rounded Workforce, Consistent Information Exchange, Employee Engagement, and the New Normal. Click [HERE](#) to access the DPH Plan.



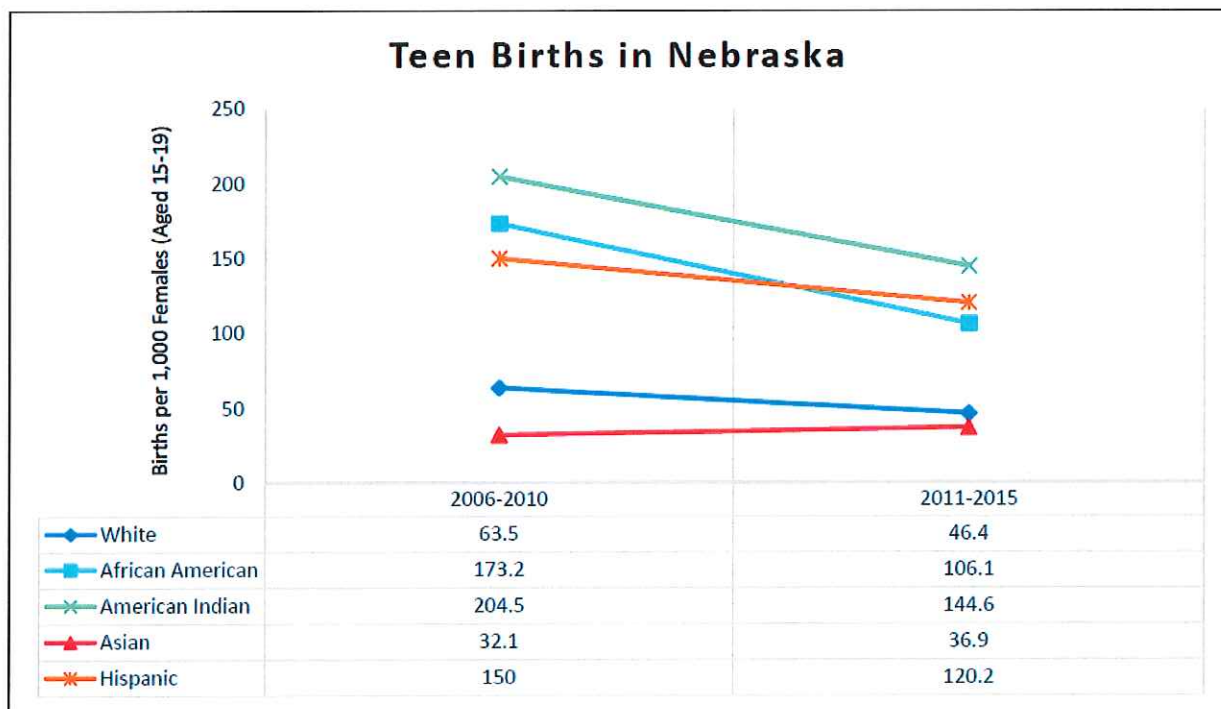
United States Department of Health and Human Services, Office of Women's Health: Participated in quarterly conference calls with Region VII Learning Community (Iowa, Kansas, Missouri and NE) to discuss regional events and issues around women's health.

Perinatal Depression: Staff from WHI, PRAMS and Adolescent Health attended the Community Health Endowment of Lincoln's panel on maternal depression and discussed partnership opportunities to address mental health and pregnancy.

Title V Steering Committee: The Title V Maternal Child Health State Action Plan is a partnership between multiple Lifespan Health programs, including WHI and Nebraska Reproductive Health. An identified priority of the Title V work is to increase well-woman visits for woman of child-bearing age and to reduce the sexually transmitted diseases in the same age group. The Committee is working to address these priorities.

Sexual Assault Prevention Advisory Council: Invited to participate in the development of the Sexual Violence Prevention State Plan.

Support for Pregnant and Parenting Teens: WHI is the lead on this two-year project. The project will serve pregnant and parenting youth with a strong focus on those with foster care experience.



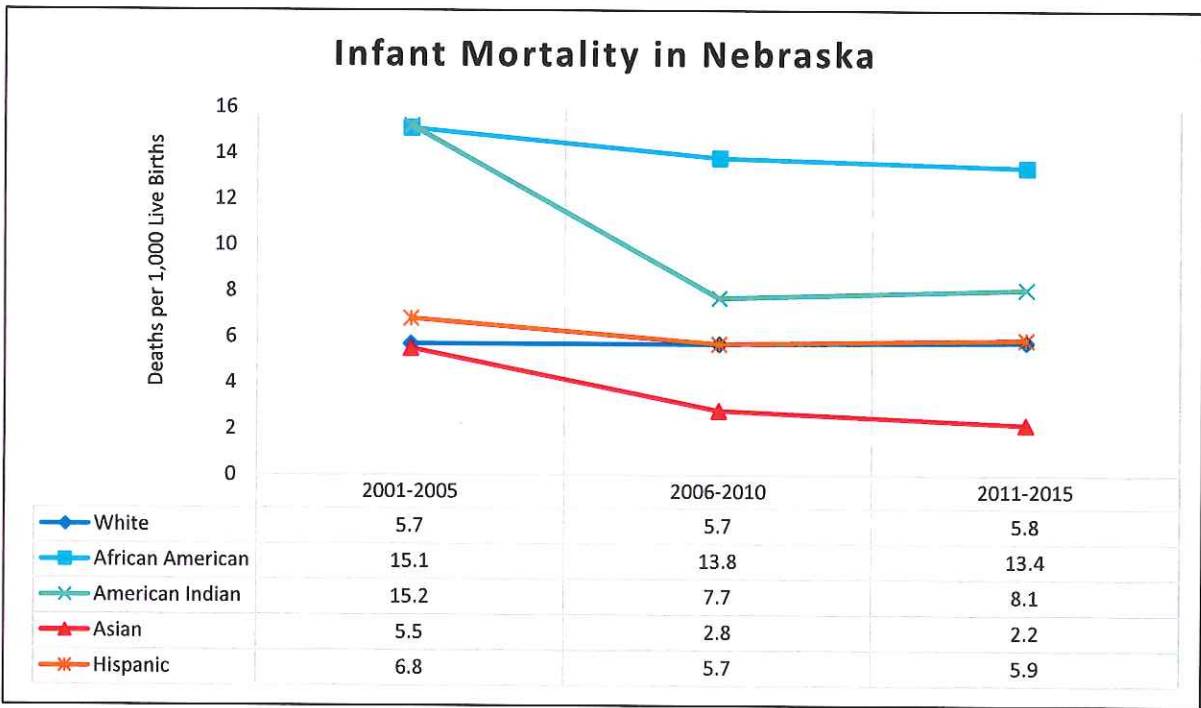
* Graph provided by NE Office of Health Disparities and Health Equity

Source: Nebraska DHHS Vital Statistics, Birth Certificates, 2006 – 2015

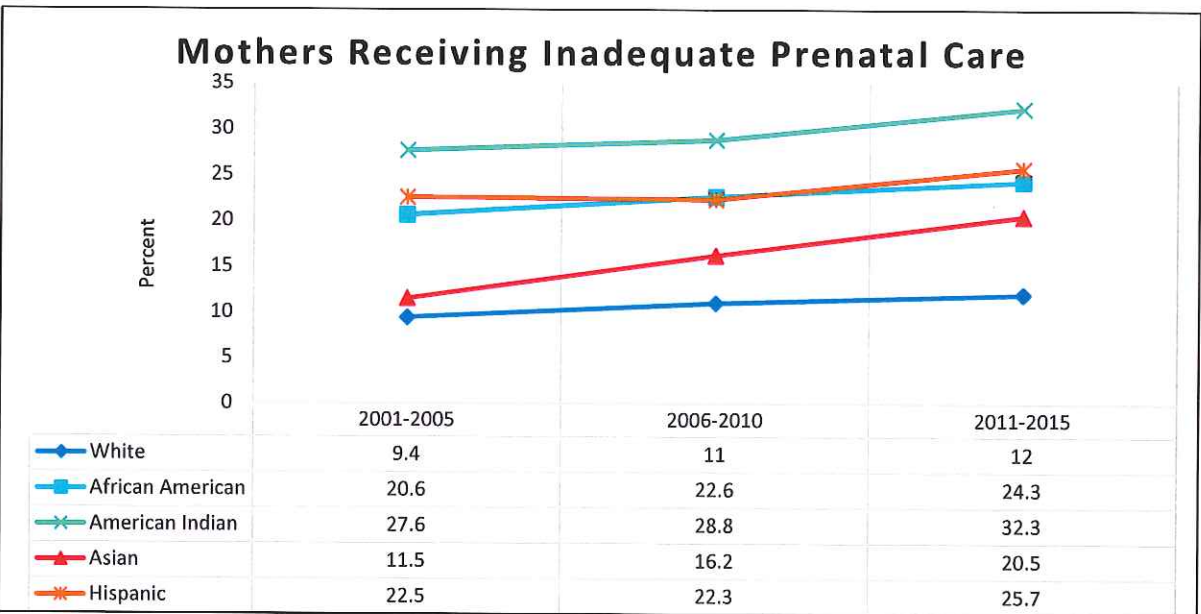
Emerging Issues and Trends in Women's Health

Improving Birth Outcomes for Nebraska Babies

Women's Health Initiatives staff researches, monitors and reports on emerging trends in women's health. Recently, DHHS unveiled a new set of health priorities for the current fiscal year as part of its annual business plan. The plan includes a focus on improving birth outcomes. In partnership with Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS), Women's Health Initiatives and NE Office of Health Disparities and Health Equity the following is a snapshot of birth outcomes in Nebraska:



SOURCE: NE DHHS Vital Statistics, 2001-2015



SOURCE: NE DHHS Vital Statistics, 2001-2015



Prenatal Visits and Mental Health

Twenty-two percent of Nebraska mothers reported binge drinking right before becoming pregnant and 10.3% of pregnant women reported seeking help for depression during pregnancy, according to the 2015 Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS). The PRAMS Prenatal Care Work Group developed the 2018 Screening Resource Infographic to assist health care providers who serve pregnant women with appropriate behavioral health and substance abuse screenings and referrals. The majority of health care providers address these serious issues with expectant mothers, but between 30 and 47% of providers aren't discussing smoking, drug use and physical abuse with their patients, according to PRAMS. To access this resource online, please click [HERE](#).

NE PRAMS Data :: Recommended Screenings :: Referral Resources



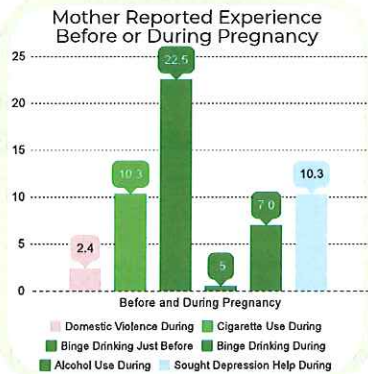
Developed by the Nebraska PRAMS Prenatal Care Work Group www.dhhs.ne.gov/prams

Prenatal care visits are an important place to assess mental and physical health.

Women experiencing depression, substance use, or domestic violence benefit from referrals provided during prenatal care visits.

Regardless of income, race, appearance, etc. All women have the potential to experience these issues.

Assessing risk and providing critical referrals for care can provide women with opportunities to safely prepare their world for their new baby.



ALL women should be screened.

During prenatal care visits, mothers had conversations with providers. During these conversations, mothers reported that...

- 52.5% of providers talked about physical abuse
- 64.2% of providers talked about illegal drugs
- 70.0% of providers talked about smoking
- 72.1% of providers talked about drinking alcohol
- 77.2% of providers talked about depression

Source: Nebraska 2015 Pregnancy Risk Assessment Monitoring System

Recommended Prenatal Care Screenings

Depression

Center for Epidemiological Studies Depression Scale - Revised (CES-D RI)

Antenatal Risk Questionnaire (ANRQ)

Edinburgh Postnatal Depression Scale (EPDS)

Domestic Violence

Abuse Assessment Screen

Antenatal Risk Questionnaire (ANRQ)*
*Should be used with the EPDS

*Brain Injury can be assessed using the HELPS TBI screening tool

Substance Use

Alcohol Use Disorders Identification Test - C (AUDIT-C)

Drug Abuse Screen Test (DAST-10)

Screenings should be done with adequate systems in place to ensure accurate diagnosis, effective referrals and treatment, and appropriate follow-up are available to all women.²

Hyperlinks to these screening tools can be accessed at http://dhhs.ne.gov/publichealth/Pages/prams_reports.aspx

¹ This screening is appropriate for use before or after a woman gives birth. It is recommended to be completed before and after birth. (Ideal use of this screening tool for postnatal women is 8-12 weeks after birth.)
² U.S. Preventive Services Task Force. July 2017. "Published Recommendations" <https://www.uspreventiveservicestaskforce.org/AboutDSTF/index>

Referral Resources in Nebraska

Nebraska is large and available services vary by location. These resources can provide information about the services available in your area.

Healthy Mothers, Healthy Babies Helpline
1-800-862-1889



Nebraska Rural Response Hotline
1-800-464-0258

Nebraska Behavioral Health Network of Care
http://dhhs.ne.gov/behavioral_health/Pages/networkofcare_index.aspx

Network of Care

NEBRASKA FAMILY HELPLINE
Any Problem. Any Time.
1-888-866-8660

A woman's health can be severely impacted by these issues before, during, and after pregnancy.

Providing referrals for care may be **life saving.**

Don't forget to do these screenings at the postpartum visit too!

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This resource is designed for health staff who have contact with pregnant women.

Developed: February 2018

Sexual and Domestic Violence in Nebraska

During the most recent reporting year (2016-2017), the Nebraska Department of Health and Human Services granted \$387,240 to the Nebraska Coalition to End Sexual and Domestic Violence. The Coalition supports victims, survivors and implements programming to prevent domestic and sexual violence as well as works to hold perpetrators accountable. Local domestic and sexual violence programs worked tirelessly to assist victims and survivors.

Specific funding sources from NE DHHS include:

- Rape Prevention and Education: \$229,670
- Protection and Safety: \$71,925
- Preventive Health and Health Services: \$85,645



NEBRASKA COALITION
TO END SEXUAL AND DOMESTIC VIOLENCE

* The Coalition also receives funding from the Nebraska Crime Commission, the U.S. Dept. of Justice, U.S. Dept. of Health and Human Services, as well as private funders.

2017 Demographics

Total People Served 17,300

Services By Gender

Adult Female	11,565
Adult Male	1,308
Children/Youth	3,904
Gender Undisclosed	793

Services By Age

0-17 yrs	2,754
18-24 yrs	1,975
25-59 yrs	8,677
60+ yrs	345
Age Undisclosed	3,549



Services By Race/Ethnicity

Caucasian	8,184
Undisclosed	4,472
Hispanic/Latino	2,425
African American	1,447
American Indian/ Alaska Native	607
Asian	130
Pacific Islander	35

* This report includes the statistics provided to the Nebraska Coalition to End Sexual and Domestic Violence by local domestic and sexual violence programs. These numbers reflect only the services provided by the program. They do not include services provided to victims/survivors by other agencies (i.e., police, medical). Therefore, this information should be seen as a conservative estimate. The actual number of victims, services and services provided in Nebraska is likely to be much greater.

** Some survivors may have identified as more than one ethnicity.

Impact of Violence on Victims/Survivors

 MENTAL/EMOTIONAL	 PHYSICAL	 BEHAVIORAL
<ul style="list-style-type: none"> • Depression, anxiety and PTSD • Fatigue, nightmares • Extreme emotional stress, including anger, fear, sadness, embarrassment • Distrust of themselves and others • Memory loss 	<ul style="list-style-type: none"> • Chronic pain • Digestive problems • Brain injuries • Injuries • STDs/unintended pregnancy 	<ul style="list-style-type: none"> • Tardiness • Self-harm • Substance abuse • Inability to concentrate • Changes in eating or sleeping • Easily startled

SOURCE: Women's Fund of Omaha

Nebraska Women's Health Profile

The following charts are from the [U.S. Dept. of Women's Health](#) and the NE [Office of Health Disparities](#) and include a selection of the most recent data sets on demographics, mortality, breast cancer and behavioral risk factors. The data comes from multiple sources, including NE [DHHS Vital Statistics](#), the [Centers for Disease Control and Prevention](#) (CDC), and the [U.S. Census Bureau](#).

Nebraska - Women's and Girls' Health

Population in Nebraska

Total state female population*: 956,445

Racial Distributions of female Residents	Black, non-Hispanic	White, non-Hispanic	American Indian or Alaska Native	Asian or Pacific Islander	Hispanic
Population	46,075	850,971	13,617	24,248	97,335

Sources: 2016, U.S. Census Bureau and NCHS. *Racial/ethnic groups may not sum to total because American Indian/Alaska Native and Asian/Pacific Islander groups include both Hispanic and non-Hispanic females.

Mortality

Cause of Death	Age-Adjusted Death Rates (per 100,000 women)
Malignant neoplasm	136.2
Heart Disease	122.1
Chronic lower respiratory diseases	45.0
Cerebrovascular diseases	32.1
Alzheimer's disease	28.1
Accidents (unintentional injury)	25.6
Diabetes mellitus	21.3
Influenza and pneumonia	15.3
Nephritis, nephrotic syndrome and nephrosis	9.1
Intentional self-harm (suicide)	4.9

Source: 2015, NCHS National Vital Statistics System

Age-adjusted death rates are weighted averages of the age-specific death rates, where the weights represent a fixed population by age.

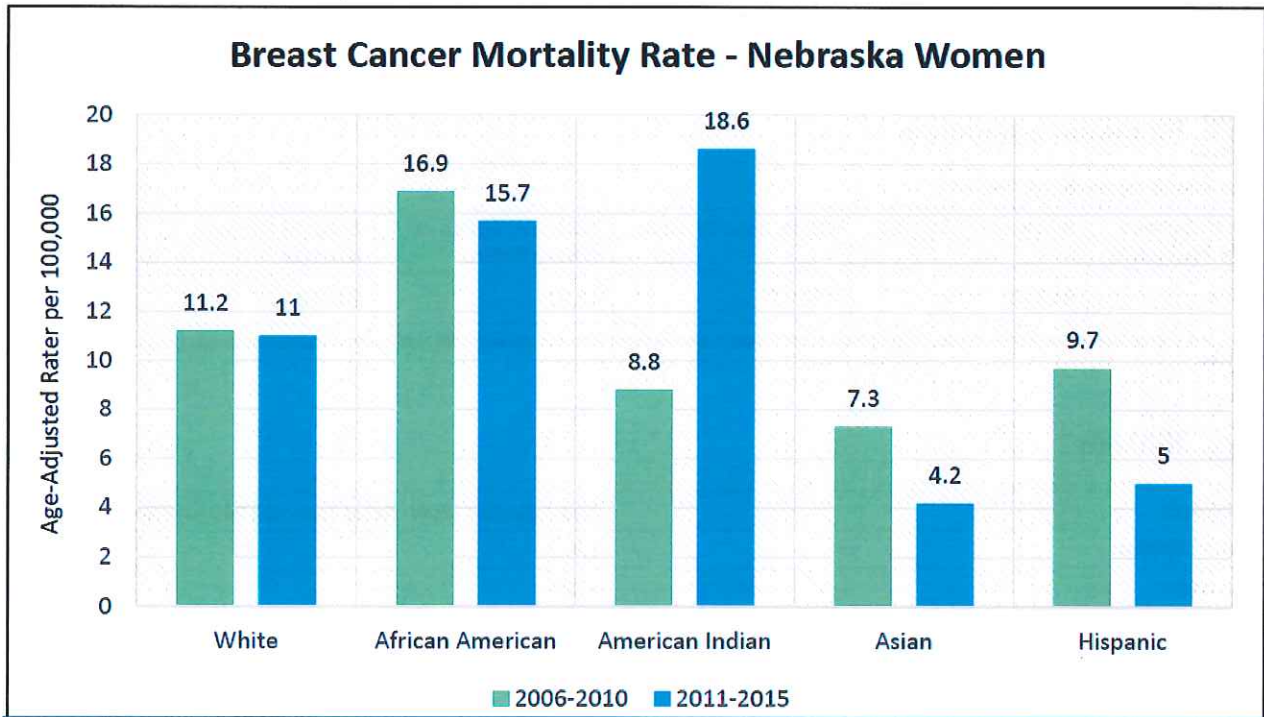
Cancer Statistics

Cancer Site	Incidence Crude Rates (per 100,000 women)	Mortality Crude Rates (per 100,000 women)
Breast	145.0	26.6
Lung and Bronchus	58.6	40.2
Colon and Rectum	43.6	17.4
Melanoma of the Skin	24.6	Unreliable
Cervix	8.5	2.6
Ovary	13.8	8.3
Uterus	30.9	3.0

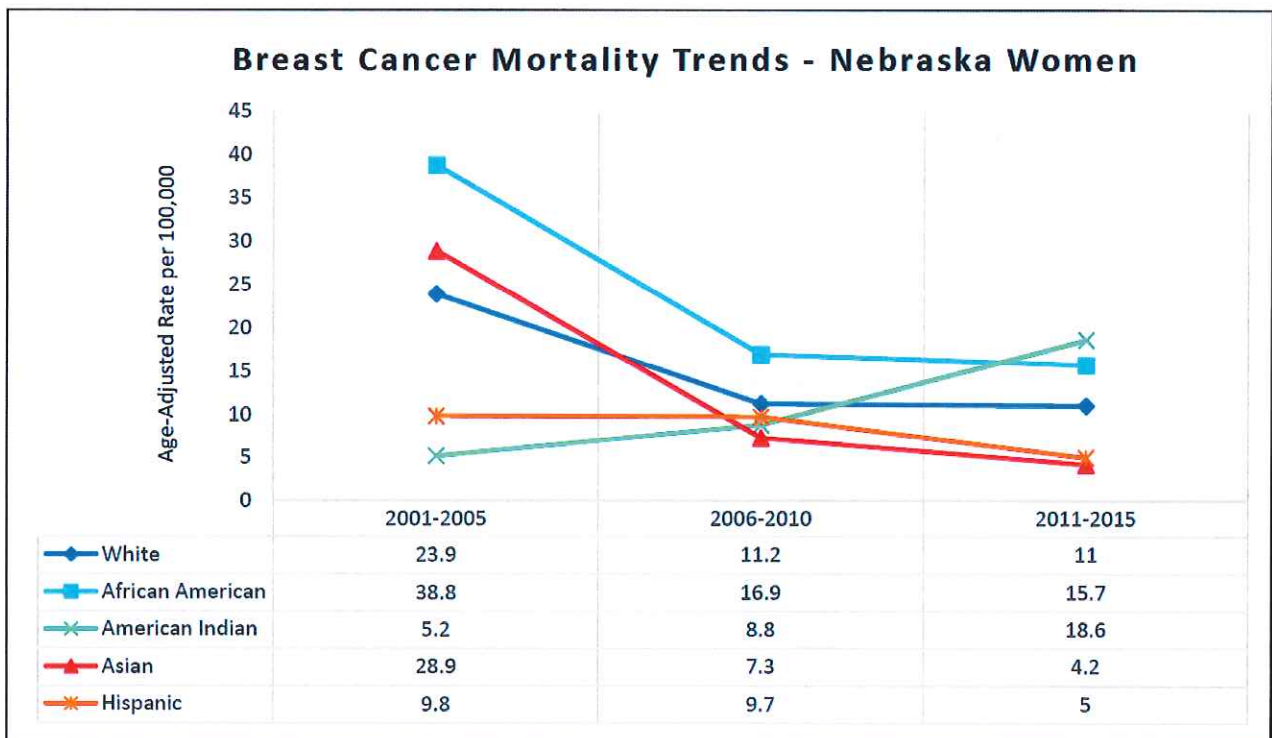
Sources: 2014, NPCR Cancer Statistics

Breast Cancer Profile - Health Disparities

Breast cancer among American Indian women increased by a rate of 9.8 per 100,000 women between 2010 and 2015, according to [NE DHHS Vital Statistics](#). American Indian women are twice as likely to die from breast cancer as their white peers. Breast Cancer rates decreased significantly in Asian and Hispanic women and showed improvement among African American women, but rates essentially stayed the same for white women.



SOURCE: Nebraska DHHS Vital Statistics Death Certificates, 2006 - 2015





Behavioral Risk Factors - Nebraska Women

Survey Question	Percentage (Women)
Obese (Body Mass Index 30.0 - 99.8)	29.8%
Adults who are current smokers	15.8%
Women who are heavy drinkers (having more than 7 drinks per week)	4.6%
Participated in 150 minutes or more of Aerobic Physical Activity per week	51.4%

Source: 2015, CDC BRFSS

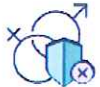


Teen Health - Nebraska Girls

Survey Question	Percentage (Girls)
Currently use alcohol	27.2%
Currently use cigarettes	7.0%
Currently used electronic vapor products	34.2%
Currently use marijuana	13.0%
Currently sexually active	20.8%
Attempted suicide	9.8%
Overweight	17.5%
Obese	12.1%

Sources: 2017, YRBS

Nearly 10% of NE teen girls attempted suicide in 2017, which is a 2.2% increase since 2013. The NE percentage is slightly higher than the overall percent for teen girls in the US, which was 9.4% in 2017. Another concerning behavioral risk factor among NE youth is that 27.2% of teen girls report drinking alcohol on a regular basis, according to the Youth Risk Behavior Survey (YRBS).



Sexually Transmitted Infections

Disease	Total Rates (per 100,000 women)
Chlamydia	572.6
Gonorrhea	92.1
Primary and Secondary Syphilis	Suppressed
Early Latent Syphilis	Not applicable

Source: 2015, Estimated Data from the CDC NCHHSTP Atlas



HIV/AIDS

Indicator	Total Rates (per 100,000 women)
AIDS Diagnoses	1.7
AIDS Deaths*	0.3
AIDS Prevalence*	29.8
HIV Diagnoses	1.5
HIV Deaths*	0.4
HIV Prevalence*	60.1

Source: 2015, Estimated Data from the CDC NCHHSTP Atlas, *2014

