

2016 - 2017

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

Nebraska Women's Health Initiatives (WHI) and the Women's Health Advisory Council (WHAC) continue to develop important work around Women's Health. Throughout the year WHI staff participated in several DHHS workgroups, developed strategic plans, and addressed health equity priorities.

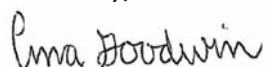
Women's Health Initiatives continues to collaborate with internal, local, and State level partners including: Nebraska Women's and Men's Health Programs, PRAMS (Pregnancy Risk Assessment and Monitoring System), the Maternal Child and Adolescent Health Program, Reproductive Health and the Office of Health Disparities and Health Equity. State level partners include: the Nebraska Breastfeeding Coalition and the UNMC College of Nursing.

In 2016, DHHS, WHI and WHAC welcomed new Chief Medical Officer, Dr. Thomas Williams. Women's Health Advisory Council members meet quarterly and inform the work of DHHS through the following five workgroups: Legislative, Health Equity, Sexual Health (including Preconception Health), Mental Health, Advanced Care Planning, and Nutrition and Healthy Weight Gain.

During the past year, we've considered how technology has changed how we do business. We celebrate that technology can be used to disseminate and evaluate health information, and look for innovative ways to use technology in public health and also prevent its misuse.

Women's Health Initiatives follows emerging issues and trends in women's health to provide data and insight to the Women of Nebraska to help them make better health decisions.

Sincerely,



Tina Goodwin RN, BSN, CLC

Program Manager, Women's Health Initiatives

Division of Public Health, Nebraska Department of Health and Human Services

Acknowledgements

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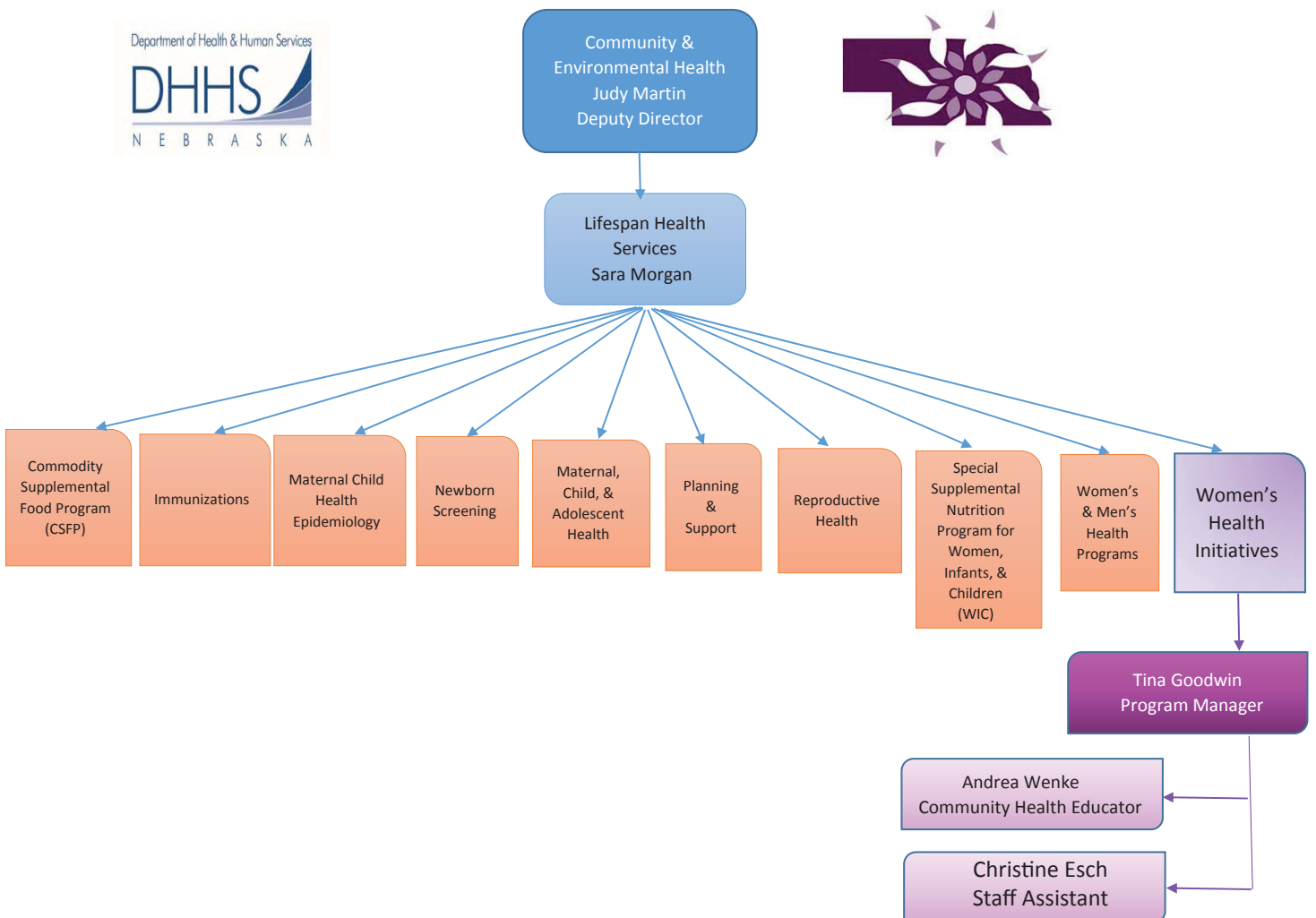
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DHHS Women's Health Initiatives Organizational Chart



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 74.
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 shall develop committees or task forces to carry out its duties as outlined in Nebraska Revised Statutes § 71-701 through 71-707. The 2016-2017 Council committees included:

Legislative: This committee read, compiled, and monitored introduced legislation that pertained to women's health. Bills that were monitored included:

- LB92 Require health carriers to provide coverage for telehealth services
- LB120 Provide for Medical Assistance Act coverage for family planning services as prescribed
- LB323 Adopt the Palliative Care and Quality of Life Act



Mental Health: This committee addressed the following discussion topics:

- Veterans: Behavioral health and addiction services available to female veterans in Nebraska's rural areas.
- Social Media: How prevalence of social media is affecting mental health of girls and women.
- Incarcerated Women: Mental health needs of incarcerated women and needs of their children – are those needs being met.

Nutrition and Healthy Weight: This committee addressed the following discussion topics:

- Developed vitamin D fact sheet which includes new dosage recommendations.
- Educating young women about non-dairy sources of calcium.
- Who is at risk for osteoporosis in Nebraska.

Advanced Directives: This committee addressed the following discussion topics:

- Partnership with DHHS State Unit on Aging.
- Educate health and other professionals as well as care providers on end of life issues.
- Develop social marketing campaign to educate public on National Caregivers Day.

Sexual Health: This committee addressed the following discussion topics:

- Concluded research and sent recommendation to DHHS leadership regarding confidentiality for adolescents during billing process for Sexually Transmitted Infections.
- Adolescent health providers should discuss reproductive health when child is 12-15 years old.
- Reviewed Nebraska's 2009 anti-bullying statute, and addressed cyber-bullying and sexual aggression.

Health Equity: This committee addressed the following discussion topics:

- Pre-term birth data from the March of Dimes for African American and Hispanic women.
- Developed a pre-term birth campaign with a focus of targeting women with color.
- Promotion and distribution of fact sheet to various organizations including Federally Qualified Health Centers and others that serve young women and minority women.

On The Web: <http://dhhs.ne.gov/publichealth/WHI/Pages/AdvisoryCouncil.aspx>

Council continued...

Council Members, September 2016-June 2017

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

Shirley Blanchard, PhD, Omaha
 Nicole Cusick, Omaha
 Robert Drvol, MD, Omaha
 Heidi Edsill, MD, Omaha
 Amy Lacroix, MD, Omaha
 Brenda McIntosh, Nebraska City
 Marcia Merboth, Lincoln
 Barbara Moffatt, Hastings
 Sara Morgan, MS, Lincoln

Ellen Muehling, BA, BS, Lincoln
 Audrey Paulman, MD, Omaha
 Jina Ragland, BS, Lincoln
 Judy Reimer, RN, Hastings
 Josie Rodriguez, MS, Lincoln
 Kathleen Steinauer-Smith, BA, Lincoln
 Terra Uhing, MS, Fremont
 Tom Williams, MD, Lincoln

2016-2017 Meetings
 September 14, 2016,
 Mahoney State Park, Ashland
 January 11, 2017,
 Mahoney State Park, Ashland
 May 10, 2017,
 Mahoney State Park, Ashland

Women's Health Initiatives 2016-2017 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 "Second Annual 2017 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. <http://dhhs.ne.gov/publichealth/Documents/Strategic%20Plan%20-%202017-2021.pdf>

Public Health Accreditation Measures: As part of Nebraska's accreditation efforts, WHI staff developed agency standards and policies for the following topics. The goal of the accreditation program is to "improve and protect the health of every community by advancing the quality and performance of public health departments." Nebraska achieved national accreditation in May 2016.

PHAB 7.1 Purpose: To assess the health departments participation in a collaborative process to develop an understanding of the population's access to needed health care services.

PHAB 3.1 Purpose: to assess the health department's dissemination of accurate information to the populations that it serves concerning health risks, health behaviors, disease prevention and wellness approaches.

PRAMS: Participated in the annual PRAMS steering committee and the PRAMS Breastfeeding Data to Action work group. The Data to Action group did collaborative work with student Tambudzai Phiri Ndashe, UNMC College of Public Health to develop a Resource Guide on the use of evidence-based practices to increase breastfeeding rates in Nebraska.

UNMC College of Nursing – Lincoln Campus: Provided shadowing opportunity to nursing students interested in Public Health, sat on Nurse Leadership Panel of NE DHHS Nurses, and presented to high school students on Public Health and Nursing Career opportunities. Oriented first year LMEP (Lincoln Medical Education Partnership) Medical Residents on Public Health and NE DHHS.

Activities continued...

Breastfeeding Coalition: Leadership Team Member, Chair Diversity Committee: WHI and the Breastfeeding Coalition sent a letter to worksites reminding them of current Breastfeeding Laws and informing them of web and printed resources. Tina Goodwin continues to chair the Breastfeeding Diversity Committee and is a new member of the Breastfeeding Coalition Leadership Team. The Coalition <http://nebreastfeeding.org/> will continue to do work around: advocacy and outreach, employer support and education, addressing gaps in evidenced based education, and provider education.

Milkworks: Gave a talk to Community Breastfeeding Educators at Milkworks (breastfeeding advocacy) and discussed the importance of home visitation.



Community Health Worker Training: Trained approximately 60 statewide health workers on the health benefits of breastfeeding, and how to connect community members to breastfeeding resources. <http://dhhs.ne.gov/publichealth/HealthNavigation/Pages/CHWTraining.aspx>

Baby Blossoms Collaborative: WHI staff continues to support the work of the Douglas County Baby Blossoms Collaborative, and participates in the Affinity Group to reduce preterm labor by educating the community. <https://www.babyblossomsomaha.org/>

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. http://dhhs.ne.gov/publichealth/Pages/public_health_programsandservices.aspx

Grants: Continues to assist with reviewing and editing: Immunization sub grants, NE DHHS educational materials, and MCH newsletter "Health Equity Equation News brief."

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 breastfeeding.

COIIN - Nebraska Collaborative Improvement & Innovation Network: In partnership with Maternal and Child Health, participated in following COIIN, Social Determinants of Health workgroups: mapping, food insecurity, and access to healthcare.

Program to Program: Women's Health Initiatives was a Featured Program in April, 2017.

Maternal Depression: Gave presentation to Well Care employees.

Nebraska Reproductive Health: Assisted in administering the statewide Title X Family Planning Program and attended educational trainings.

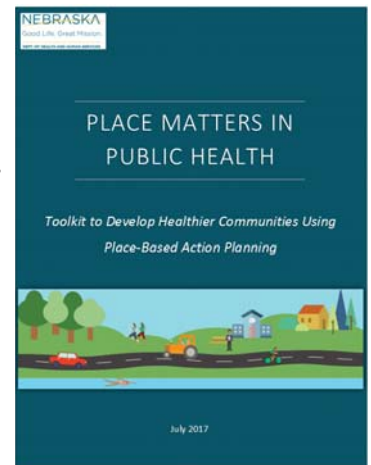


spotlight on...

Place Matters Learning Collaborative and Toolkit

Utilizing the Social Determinants of Health model to understand economic and social environments, the "Place Matters in Public Health Toolkit" was developed for community level facilitation around place-based issues. Where people are born, live, work, and play affect a wide range of health, functioning, and quality-of-life outcomes and risks.

The toolkit will assist communities across Nebraska to develop effective public health programming, such as obesity prevention and increased access to physical activity. Additionally, Maternal Child Health epidemiologists are working on a state-level assessment to determine potential counties and communities to test and evaluate the Toolkit throughout 2017-2018.



ZIKA VIRUS

In May, 2017 an Omaha hospital reported that the first pregnant Nebraskan infected with the Zika virus gave birth to a healthy baby girl, according to the Lincoln Journal Star. According to the Centers for Disease Control (CDC), 1 and 10 pregnant women in the continental United States with a confirmed Zika infection will deliver a baby with serious birth defects. Pregnant women living in or visiting areas with mosquito-borne Zika virus are at risk for Zika virus infection. Zika infection can cause pregnancy loss, severe infant brain abnormalities, microcephaly (small head), neural tube defects, eye abnormalities or central nervous system dysfunction.

An infected mother may or may not have symptoms which include fever, rash arthralgia (joint pain) or conjunctivitis (pink eye). Eye abnormalities were more common in mothers infected with Zika virus during the first trimester of pregnancy. Zika can also be sexually transmitted.

In 2016-2017 there were 17 travel related Zika cases in Nebraska. For more information and resources, click here: <http://dhhs.ne.gov/publichealth/CDC/Pages/ZikaVirus.aspx>

References

Lincoln Journal Star: http://journalstar.com/news/state-and-regional/nebraska/woman-infected-with-zika-delivers-healthy-baby-girl/article_7d09cdcc-2c44-5fd5-a8a0-4fd544e71232.html

Centers for Disease Control and Prevention: <https://www.cdc.gov/zika/pregnancy/index.html>

Emerging Issues and Trends in Women's Health

Women's Health Initiatives staff researches, monitors and reports on emerging trends in women's health. Health disparities, technology, human trafficking and telehealth are trends that impact Nebraska. WHI follows current federal and state public health legislation and policies that are implemented.

Racial and Ethnic Disparities in Birth Outcomes

The Women's Health Advisory Council (WHAC) Health Equity sub-committee has identified "reducing disparities in birth outcomes among minority women" as a priority. As part of that effort the committee gathered pre-term birth data from the March of Dimes and PRAMS for use in an educational campaign that will target women who utilize Nebraska's Federally Qualified Health Centers and Title X Health Clinics. Below is an example of some of the campaign materials, including a snapshot of the Risk Factor infographic and Nebraska pre-term birth data.

According to the March of Dimes, a premature birth is defined as a baby that is born before 37 weeks. Many of these babies face long-term health problems, such as respiratory distress and blood infections. Multiple factors such as obesity, smoking, and stress can contribute to a premature birth.

SOURCES: www.marchofdimes.org

PRAMS: http://dhhs.ne.gov/publichealth/Documents/PRAMS_Pre-term_Fact_Sheet.pdf

Are You at Risk for Premature Birth?

Often, the specific cause of premature birth isn't clear. Many factors may increase the risk of premature birth, however, including:



Prior Premature Birth



Multiple Pregnancy



Birth Spacing
An interval of less than 18 months



Maternal Health Conditions
High blood pressure, preeclampsia, diabetes, blood clotting disorders



Smoking
Women who smoke during pregnancy



Family History
Someone in your family has a premature baby or if you were born prematurely



Maternal Age
Pregnant women younger than 17, or older than 35



Weight
Weight problems before pregnancy and on gaining enough weight during pregnancy



Stress
Prolonged and High levels of stress

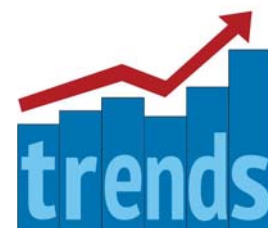
RACE & ETHNICITY IN NEBRASKA

The March of Dimes uses a Disparity Index score to measure and track progress towards the elimination of racial/ethnic disparities in preterm birth. The score represents the average percent difference in the preterm birth rate across all groups compared to the group with the lowest rate in the state. Index scores range from 0 (achievement of equity) to 44 (highest score in 2016).



In Nebraska, the preterm birth rate among black women is 45% higher than the rate among all other women.

Disparity index
14
State rank
#4



<https://www.marchofdimes.org/materials/premature-birth-report-card-nebraska.pdf>
For more information on how we are working to reduce premature birth, visit www.marchofdimes.org
marchofdimes.org/reportcard



CAN TECH SAVE LIVES?

According to the National Center for Health Statistics (2015), heart disease is still the leading cause of death among Nebraska women 65 and over, followed closely by cancer (see chart below). The following are 2017's top user-rated free Heart Health Apps available for both iPhone and Android systems.



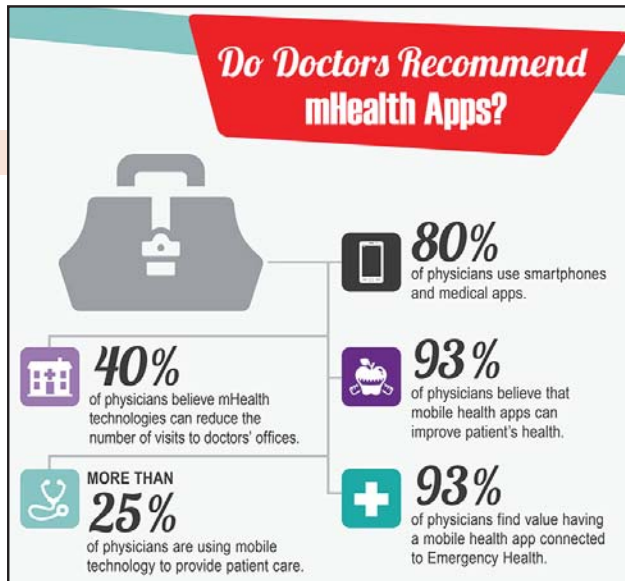
Blood Pressure Monitor - Family Lite tracks users pulse and other health information and graphs user's stats to show trends and warn about unhealthy blood pressure. The data can be exported to share with medical professionals. The app also correlates how medication can impact blood pressure.



PulsePoint may mean the difference between life and death in a cardiac event. The app connects someone experiencing a cardiac emergency with nearby CPR-trained people. It also locates the nearest automated external defibrillator (AED). This enables local responders to provide lifesaving care in the precious minutes before medical help arrives.



Instant Heart Rate+ makes it simple for users to monitor their heart rate by using the smartphone's camera feature to measure color changes in users finger that indicate pulse. The app's algorithm can graph heart rates. Features include exportable data, tagging, and an activity zone calculator.



10 Leading Causes of Death, Nebraska 2015, All Races, Females

<https://www.cdc.gov/injury/wisqars/index.html>

Rank	Age Groups										All Ages
	<1	1-4	5-9	10-14	15-24	25-34	35-44	45-54	55-64	65+	
1	Congenital Anomalies 20	Congenital Anomalies ---	Unintentional Injury ---	Malignant Neoplasms ---	Unintentional Injury 22	Unintentional Injury 19	Malignant Neoplasms 27	Malignant Neoplasms 115	Malignant Neoplasms 298	Heart Disease 1,538	Heart Disease 1,721
2	Maternal Pregnancy Comp. ---	Homicide ---	Congenital Anomalies ---	Unintentional Injury ---	Suicide 11	Malignant Neoplasms ---	Unintentional Injury 22	Heart Disease 50	Heart Disease 116	Malignant Neoplasms 1,212	Malignant Neoplasms 1,668
3	Short Gestation ---	Malignant Neoplasms ---	Malignant Neoplasms ---	---	Homicide ---	Suicide ---	Heart Disease 12	Unintentional Injury 28	Chronic Low. Respiratory Disease 52	Chronic Low. Respiratory Disease 524	Chronic Low. Respiratory Disease 590
4	Neonatal Hemorrhage ---	Unintentional Injury ---	Chronic Low. Respiratory Disease ---	---	Malignant Neoplasms ---	Complicated Pregnancy ---	Influenza & Pneumonia ---	Liver Disease 16	Unintentional Injury 36	Alzheimer's Disease 410	Cerebro-vascular 453
5	Placenta Cord Membranes ---	--- ---	--- ---	---	Influenza & Pneumonia ---	Heart Disease ---	Diabetes Mellitus ---	Cerebro-vascular 14	Diabetes Mellitus 35	Cerebro-vascular 406	Alzheimer's Disease 418
6	SIDS ---	--- ---	--- ---	---	Complicated Pregnancy ---	Homicide ---	Suicide ---	Diabetes Mellitus 12	Cerebro-vascular 29	Diabetes Mellitus 212	Unintentional Injury 296
7	Atelectasis ---	--- ---	--- ---	---	Congenital Anomalies ---	Influenza & Pneumonia ---	Cerebro-vascular ---	Chronic Low. Respiratory Disease ---	Influenza & Pneumonia 17	Influenza & Pneumonia 174	Diabetes Mellitus 267
8	Congenital Pneumonia ---	--- ---	--- ---	---	Heart Disease ---	Liver Disease ---	Liver Disease ---	Suicide ---	Liver Disease 14	Unintentional Injury 161	Influenza & Pneumonia 209
9	Unintentional Injury ---	--- ---	--- ---	---	---	Chronic Low. Respiratory Disease ---	Chronic Low. Respiratory Disease ---	Congenital Anomalies ---	Septicemia 13	Hypertension 125	Hypertension 133
10	Three Tied ---	--- ---	--- ---	---	---	Six Tied ---	Septicemia ---	Septicemia ---	Suicide 11	Nephritis 112	Nephritis 125

WISQARS™ Note: For leading cause categories in this State-level chart, counts of less than 10 deaths have been suppressed (---).

Produced By: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention
 Data Source: National Center for Health Statistics (NCHS), National Vital Statistics System

HUMAN TRAFFICKING in NEBRASKA

New Forensic Nursing Coordinator Anne Boatmen and former FBI agent Anna Brewer will provide a one-day training event to Nebraska Title X Clinics in September 2017 and will present to the Women's Health Advisory Council in 2018.



The Nebraska State Attorney General's (AG) office has been busy establishing task forces and best practices to advocate for victims of sexual assault and to combat human trafficking. Starting July, 2017, Anne Boatright, MSN, RN began serving as Nebraska's new State Forensic Nursing Coordinator, overseeing a new state program that's tasked with improving sexual assault examinations and costs incurred for those examination. This new program will ensure that victims will not have to pay for the examinations, and will also establish uniformity of forensic examinations. The coordinator position is an integral part of the AG's office's ability to investigate, prosecute, and assist victims of sexual assault, assault, trafficking, and other serious crimes. Additionally, the NE AG's Human Trafficking Task Force trained over 600 law enforcement and service provider personnel in 2016. The task force is state-wide, victim-centered system with the following objectives.

- Help the victims/survivors of trafficking
- Stop the traffickers
- Eliminate the market for human trafficking

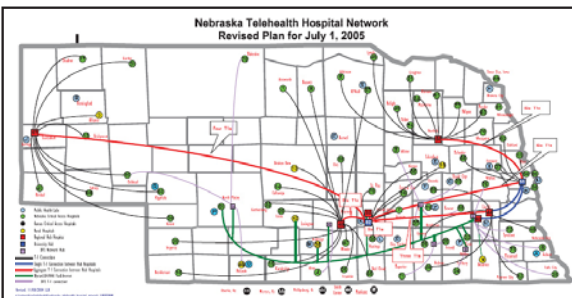
SOURCE: NE State Attorney General
<https://ago.nebraska.gov/>

Data and Resources

The Human Trafficking Initiative (HTI) is supported by the Women's Fund of Omaha and funded by The Sherwood Foundation. The research of HTI is conducted through the Heider College of Business at Creighton University. HTI uses data science to collect, analyze and evaluate the scope of sex trafficking across the United States and to identify effective policy solutions. The research initiative is directed by Crysta N. Price (crystaprice@creighton.edu) and Terry D. Clark (tclark@creighton.edu). SOURCE: <http://www.omahawomensfund.org/>



TELEHEALTH



In 2017 the Nebraska Legislature passed LB92 which ensures coverage of telemedicine services. The bill, which was supported by the Women's Health Advisory Council, guarantees coverage as long the provider is licensed within the state of Nebraska. From psychiatry services to kidney transplant follow-up care the use of telemedicine is expanding. Geri Tyson, a registered nurse and telehealth program manager with Nebraska Medicine said, "telehealth enables patients in their homes or in a rural setting to access the care they need when

they need it." Tyson is part of Telehealth Innovations Hub at Nebraska Medicine and UNMC.

The Hub houses a simulated clinic room and intensive care unit to help providers understand what the patient experience is like, as well as train them on the use of hand-held cameras, electronic stethoscopes and otoscopes, among other devices. The Hub is funded through the Remote Interventions Improving Specialty Complex Care grant from the U.S. Department of Health and Human Services, Center for Medicare and Medicaid Innovation.

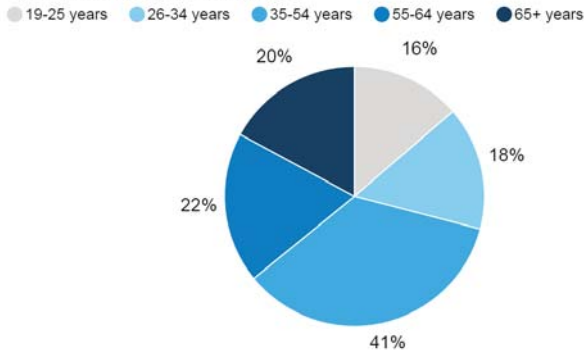
SOURCE: Lisa Spellman, <https://www.unmc.edu/news.cfm?match=20185>

Nebraska Women's Health Profile



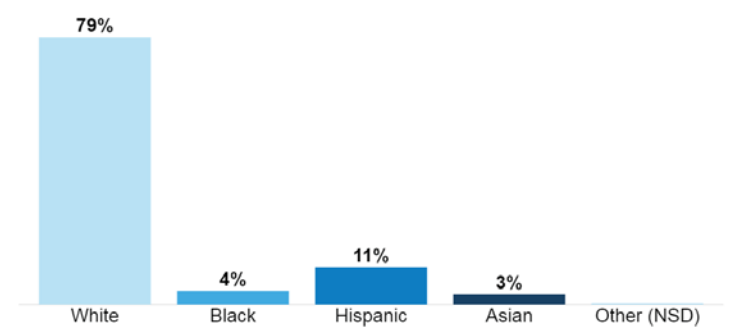
The following charts are from the Kaiser Family Foundation and include a small selection of the most recent data sets on demographics, health coverage and access to care, sexual health, and pregnancy. The data comes from multiple sources, including the Centers for Disease Control and Prevention (CDC) and the U.S. Census Bureau.

DISTRIBUTION OF WOMEN AGES 19 AND OLDER, BY AGE GROUP, 2015, NEBRASKA



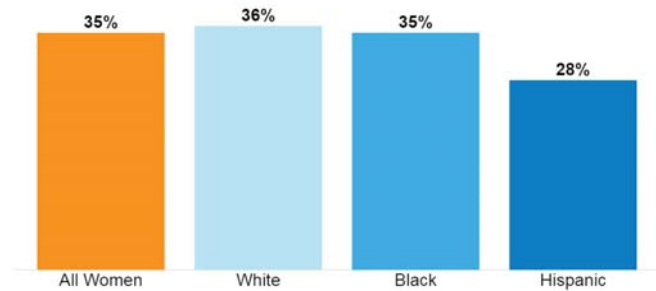
Note: Percentages may not sum to 100% due to rounding.
Source: Kaiser Family Foundation analysis of March 2016 Current Population Survey, US Census Bureau.

DISTRIBUTION OF WOMEN AGES 18-64, BY RACE/ETHNICITY, 2015, NEBRASKA



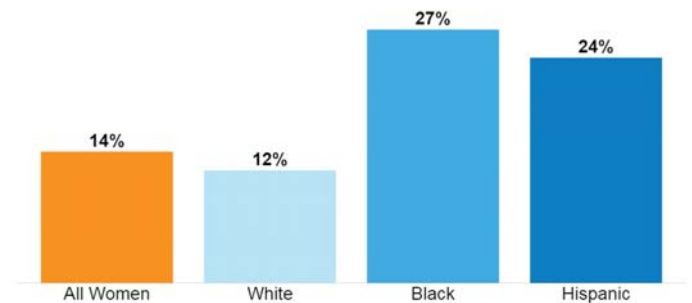
Note: "NSD" - not sufficient data. Percentages may not sum to 100% due to rounding.
Source: Kaiser Family Foundation analysis of March 2016 Current Population Survey, US Census Bureau.

PERCENT OF WOMEN AGES 18 AND OLDER REPORTING POOR MENTAL HEALTH STATUS BY RACE/ETHNICITY, 2013-2015, NEBRASKA



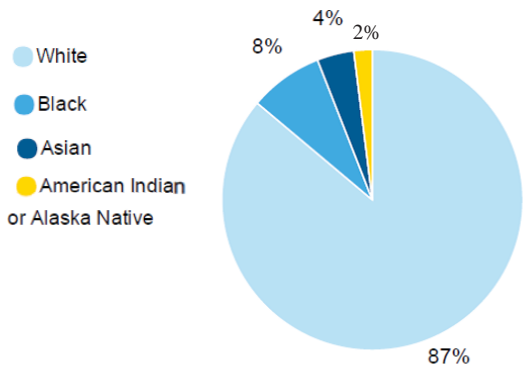
Note: "NSD" - not sufficient data.
Source: Kaiser Family Foundation, State Health Facts. Analysis of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System 2013-2015 Survey Results.

PERCENT OF WOMEN AGES 18 AND OLDER REPORTING FAIR OR POOR HEALTH STATUS, BY RACE/ETHNICITY, 2013-2015, NEBRASKA



Note: "NSD" - not sufficient data.
Source: Kaiser Family Foundation, State Health Facts. Analysis of the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System 2013-2015 survey results.

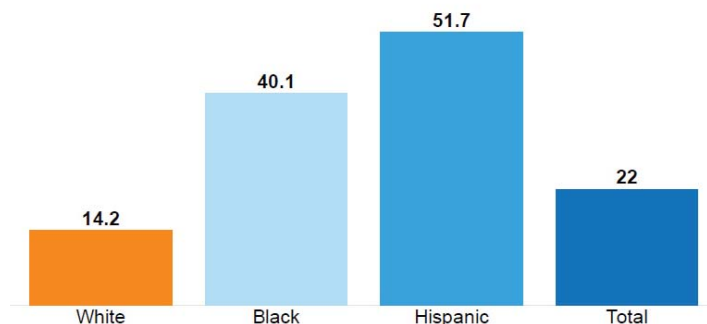
TOTAL BIRTHS, 2015, BY RACE, NEBRASKA



Total: 26,679

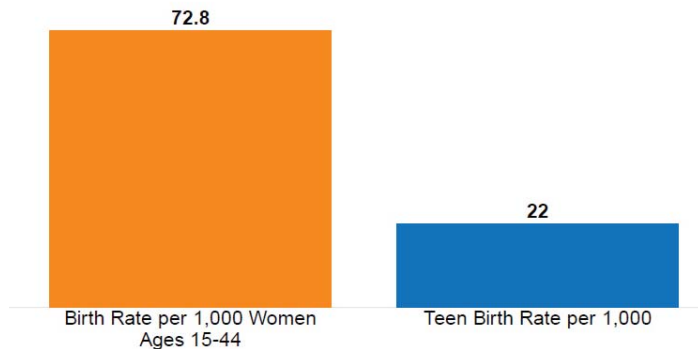
Note: Data are by place of residence and reflects the race of the infant's mother. Race and Hispanic origin are reported separately on birth certificates. Percentages may not sum to 100% due to rounding. "NSD" - not sufficient data.

TEEN BIRTH RATE BY RACE, 2015, NEBRASKA



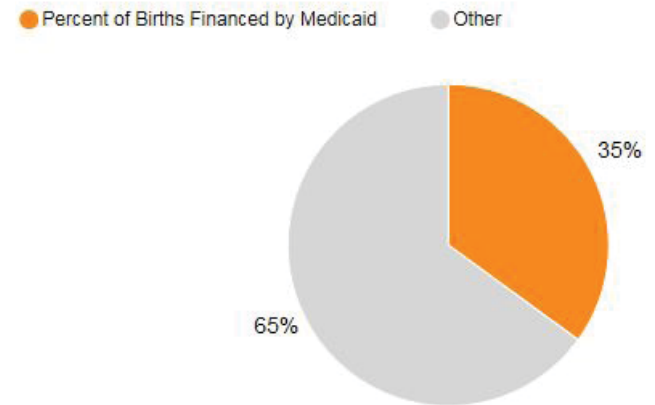
Note: Birth rate per 1,000 women ages 15-19.
Source: Kaiser Family Foundation, State Health Facts, from the Centers for Disease Control and Prevention, National Vital Statistics Reports, Births: Final Data for 2015. (<http://kff.org/other/state-indicator/teen-birth-rate-per-1000-women-ages-15-19-by-raceethnicity/>)

BIRTH RATES FOR WOMEN AND TEENS, 2015 NEBRASKA

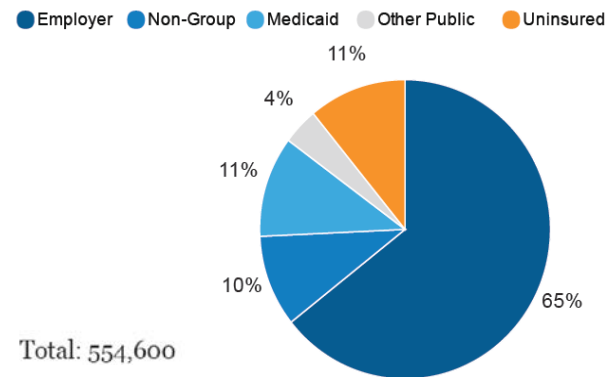


Note: Birth rate per 1,000 women ages 15-44 is also called the "fertility rate". Data are reported by place of residence.
 Source: Kaiser Family Foundation, State Health Facts, from the Centers for Disease Control and Prevention, National Vital Statistics Reports, Births: Final Data for 2015. (<http://kff.org/state-category/health-status/births/>)

PERCENT OF BIRTHS FINANCED BY MEDICAID, 2015 NEBRASKA

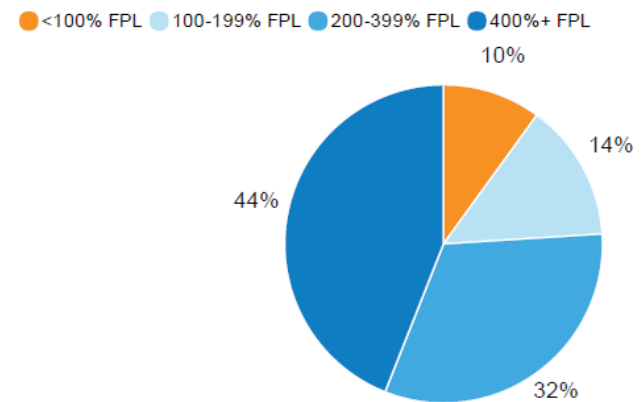


HEALTH INSURANCE COVERAGE OF WOMEN AGES 19-64, 2015, NEBRASKA



Note: Other includes Medicare, TRICARE, and other sources of coverage. Percentages may not sum to 100% due to rounding.

DISTRIBUTION OF WOMEN AGES 18-64, BY FEDERAL POVERTY LEVEL, 2015, NEBRASKA



Note: Federal Poverty Level (FPL) in 2015 was \$11,770 for an individual in the 48 contiguous states and the District of Columbia. It was \$14,720 in Alaska and \$13,550 in Hawaii.
 Source: Kaiser Family Foundation analysis of March 2016 Current Population Survey, US Census Bureau.

NUMBER OF REPORTED SEXUALLY TRANSMITTED INFECTION CASES BY GENDER FOR ALL AGES 2015, NEBRASKA

