

Promoting Women's Preventive Care

Problem Statement

According to the Nebraska Department of Health and Human Services Nebraska 2025 Title V Needs Assessment – Data Fact Sheets, in 2022, 29.9% of Nebraskan women ages 18-44 did not report having a preventive medical visit in the past year.¹

For every woman not receiving preventive care, there is a missed opportunity to discuss prevention and management of chronic illnesses including obesity, alcohol use and tobacco cessation, testing and treatment for sexually transmitted infections (STIs), and screening and referrals to address the social determinants of health (SDOH).

Of note, chronic diseases are leading drivers of health care costs in the United States (U.S.), with total costs for treatment and lost economic productivity estimated to be \$3.7 trillion in 2016.² The burden of chronic diseases is anticipated to only get worse in coming decades.

Criterion 1: Disproportionate Outcomes Exist Among Subgroups of the Population

Preventive Medical Visits

In 2022, 70.1% of women aged 18-44 in NE had a preventive medical visit in the past year compared with 72.5% of women in the U.S.¹ Using combined data for 2020-2022, there were racial and ethnic differences in the percent of women in NE reporting having had a preventive medical visit in the past year (Figure 1).¹ Moreover, among women aged 21-44 in NE, 78.4% in 2020 reported having a Pap test in the past 3 years, compared with 82.0% in 2018. Using combined data for 2018 and 2020 in Nebraska, non-Hispanic White women and non-Hispanic Native American/Alaska Native women were the groups with the highest percentage of a Pap test in the past 3 years (82.4% and 84.4%, respectively), while non-Hispanic Asian women were the group with the lowest percentage (47.8%).¹

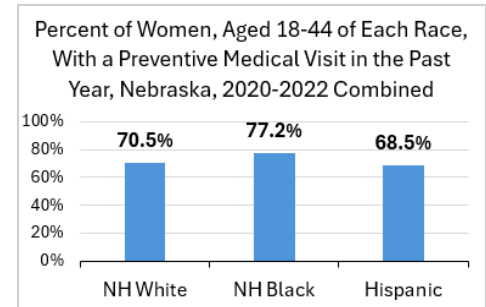


Figure 1. Source: Nebraska Department of Health and Human Services¹

Cervical Cancer and STIs

STIs remain an issue for women aged 20-44 in NE with clear racial and ethnic disparities in infection rates among women. Among women aged 20-44 in NE, between 2018-2022, the rates of chlamydia increased from 797.1 to 1,258.1 per 100,000 women with the highest rates among non-Hispanic Black women.¹ Further, in 2021, the rate of new cervical cancer cases was 7.1 per 100,000 women in NE.⁵

Substance Use

Among women aged 18-44 living in NE in 2022, 57.6% reported drinking alcohol in the past 30 days compared with 46.5% of women in the U.S., with more non-Hispanic White women reporting alcohol consumption compared to women of other races and ethnicities (Figure 2).¹ Additionally, in 2022, 12.4% of women aged 18-44 in NE reported being a current smoker compared with 9.9% in the U.S., with the highest percentages reporting smoking for the combined 2018-2022 time period among women who are non-Hispanic and two or more races (28.9%) and non-Hispanic Native American/American Indian women (25.2%).¹

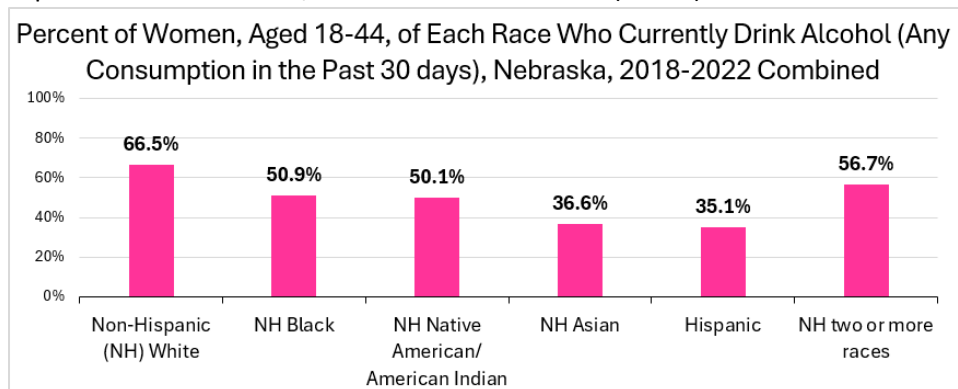


Figure 2. Source: Nebraska Department of Health and Human Services¹

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Chronic Disease

Heart disease is a leading cause of death for females of all ages in the U.S. and is a top five cause of death for women aged 15-44.^{1,3} For the combined time period of 2019-2021, there were 118.9 heart disease deaths per 100,000 women of all ages living in Nebraska (NE) with the highest rates among non-Hispanic American Indian and Alaska Native women (153.1 heart disease deaths per 100,000) and non-Hispanic Black women (142.0 heart disease deaths per 100,000).⁴

Criterion 2: Strategies Exist to Address the Problem/An Effective Intervention is Available

Well-woman visits are one of the twelve Maternal and Child Health Standardized Measures for the Title V MCH Block Grant, aiming to increase the percentage of women (aged 18-44) receiving preventive medical visits annually. The Women's Preventive Services Initiative publishes a comprehensive well-woman chart of recommendations for preventive health services by age.⁶ These visits provide essential services, including screenings, counseling, and immunizations; identification of treatment needs; disease prevention; and support women's health before, during, and after pregnancy.⁷ Healthy People 2030 highlights the importance of healthcare access, health insurance coverage, and health literacy in improving health outcomes.⁷ Addressing SDOH is critical, as economic and social conditions significantly impact healthcare access, outcomes, and screening efforts. Various professional organizations recommend SDOH screening, and healthcare systems are integrating these screenings with referral follow-ups into clinical practice.⁸ Building patient-provider trust and strengthening follow-up processes can further improve SDOH-related outcomes.⁸

Key Partnerships and Strategies

- **Home Visiting Programs** – Title V can collaborate with Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs to ensure home visitors promote well-woman visits. In NE, MIECHV utilizes the Healthy Families America (HFA) model, which Title V can strengthen through collaboration and provider engagement.
- **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)** – Partnering with WIC programs can help integrate routine questions about medical homes and insurance coverage, encouraging women to prioritize preventive care.
- **Policy Development** – Title V can advocate for policies that expand health coverage, increase free or low-cost clinics, and incorporate preconception health screenings into public health programs. First Five Nebraska is a key partner in policy development, addressing gaps in maternal and child health through legislative efforts.
- **Provider Engagement** – Strengthening connections with obstetricians/gynecologists can help inform them of available services, encourage leadership in maternal health initiatives, and promote preventive care.

Expanding Evidence-Based Strategies

Community Health Workers (CHWs) can enhance well-woman visit utilization by supporting underserved communities and women with low preventive care rates. This strategy has been shown to increase healthcare access; reduce health disparities; and improve utilization of healthcare services.⁹ Additional evidence-based strategies, such as health literacy interventions, medical homes, and patient reminders, can be integrated with CHW efforts to enhance support for these combined approaches.⁷ Programs implementing these approaches use Evidence-Based or Evidence-Informed Strategy Measure (ESM) tools to evaluate effectiveness, with peer-reviewed research confirming positive health outcomes.⁹

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Criterion 3: Capacity to Address the Problem

Successful implementation of health interventions requires relationships between individuals, public, and private partners and institutions, services, and the broader social and political environment. The ability of these factors to successfully interact for a common goal can be considered community capacity. Several key domains identified as essential to community capacity are leadership, community participation, existing community structures and programs, current workforce capacity, allocatable resources, and existing skills and knowledge. Strategies to increase insurance coverage are optimal for preventative care and treatment. In 2022, roughly 1 in 11 women (8.6%) of childbearing age were uninsured in NE.¹ Those without insurance are less likely to have a primary care provider and may not be able to afford services and medications. Multiple resources are available to provide healthcare to uninsured Nebraskans.

- NE's nine Federally Qualified Healthcare Centers (FQHCs) provide primary care services to patients regardless of immigration status, insurance coverage, or ability to pay. In 2023, NE FQHCs served 121,271 patients.¹⁰
- NE's 30 Title X clinics, which offer reproductive health and preventive health services, served clients from 86 of 93 NE counties in 2024.¹¹
- NE's three Medicaid organizations offer a variety of preventative care services. In state fiscal year 2024, over 350,000 Nebraskans were enrolled in Medicaid.¹²
- NE's Every Woman Matters (EWM) program offers free or reduced cost screenings for breast cancer, cervical cancer, heart disease, diabetes, and more for women aged 21-64.

In addition to a physical exam and lab tests, a comprehensive preventive care visit should also include a SDOH screening to identify additional patient needs and barriers to optimal health and connect patients to resources. As of January 1, 2024, the Centers for Medicare and Medicaid Services (CMS) requires hospitals to screen patients for five SDOH domains and CMS plans to extend SDOH screening requirements to outpatient settings. Once SDOH factors are identified through screening, healthcare providers can utilize resource databases such as Nebraska 211 and find help to connect patients with wrap around services and resources in their community.

SDOH screening by trusted organizations, such as local health departments, WIC, and home visitors, can be used to identify patients who need a preventive care visit and refer them to a primary care provider. NE public health departments have prioritized the use of a universal SDOH screener across various programs within their departments to assess the needs of patients and clients. CHWs support patients by coordinating healthcare and human services. The University of Nebraska Medical Center and Creighton University have both implemented CHW training programs to increase the workforce in NE.

Criterion 4: Problem is Worse than the Benchmark or Worsening

According to the Behavioral Risk Factor Surveillance System (BRFSS), the percent of Nebraskan women aged 18-44 years with a preventative medical visit in the past year was 70.1% in 2022. NE lags slightly behind the U.S. average (72.5% in 2022).¹ Based on data from the Pregnancy Risk Assessment Monitoring System (PRAMS), only 67.5% of NE women with a recent live birth in 2021 had a health care visit in the year before pregnancy.¹³ Further, during all health care encounters in the year prior to pregnancy, STI testing, controlling weight, and controlling chronic medical conditions were discussed among only 15.7%, 27.6%, and 8.8%, respectively, in NE.¹³

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Criterion 5: Community Readiness to Address the Problem

Preventive medical services are necessary in ensuring the health and well-being of women in NE. Including input from the broader community, local organizations and NE citizens have previously shown the need to prioritize access to medical care and preventive services in community health needs assessments. With existing systems in place including hospitals, FQHCs, local clinics and more, the community has the physical infrastructure to increase services to NE women. Hospitals and clinics across the state have made advances in technology to offer virtual care, which eliminates the need for travel, finding childcare, and getting time off work to receive care and address health needs.

In addition to communities across NE being ready to address this issue, there is also support at the federal level. In a notice published to the Federal Register in December 2024, the Health Resources and Services Administration (HRSA) approved updates to the Women's Preventive Services Guidelines for the addition of two preventative services to better address the health needs of women.⁵ This expansion of coverage proves a commitment to ensuring women can receive appropriate preventive medical care.

If this issue is selected as one of the Title V MCH priority needs in 2025, what do you expect this issue to look like five years from now? What kind of progress can you expect for the next five years?

By 2030, we expect to see an increase in NE women who receive yearly preventive care through statewide efforts to promote annual preventive medical services and encouragement for early health screenings. Efforts towards this goal will begin by expanding and building relationships between healthcare institutions and providers, public health professionals, local health organizations, and the community. We anticipate that these advanced partnerships will lead to an increase in health and SDOH screenings, more timely referrals for care, and an increase in access to care. With an increase in utilization of preventive medical care, we may initially see an increase in recorded chronic disease rates due to screening efforts. However, this would be an artifact of the additional screenings, representing a degree of under-ascertainment of cases in prior years due to fewer women being screened previously. In the long-term, we expect a reduction in the occurrence of and better management of chronic conditions, reduced alcohol and tobacco use, and a decrease in STI rates and more timely treatment among NE women. We expect upstream efforts to increase preventive care will also have an impact on overall health care spending.

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