Women's Health Initiative Advisory Council
2014 Strategic Planning – Topics to Consider for Focus

Topic	Background	Potential Focus	Sources
Advance Care Planning	Only about one-third of adults in the U.S. have an advanced directive expressing their wishes for end-of-life care. Among those 60+, that number rises to about half of older adults completing a directive. Only 28% of home health care patients, 65% of nursing home residents and 88% of hospice care patients have advance directive on record, according to "Advance Care Planning: Ensuring Your Wishes Are Known and Honored If You Are Unable to Speak for Yourself." Gender specific data was not available.	Education to encourage adults to create an advance care plan with simple instructions and resources. See LR596 Introduced by Watermeier, PURPOSE: The purpose of this resolution is to study and evaluate the potential use of Physician Orders for Life-Sustaining Treatment (POLST) and the potential use of out-of-hospital Do Not Resuscitate (DNR) protocols.	**Creighton: It's All About the Conversation** **LR596 Introduced by Senator Watermeier** 10/24/14 Hearing **CDC Advanced Care Planning**
Elder Abuse – Physical and/or Financial	According to Nebraska Adult Protective Service Registry Statistics, (January 1, 2012 – December 31, 2012), there were 263 unique vulnerable adult female victims. Substantiated victim reports came from 16 different living arrangements and 5 different abuse types (physical, sexual, exploitation & neglect), with largest allegation type being self-neglect, at 141 victims. Substantiated victims, all genders, 65+ is: 262.	Research how elders report abuse. Not able to find specific data linking poverty and elder abuse. The CDC notes that, "Coordination and access to resources and services among community agencies and organizations that serve the elderly population and their caregivers serves as a protective factor against elder abuse."	Nebraska Adult Protective Service Registry Statistics, (January 1, 2012 to December 31, 2012), Julie Hippen. (unpublished)

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Driving and Dementia	Fatal vehicle crashes for NE women 55+ increased from 8.43% in 2010, to 9.47% in 2013, and visible injury crashes for women 55+ remained stable at 12.04% in 2010, to 12.07% in 2013, according to the Nebraska Department of Roads Highway Safety Accident Records.	The health risk of early dementia is not yet fully understood. There are no special driver testing requirements in Nebraska for people over the age of 65. There are Evaluation and Rehab Programs in Nebraska for older drivers. Are people aware of these programs? Possible speakers (info from Heidi Woodard) a. Sabrina Kusek from Fountain View Senior Living. Heidi had interviewed her when doing a freelance writing project on Dementia and Alzheimers. Here is a link to a sample of the information discussed during the interviews: link to a sample b. Cat Koehler from Home Instead, could recommend, or refer staff, who could present to the Council. Sen. John Harms (District 48) introduced LB 351 on 02/13, which would "Require cognitive tests for persons eighty years of age or older obtaining motor vehicle operator's licenses." Status: Indefinitely postponed	**NE Dept of Transportation** Sean Owings, IT Business Systems Analyst/Coordinator Nebraska Dept. of Roads (NDOR) Highway Safety Accident Records
Falls and Injuries	In Nebraska, falls are the leading cause of all injury deaths and hospitalizations for adults 65+ (2007-2011). Men, 75+, are more likely to die from fall related injuries. Men = 250/100,000 and Women = 214/100,000) and men (4636/100,000 vs women 4108/100,000) are more likely to be hospitalized. Most injuries were fractures, specifically, hip fractures, according to NE DHHS Injury Prevention Program. Is there a need for routine evaluation?	Recognition of the seriousness of falls.	**NE DHHS Injury Control Facts**

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Osteoporosis	In the U.S., it's estimated that 10 million people have osteoporosis, of which, 8 million are women, and 34 million people have low bone mass and are at risk to develop osteoporosis. • The National Osteoporosis Foundation recommends that women aged 18-20 years should participate in regular weight bearing exercise, eat 1000 mg of calcium, and 600 IU of vitamin D daily to prevent osteoporosis.	Prevention messaging for osteoporosis.	**NE DHHS Osteoporosis Fact Sheet** **Doubt Over Role of Vitamin D, Even to Limit Fractures Retrieved from Medscape Medical News.** *(This is an article from Medscape and is attached in the email with the Strategic Planning document.)*
Nutrition and Healthy Weight	The percentage of U.S. women, age 65+ who reported meeting the 2008 Federal physical activity guidelines were: White, not Hispanic: 9.0; Black, not Hispanic: 3.6; Hispanic or Latino: 3.0, according to the Administration on Aging (AOA), 2010. In 2009–2010, 45% of U.S. women, age 65–74 and 30% of women age 75 and over were obese. This is an increase from 1988–1994, when 27% of women age 65–74 and 19% of women age 75 and over were obese, according to BRFSS. Becoming physical active later in life as opposed to a lifetime of physical activity still decreased cognitive decline more than for those who are physically inactive. Higher physical activity was linked to slower physical and mental decline. Recommend 30-45 min of moderate to vigorous activity at least 5xs per week may be more appropriate for older (post-menopausal) women. Breaking a sweat helps the brain. Increased blood pressure, worsening lipid profile, and increased insulin resistance can emerge as early as 1 year after delivery if women fail to lose pregnancy weight during a critical window of 3 to 12 months after the birth.	Availability of fresh fruits and vegetables, and physical activity educational messaging designed for mature women.	**Nutrition in the Mature Woman** **Older Americans 2012: Key Indicators of Well-Being** Doyle, K. (2014) **Exercise May Slow Physical and Mental Decline After Menopause** Retrieved 07-24-2014 *(This is an article from Medscape and is attached in the email with the Strategic Planning document.)*

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Access to Care/Medicare

Table 1: Access to care among Individuals with Medicare and Private Insurance, 2008 and 2012

	Medicare (age 65+)		Private Insurance (age 50-64)	
	2008	**2012**	**2008**	**2012**
Unwanted delay in getting an appointment: *Among those who needed an appointment in the past 12 months, "How often did you have to wait longer than you wanted to get a doctor's appointment?"*				
For routine care:				
Never	76%	77%	69%	72%
Sometimes	17	17	24	21
Usually	3	3	5	3
Always	2	2	2	3
For illness or injury:				
Never	84	84	79	80
Sometimes	12	12	17	16
Usually	1	2	2	2
Always	1	1	2	2
Not accessing a doctor for medical problems: *"During the past 12 months, did you have any health problems or conditions about which you think you should have seen a doctor or other medical person, but did not?"*				
Percent answering Yes"	8	8	12	11

Access continued…

Getting a new physician: *Among those who tried to get an appointment with a new primary care physician or a specialist in the past 12 months, "How much of a problem was it finding a primary care doctor/specialist who would treat you? Was it…"*

Primary care physician	% Among those Seeking a New Physician	*% Among Total Medicare*	% Among those Seeking a New Physician	*% Among Total Medicare*	% Among those Seeking a New Physician	*% Among Total Private Insurance*	% Among those Seeking a New Physician	*% Among Total Private Insurance*
No problem	71	*4.6*	72	*4.7*	72	*5.4*	75	*5*
Small problem	10	*0.6*	14	*0.9*	8	*0.6*	9	*0.6*
Big problem	18	*1.1*	14	*0.9*	21	*1.6*	15	*1*
Specialist								
No problem	88	*12.8*	87	*11.7*	83	*15.5*	86	*15.6*
Small Problem	7	*1*	6	*0.7*	9	*1.7*	7	*1.2*
Big problem	4	*0.6*	7	*0.9*	7	*1.4*	7	*1.2*

Source: MedPAC, March 2013 Report to Congress, Table 4-1. Based on MedPAC-sponsored telephone surveys conducted in 2008-2012.

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Access continued…	These findings are consistent with other national surveys. For example, data from the 2010 Medicare Current Beneficiary Survey (MCBS) indicate that 95% of beneficiaries had a usual source of medical care. Nearly half of all beneficiaries seeking an appointment with a provider were able to see a provider within three days. About five percent of beneficiaries had trouble getting needed care. Similarly, the 2011 National Health Interview Survey (NHIS) included several questions on problems with access to care. Overall, access problems among Medicare beneficiaries were low and comparable to the privately insured (Table 2).		
Access continued…	**Table 2: Access Problems among Medicare and Privately Insured, 2011-2012**		

Percent of those aged 18+:	Medicare	Private Insurance
Had trouble finding a general doctor or provider to see you in the past 12 months	2.40%	1.70%
Was not able to find a general doctor or provider to see you in the past 12 months	0.4	0.5
In the past 12 months, was told by a doctor's office or clinic that they would not accept you as a new patient	2.2	1.7
In the past 12 months, was told by a doctor's office or clinic that they would not accept your insurance	3.7	2.5

Source: NCHS analysis of the 2011 National Health Interview Survey

NE Senior Health

Senior Resource Guide

Kaiser Family Foundation

Office of Women's Health

<table>
<tr><th>Topic</th><th>Background</th><th>Potential Focus</th><th>Sources</th></tr>
<tr><td>Tobacco/Smoking</td><td>Smoking in NE is more prevalent among males (22%) than females (18%). Smoking is most prevalent in 18-24 year olds (23%) Smoking rate is the highest among those with less than a high school education (30%) and lowest among college graduates (9%), according to 2011 BRFSS.</td><td>Address perceived benefit of smoking and how to replace the benefit.

Consider promoting the development of micro communities to provide support for those who want to quit smoking.</td><td>Smoke Free Nebraska</td></tr>
<tr><td>Smoking & Pregnancy</td><td>In NE, 27.2% of post-partum women smoked in past 2 years, and 72.8% of women did not smoke, according to 2011 NE Pregnancy Risk Assessment Monitoring System (PRAMS). The following graph represents how many cigarettes the yes respondents (27.2%) smoked on an average day (a pack has 20 cigarettes) in the 3 months before pregnancy.
<table>
<tr><td>21-40 cigarettes</td><td>4.40%</td></tr>
<tr><td>11-20 cigarettes</td><td>23.00%</td></tr>
<tr><td>6-10 cigarettes</td><td>30.00%</td></tr>
<tr><td>1-5 cigarettes</td><td>23.60%</td></tr>
<tr><td>Less than 1 cigarette</td><td>10.10%</td></tr>
<tr><td>None (0 cigarettes)</td><td>8.70%</td></tr>
</table></td><td></td><td>PRAMS

CDC About Teen Pregnancy

NE Adolescent Reproductive Health Facts</td></tr>
<tr><td>Pregnancy</td><td>According to the 2010 PRAMS 67.5% of teens did not want to be pregnant at the time. The 2011 U.S. teen pregnancy rate is a record low, with a drop 0f 8% from 2010.

Receipt of First Trimester Prenatal Care,* by Maternal Race/Ethnicity, 2012-2013 NE

Percent of Mothers:
• Total: 76.2
• Non-Hispanic White: 80.3
• Non-Hispanic Black: 68.4
• Hispanic: 62.0
• Non-Hispanic Asian/Pacific Islander**: 71.1
• Non-Hispanic American Indian/Alaska Native: 63.8
Source: NE Vital Statistics 2012-2013

**Separate estimates were not available for Asians and Native Hawaiians and Other Pacific Islanders.
**Separate estimates were not available for Asians and Native Hawaiians and Other Pacific Islanders.</td><td>Determine reasons teens become pregnant sooner than intended.</td><td>PRAMS

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Cardiometabolic Risks Increase If Pregnancy Weight Retained
(This is an article from Medscape and is attached in the email with the Strategic Planning document.)</td></tr>
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Breastfeeding	According to CDC 2010 Breastfeeding Report Card, 76.5% of U.S. women tried breastfeeding, and 49.0% breastfed at 6 months. The Nebraska breastfeeding rates are: 80.8% ever breastfed, 53.8% breastfed at 6 months. Most common cited reason for stopping breastfeeding: Not producing enough milk 46.3%, Breast milk alone didn't satisfy 36.1%, Baby had difficulty latching on or nursing 30.6%, Too hard, painful or too time consuming 21.5% (2011, NE PRAMS).	Increase education on benefits of breastfeeding, and address barriers to breastfeeding.	**CDC Breastfeeding Report Card** **Breastfeeding Coalition** **La Leche** **WIC**
Domestic Violence	During 2012-2013, 28,700 people received direct services* in Nebraska; According to the 2013 National Census of Domestic Violence Services there was a 32%; reduction in government funding for direct services in Nebraska; 68% of NE DV programs report victims are forced to return to abuser, 18% become homeless and 9% are forced to live in cars; In 2012, 100% of intimate partner homicides were committed by males. *Direct Services Include: Individual Support or Advocacy, Children's Support or Advocacy, Emergency Shelter, Transportation, Court/Legal Accompaniment/Advocacy, Bilingual Advocacy, Rural Outreach, Medical Services/Accompaniment	Housing considerations for victims of domestic violence, availability of direct services.	2012-2013 NE Domestic Violence Assault Coalition Report; 2013 National Census of Domestic Violence Services (unpublished). **NE DHHS Domestic Violence** **NE Domestic Violence Sexual Assault Coalition**
Human Trafficking	According to the 2013 Governor's Report on Human Trafficking in NE, 192 girls reported being sexual exploited in 2012 & an estimate of 1,200 adult women in Lincoln/Omaha area.	Education around what is human trafficking.	NE Commission on Law Enforcement & Criminal Justice *LB255 was introduced by Senator McGill and passed 06/13. The bill changes provisions & increases penalties relating to human trafficking, child abuse, prostitution, solicitation and pandering.* *UNL Conference 10/9-11,2014*

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Heart Disease	Heart attacks in NE women increased from 2.3% in 2005 to 3.9% in 2010, and diagnosis of angina or coronary heart disease increased from 2.7% in 2005 to 3.4% in 2010, according to the Behavioral Risk Factor Surveillance System (BRFSS).	Signs and Symptoms of Heart Attack are different in women. Is there a reason for the increase in diagnosis (increased rates of obesity, increased education of signs & symptoms)?	**BRFSS Cardiovascular Disease Trends***
Stroke	Stroke in NE women decreased from 2.4% in 2005 to 2.3% in 2010, according to BRFSS.	Education for risk factors for women & stroke (smoking, pregnancy, migraines etc.). Look at new guidelines for women at risk.	**BRFSS Stroke Trends***
Diabetes	Diabetes rates increased in NE women from 4.5% (.9% pregnancy related) in 2000 to 7.7% (.6% pregnancy related) in 2010, according to BRFSS.	Increased prevention using social media messaging and other methods.	**BRFSS Diabetes Trends*** ** BRFSS is self-reported data*
Sexual Health	The percentage of students who reported that they have had sexual intercourse during their lifetime gradually decreased from just over half of all students in 1991 (52.5%) to nearly 1 in 3 in 2013 (35.2%).	Additional information regarding how/why the decrease occurred	**State of NE 2013 (YRBS) Youth Risk Behavior Survey Results** **DHHS Reproductive Health** **NE State Statute 71-504**
	It is important for women to consider practicing healthy behaviors years before becoming pregnant. (pre-conception/interconception health)	Promote existing education on preconception health and reproductive plans to teens, parents, and providers	**CDC Preconception Health** **DHHS Adolescent Health Pages** **Look to the Future: Take Action for Your Health**
Mental Health	Depression is a chronic disease in its own right. Depression appears to be associated with behaviors linked to other chronic diseases (smoking, alcohol consumption, physical inactivity, sleep disturbance). In most studies, it is difficult to determine whether depression is the result of an unhealthy behavior or whether depression causes the behavior. Depression appears to be associated with poor sleep throughout the lifespan.13, 14 In a cross-sectional study of 12- and 16-year old adolescents, after accounting for psychological comorbidity, sleep disturbance, such as nightmares, was associated with self-reported depression in adolescence.	Education around causes and/or results of depression in adolescents	**CDC Mental Health Depression**

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Gun Safety	In 2012, there were a total of 61 homicides (51 male) in NE, but it is unknown what weapons were used to commit crime, according to the NE Death Certificate Data 2012. The FBI Unified Crime Report shows that in 2011, 65% of homicides involved guns in Nebraska.	Further study of gun safety issues impacting women and potential strategies to promote safety. Consider looking at gun violence against women in metro areas.	Ashley Newmyer, MPH, CPH, Nebraska DHHS Epidemiology Surveillance Coordinator (unpublished).
Use of Telehealth and Access to Care	A $6.8 million budget was approved in 2013 to implement NE Operational eHealth Plan, with special emphasis to build technical infrastructure to facilitate behavioral healthcare information (eBHIN). According to U.S. Department of Health & Human Services, Health Resources and Service Administration (HRSA), the payment amount is 80 percent of the Medicare PFS for telehealth services when the distant site physician or other practitioner is located in a Critical Access Hospital (CAH) that elected the Optional Payment Method and the physician or practitioner reassigned his or her benefits to the CAH. Effective January 1, 2007.	Reducing barriers to provide Telehealth education or use by providers to see patients in rural areas (i.e. insurance or Medicaid coverage). LB1078 was introduced by Sen. Norquist & amended into LB1076, Introduced by Campbell and approved by Governor (04/14). Bill includes provision that equates telehealth services & reimbursement to in person care charges & reimbursements. In 2013, NE received 1.2 million dollars from USDA to expand distance learning and Telemedicine opportunities in rural areas. www.usda.gov	NE Information Technology Commission