

2018 - 2019

**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/WHI](http://www.dhhs.ne.gov/WHI)



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

## Acknowledgments

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Women's Health Initiatives

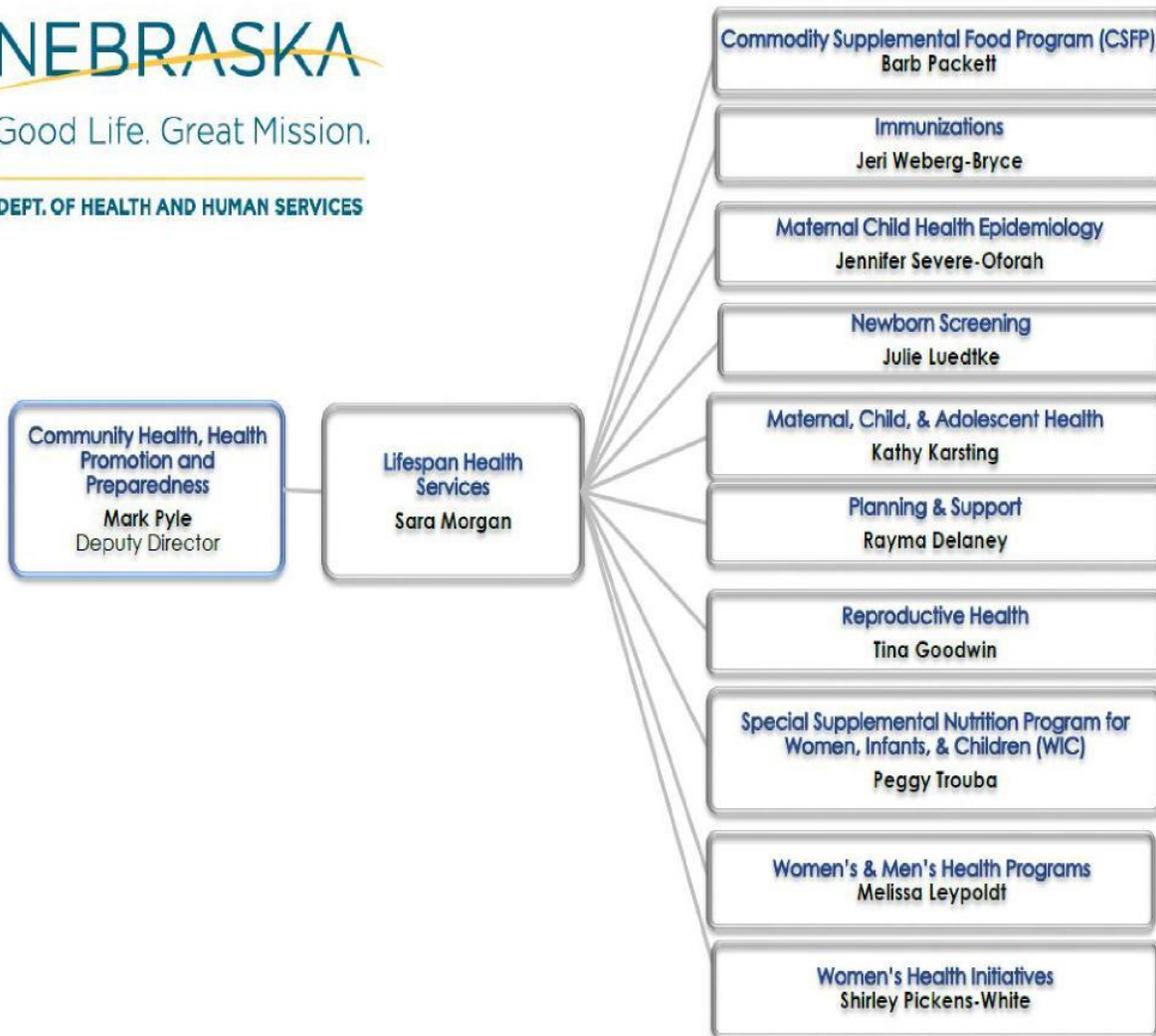
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## DHHS Lifespan Health Services Organizational Chart



## 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 continues to collaborate with these, and other women's health programs:

[Nebraska Pregnancy Risk Assessment Monitoring System](#) (PRAMS), is a 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

[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.

Nebraska Reproductive Health works with providers to assist patients to determine the number and spacing of their children, to access preventative reproductive health care and to decrease the incidence and repercussions of STD's/HIV.

[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. The priority populations are racial and ethnic minorities, American Indians, refugees and immigrants.

[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.

[The Office of Population Affairs](#) (OPA) administers the Title X family planning program, the Teen Pregnancy Prevention program, and the Pregnancy Assistance Fund program. OPA advises the Secretary and the Assistant Secretary for Health on a wide range of topics, including adolescent health, family planning, sterilization, and other population issues.

## 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.

**The Legislative Committee** reviewed introduced legislation and determined that the following were 2019 priority bills:

- [LB170](#): Provide a sales and use tax exemption for feminine hygiene products
- [LB249](#): Change the statute of limitations for civil actions arising from a sexual assault
- [LB311](#): Adopt the Paid Family and Medical Leave Insurance Act
- [LB498](#): Provide for medical assistance coverage of family planning services as prescribed



The following are additional bills that the legislative committee tracked:

- [LB13](#): Provide a sales tax exemption for breast pumps and related supplies and exempt breast-feeding from public indecency offenses
- [LB140](#): Change provisions relating to the Indoor Tanning Facility Act
- [LB247](#): Adopt the Advance Mental Health Care Directives Act
- [LB519](#): Change statutes of limitations for certain sexual and trafficking offenses and authorize interception of communications relating to such offenses
- [LB709](#): Provide for a place to express breast milk in the State Capitol

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

**Council Members**, September 2018-June 2019

### 2018-2019 Meetings

09/12/18, Carol Joy Holling Center, Ashland  
 01/09/19, Carol Joy Holling Center, Ashland  
 04/03/19, Carol Joy Holling Center, Ashland

#### **Chair: Mary Larsen, Omaha**

Shirley Blanchard, PHD, Omaha  
 Libby Crocket, MD, Omaha  
 Cynthia Cusick, MSW, Omaha  
 Robert Drvol, MD, Omaha  
 Paraskevi, Farazi, PHD, Omaha  
 Kristine Follett, MSN, Lincoln  
 Christine Guenther, BSN, RN, Omaha  
 Elizabeth Hardy, RN, Hastings

Ashley Kassimeier, Gretna  
 Brenda McIntosh, BS, Nebraska City  
 Marcia Merboth, RN, Lincoln  
 Barbara "Babz" Moffatt, BS, Hastings  
 Elizabeth Mollard, MSN, PhD, Lincoln  
 Sara Morgan, MS, Lincoln  
 Audrey Paulman, MD, Omaha  
 Terra Uhing, MS, Fremont  
 Ellen Zoeller BA, BS Lincoln

Women's Health Initiatives (WHI) teammates and partners continued to develop new working relationships and enhance existing ones to promote women's health. WHI teammates participated in the following:

- "Improving Birth Outcomes Initiative Focus Group" and reviewed current data and information related to birth outcomes, and provided input into a formal plan.
- "Data Utilization Community of Practice," which is intended to connect data practitioners, provide an opportunity to explore data dilemmas together and to look at how to shift the narrative around data utilization in Nebraska.
- "Bring Up Nebraska" workgroup for pregnant/parenting young adults. "Bring Up Nebraska" is a community-led effort, instead of the usual "top down" approach to prevention services.
- "Title V CLAS and Literacy Standards Leadership Team," which was created for the purpose of advancing adoption of culturally- and linguistically-appropriate services (CLAS) and literacy practices in order to serve increasingly diverse communities with effective, customer-centered services.
- "Nebraska Suicide Prevention Summit" – an update on suicide prevention work in the Midwest, information about sustainability of best practices, roundtable discussions on important topics such as expanding postvention and means restriction and the chance to plan for the future of suicide prevention in Nebraska.
- "PRAMS Steering Committee," which is a multi-disciplinary team comprised of staff from DHHS and community partners that provides input on questionnaire content, uses and dissemination of data, and other issues.
- Minority Health Conference. The conference focused on leveraging innovation in care delivery, delivering high quality services, increasing quality care for special populations, and bridging gaps to ensure equitable care.
- Providing support and technical assistance to the 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. WHI created a public website as part of the mandate.
- "Title V Maternal Child Health State Action Plan," which is a partnership between multiple Lifespan Health programs, including WHI and Nebraska Reproductive Health. WHI is the lead on one of the identified priority areas of the Title V work to increase well-woman visits for women of child-bearing age and to reduce the rate of sexually transmitted diseases in the same age group.
- "Ninety-Day Public Health Projects" including Data Portal Readiness, and DHHS Communication Policy. The Projects are part of the State Health Improvement Project (SHIP).
- Led the "Support for Pregnant and Parenting Teens" two-year grant. The project will serve pregnant and parenting youth with a strong focus on those with foster care experience.

## Emerging Issues and Trends in Women's Health

Women's Health Initiatives teammates research, monitor and report on emerging trends in women's health.

### The Big Number: 35-inch or Larger Waist Linked to Increased Health Risks in Older Women

Linda Searing, The Washington Post, August 5, 2019

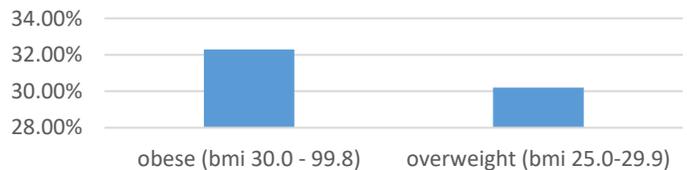
A woman's body shape, and not just her weight, may have an impact on her health. Women with a waist circumference of 35 inches (88 centimeters) or more face an increased risk for obesity-related health issues, including premature death, according to new research culled from a long-term study conducted by the [Women's Health Initiative](#), a national non-profit health organization. And that was even if a woman's weight or body mass index (BMI) was within a normal range.

Post-menopausal women with excess fat in their midsection - known as central obesity and sometimes referred to as an apple shape - were 31 percent more likely to die prematurely, including from cardiovascular disease and obesity-related cancer, than were normal-weight women who did not have extra belly fat. That risk was considered comparable to the risk faced by someone deemed obese by BMI standards. The results, published in the journal [JAMA Network Open](#), were based on data that tracked the health of 156,624 postmenopausal women for more than two decades. Whether the findings apply to younger women or to men was not tested. A commentary published along with the study says the findings serve as "a reminder that the scale is not everything" and that people with a low BMI are not automatically fit and at low risk. Rather, where fat accumulates on your body can affect your health.

### Breastfeeding Report Card, CDC 2018

Breastfeeding, with its many known health benefits for infants, children, and mothers, is a key strategy to improve public health. The American Academy of Pediatrics recommends that infants be exclusively breastfed for about the first 6 months with continued breastfeeding alongside introduction of complementary foods for at least 1 year. To track our nation's progress on achieving the Healthy People 2020 goals, CDC's 2018 Breastfeeding Report Card provides a compilation of data on breastfeeding practices and supports in all states, the District of Columbia (DC), Puerto Rico, Guam, and the US Virgin Islands.

Percent of Nebraska Women (2018) Who Are Overweight (Weight classification by Body Mass Index (BMI))



SOURCE: [Health Information Gateway, U.S. DHHS](#)

Breastfeeding Rates among Infants Born in 2015\*/ Percentage of Live Births Occurring at Baby-Friendly Facilities, 2018†

State/Territory	Ever breastfed	Breastfeeding at 6 months	Breastfeeding at 12 months	Exclusive breastfeeding through 3 months	Exclusive breastfeeding through 6 months	Breastfed infants receiving formula before 2 days of age	Live births occurring at Baby-Friendly facilities, 2018
US National <sup>§</sup>	83.2	57.6	35.9	46.9	24.9	17.2	26.1
Nebraska	82.2	57.0	40.2	46.7	25.4	17.5	12.8

## The STATE of STDs in NEBRASKA



in 2018

THE NATION EXPERIENCES STEEP AND SUSTAINED STD INCREASES.



**8,084**  
CASES OF CHLAMYDIA  
1.7% decrease since 2016



**2,719**  
CASES OF GONORRHEA  
23% increase since 2016



**156**  
CASES OF SYPHILIS  
28% increase since 2016

LEARN MORE AT: [www.cdc.gov/std/](http://www.cdc.gov/std/)

Anyone who has sex is at risk, but some groups are more affected

- Young People Aged 15-24
- Gay & Bisexual Men
- Pregnant Women

### LEFT UNTREATED, STDs CAN CAUSE:



INCREASED RISK OF GIVING OR GETTING HIV



LONG-TERM PELVIC/ABDOMINAL PAIN



INABILITY TO GET PREGNANT OR PREGNANCY COMPLICATIONS

### HELP INTERRUPT THE STEADY CLIMB IN STDs WITH THESE THREE STEPS:

**TALK**

Talk openly about STDs with your partners & healthcare providers.

**TEST**

Get tested. It's the only way to know if you have an STD.

**TREAT**

If you have an STD, work with your provider to get the right medicine.

Condition	2016		2017		2018	
	Male	Female	Male	Female	Male	Female
Chlamydia	2661	5561	2933	5681	2805	5279
Gonorrhea	1100	1059	1379	1287	1408	1311
Syphilis	79	8	62	8	138	18
HIV	Men	Women	Men	Women	Men	Women
New Cases	42	15	51	16	42	7
Living w/ HIV 2018					1,341	541

SOURCES: [DHHS Vital Statistics](https://www.dhhs.gov/vital-statistics/)  
[Division of Public Health - Epidemiology and Informatics Unit](https://www.dhhs.gov/division-of-public-health-epidemiology-and-informatics-unit/)

#### How Nebraska Ranks Nationally:

Chlamydia: Rank 34, Cases: 8,595, Rate 450.7 (per 100,000 people)  
Gonorrhea: Rank 30, Cases: 2,653, Rate: 139.1 (per 100,000 people)  
HIV: Rank 47, Cases 43, Rate 2.3 (per 100,000 people)

An increase in STD cases can often be attributed to increased screening tests, and there is a steady increase of STD cases among males, while cases of Chlamydia in females have slightly decreased during 2016-2018. Gonorrhea and Syphilis cases continued to increase in 2018.

SOURCE: <https://www.cdc.gov/std/default.htm>

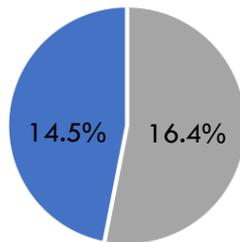
In pregnant women, Gonorrhea can cause blindness, joint infections and blood infections to the baby; a pregnant woman with Chlamydia can pass the infection to the baby which can cause pneumonia in newborns and pre-term delivery, according to the Centers for Disease Control. Both Chlamydia and Gonorrhea are curable with the correct treatment.

## 2018 Nebraska Population Estimates

Ethnicity	Race	Female	Male	Total
Non-Hispanic	American Indian or Alaska Native	9,151	8,665	17,816
Non-Hispanic	Asian or Pacific Islander	28,180	27,018	55,198
Non-Hispanic	Black or African American	51,467	54,571	106,038
Non-Hispanic	White	773,812	760,532	1,534,344
<b>TOTAL Non-Hispanic</b>		<b>862,610</b>	<b>850,786</b>	<b>1,713,396</b>
Hispanic or Latino	American Indian or Alaska Native	6,641	7,165	13,806
Hispanic or Latino	Asian or Pacific Islander	1,535	1,707	3,242
Hispanic or Latino	Black or African American	3,474	3,857	7,331
Hispanic or Latino	White	91,626	99,867	191,493
<b>TOTAL Hispanic</b>		<b>103,276</b>	<b>112,596</b>	<b>215,872</b>

SOURCE: [Health Information Gateway, U.S. DHHS](#)

### Smoking in Nebraska, 2018



■ Nebraska Adults Who Currently Smoke ■ Men ■ Women

SOURCE: [Health Information Gateway, U.S. DHHS](#)

### DHHS Breast and Cervical Cancer Screening Program

#### 2018-2019 [Every Woman Matters](#) Screening Data

1,336 Women screened in the program
907 Mammograms performed
49 Breast Cancers diagnosed
896 Pap Smears performed
5 Invasive cervical cancer diagnosed
500 Women screened for hypertension and cholesterol
4,104 Women screened through both State Pap program and the Every Woman Matters Program
2,472 Office visits paid in which an STD test was performed
Over 400 women navigated to screening services and medical home
<b>Screening Demographics</b>
62% report income below 100% of Federal Poverty Line
21% report being of Hispanic origin
46% report being non-white
98% report having no insurance coverage

Drinking in Nebraska, 2017	Percent of Population
Women Who Binge Drink	14.20%
Men Who Binge Drink	27.30%
*Binge Drinkers (adult men having five or more drinks on one occasion, adult women having four or more drinks on one occasion)	
Women Who Are Heavy Drinkers	5.80%
Men Who Are Heavy Drinkers	8.20%
*Heavy Drinkers (adult men having more than 14 drinks per week and adult women having more than 7 drinks per week)	
Drinking in United States, 2016	Percent of Population
Women Who Binge Drink	18.7%
Men Who Binge Drink	23%
Women Who Are Heavy Drinkers	6.6%
Men Who Are Heavy Drinkers	NA

SOURCE: <https://www.cdc.gov/alcohol/fact-sheets/mens-health.htm>

SOURCE: [Health Information Gateway, U.S. DHHS](#)