

September 1, 2016

Pete Ricketts  
Office of the Governor  
PO BOX 94848  
Lincoln, NE 68509-4848

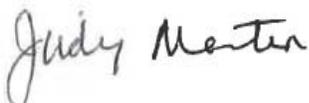
RE: Women's Health Initiatives Annual Report

Dear Governor Ricketts:

Please find attached the 2015-2016 Annual Report to the Legislature for Women's Health Initiatives. This report satisfies the requirements of Nebraska Statutes 71-701 through 71-707.

Please feel free to contact me if you need any further information.

Respectfully,



Judy Martin  
Deputy Director, Community and Environmental Health  
Department of Health and Human Services

## Women's Health Initiatives

Lifespan Health Services Unit

Division of Public Health

Nebraska Department of Health and Human Services

ANNUAL REPORT



public health

noun | pub·lic health | \ˈpeb-lik-\

### Definition of Public Health

: the art and science dealing with the protection and improvement of community health by organized community effort and including preventive medicine and sanitary and social science

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## Acknowledgements

### Nebraska Department of Health and Human Services

Courtney N. Phillips, MPA, Chief Executive Officer

Judy Martin, Deputy Director, Community and Environmental Health

Sara Morgan, Lifespan Health Services Administrator

### Women's Health Initiatives Staff

Tina Goodwin RN, BSN, CLC , Program Manager Women's Health Initiatives  
tina.goodwin@nebraska.gov

Andrea Wenke, Community Health Educator  
andrea.wenke@nebraska.gov

Christine Esch, Administrative Assistant  
christine.esch@nebraska.gov

### CONTACT

Women's Health Initiatives  
301 Centennial Mall South  
PO Box 94817

Lincoln, NE 68509-4817

Phone: (402) 471-0929

Fax: (402) 471-0913

Email: dhhs.womenshealthinitiative@nebraska.gov

## Introduction Letter

Nebraska Women's Health Initiatives (WHI) and Women's Health Advisory Council (WHAC) continue to do great work. I am especially proud to see Council members give input to additional areas in the Department of Health and Human Services (DHHS). Jamie Monfelt-Siems, WHAC's Mental Health representative, presented at the DHHS "Current Practices of Maternal Behavioral Health Conference" in April 2016. Council members participated in a DHHS Stakeholder event, "Preconception Health Planning" and have continued participation in meetings to develop the DHHS, Division of Public Health, State Health Improvement Plan (SHIP).

Women's Health Initiatives continues to collaborate with internal and state level partners. DHHS partners include: 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.

The Women's Health Advisory Council meets quarterly. Council members inform the work of the Department through its 5 workgroups: Legislative, Health Equity, Sexual Health (including preconception health), Mental Health, Advanced Care Planning, and Nutrition and Healthy Weight Gain.

The face of public health has grown and changed to include social issues, health disparities and mental health issues. Women's Health Initiatives will follow 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

## 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 delegate clinics to 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>

- **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/>

- **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>

- **Nebraska WIC (Women, Infants, Children)** is the special supplemental nutrition program for women, infants and children. [http://dhhs.ne.gov/publichealth/Pages/wic\\_index.aspx](http://dhhs.ne.gov/publichealth/Pages/wic_index.aspx)

- **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/Pages/womenshealth.aspx>

Men's Health: [http://dhhs.ne.gov/publichealth/Pages/hew\\_menshealth\\_index.aspx](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 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 2015-2016 Council committees included:



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

- LB690 Change provisions relating to eligibility for the Supplemental Nutrition Assistance Program
- LB782 Provide for a medicaid state plan amendment relating to coverage for family planning services
- LB849 Adopt the Assisting Caregiver Transitions Act
- LB923 Appropriate funds for federally qualified health centers
- LB1007 Change and provide provisions relating to protection of vulnerable adults and senior adults

**Mental Health:** This committee, chaired by Jamie Monfelt-Siems, included 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.
- Jamie Monfelt-Siems presented at the NE DHHS Maternal Behavioral Health Conference.

**Nutrition and Healthy Weight:** This committee, chaired by Heidi Woodard, focused on:

- New recommendations for calcium and vitamin D
- Educating young women about non-dairy sources of calcium
- Who is at risk for osteoporosis in Nebraska
- New breast milk handling and storage guidelines

**Advanced Directives:** This committee, chaired by Judy Reimer, included work on the following project topics:

- Partner 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, chaired by Dr. Amy Lacroix, considered a variety of project topics including:

- Concluded research on confidentiality for adolescents during billing process for Sexually Transmitted Infections.
- Dr. Lacroix shared a policy statement from the American Academy of Pediatrics and the Society for Adolescents and Health Medicine, addressing teen confidentiality.

**Health Equity:** This committee, chaired by Josie Rodriguez, considered a variety of topics including:

- Increasing diversity among Certified Lactation Consultants.
- Collecting pre-term birth data for African American and Hispanic women.
- Teen pregnancy rates among minority youth.
- Crafting overall statement on health equity.

Council continued...

**2015-2016 Meetings**

September 16, 2015,  
Mahoney State Park, Ashland  
January 13, 2016,  
Mahoney State Park, Ashland  
May 11, 2016,  
Mahoney State Park, Ashland

**Council Members, September 2015-June 2016**

Chair: Heidi Woodard, BA, BS

Vice Chair: Mary Larsen, Omaha

Nicole Cusick, Omaha

Vicki Duey, York

Paula Eurek, BS, Lincoln

Darla Eisenhauer, MD, Lincoln

Heidi Edsill, MD, Omaha

Amy Lacroix, MD, Omaha

Brenda McIntosh, Nebraska City

Marcia Merboth, Lincoln

Barbara Moffatt, Hastings

Jamie Monfelt-Siems, MD, Omaha

Ellen Muehling, BA, BS, Lincoln

Audrey Paulman, MD, Omaha

Jina Ragland, BS, Lincoln

Judy Reimer, RN, Hastings

Josie Rodriguez, BS, MS, Lincoln

Kathleen Steinauer-Smith, BA, Lincoln

Terra Uhing, MS, Fremont

Shinobu Watanabe-Galloway, UNMC, Omaha

**Women's Health Initiatives 2015-2016 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:

1. Provided administrative support to the following WHAC sub-committees: Advanced Care Planning; Nutrition and Healthy Weight; Legislative; Health Equity; and Sexual Health.
2. Attended quarterly NE Breastfeeding Coalition meetings:
  - Chaired the Breastfeeding Diversity Inclusion Workgroup, and participated in the Strategic Planning Workgroup to define and develop workplace support.
3. Member PRAMS (Pregnancy Risk Assessment Monitoring System) Steering Committee.
  - Worked with PRAMS Breastfeeding Data Analysis Workgroup, and UNMC student intern to develop a resource on how to identify breastfeeding as a priority in grant writing with the use of PRAMS data.
4. Collaboration with NE DHHS Maternal Child Adolescent Health (MCAH) included: *Young Adults in Health Transformation Project* (National MCH Workforce Development Center), Completed Action Plan, Oct 2015.
  - Engaged meaningful family member, consumer, and young adult participation. Explored the experience of young adults' use of preventive health care services.
  - Explored applicability of the four core constructs of health transformation (access, QI, systems integration, change management) in Nebraska.
  - Increased young adult utilization of preventive health care services.
5. Participated in 2016 Maternal Behavioral Health Conference planning committee:
  - Assisted UNMC in providing Continuing Education Units (CEU's), and Continuing Medical Education (CME's) to conference attendees.
  - Coordination and introduction of speakers.
  - Event evaluation.
6. Preconception Health Planning Collaborative (identification of preconception health priorities including creating a working definition of preconception health and networking).

Activities continued...

## 7. UNMC College of Public Health

- Ongoing relationship with the UNMC College of Public Health Nursing program to provide alternate public health experiences when home visitation is unavailable or cancelled.

## 8. Participated with other NE DHHS nurses to discuss public health nursing career opportunities with student nurses:

- Presented "What is Public Health" to high school students about what it means to be a Public Health Nurse.

## 9. Reviewed and Evaluated:

- NE DHHS Health Promotion, Safe Kids Nebraska "Driving Laws for Teens"
- NE DHHS, Health Promotion, Preventive Health and Health Services Block Grant Review

## 10. Presented training module, "Breastfeeding 101" at the June 2016 Community Health Worker Training in Lincoln.

11. Participated in the development of the SHIP (State Health Improvement Plan), priorities include: Increased healthcare access, obesity, mental health treatment and prevention, health equity and integration of public health into existing system.

## 12. Was featured program at quarterly Lifespan Health Division Meeting

13. Women's Health Initiatives continues to work with the U.S. Department of Health and Human Services, Office of Women's Health to report statewide breastfeeding activities, and promote a learning community between Iowa, Kansas, Missouri and Nebraska.

## 14. Participated in Place Matters Collaborative.



## Place Matters Learning Collaborative

Lasting throughout 2015-2016, and convened by Nebraska Reproductive Health, PRAMS, and Adolescent Health, the Place Matters Learning Collaborative (PMLC) utilizes the Social Determinants of Health model to understand economic and social environments. Where people are born, live, work, and play affect a wide range of health, functioning, and quality-of-life outcomes and risks. The work of the PMLC will inform the Title V Maternal Child Health Program, and membership includes all specialties of public health from across Nebraska. The PMLC explores why "place" matters and discusses the policies, practices and projects that have put these concepts into action at different levels of government and community.

**Framework:** Designed to incorporate a "Framework for Healthy Communities," the PMLC designed four sub-groups to address each aspect of place, which include: economic environment, social environment, physical environment, and service environment. Each group studied the Flint, Michigan water crisis using the framework to understand how specific environments created and contributed to elevated lead levels in Flint's water system; which became a public health emergency.



According to PMLC developer Jessica Seberger, the PMLC will develop a studied and informed approach to assessing public health programs and explore promising interventions that will have an impact on social factors, economic factors, physical factors, and services related to public health. We will do this by looking at policies across systems that impact public health at the federal, state, and local level. PMLC concludes September 2016.

## Thirty-Two Years of Dedication: An Interview with Paula Erek

In July 2016, Paula Erek retired from her position as Lifespan Health Services Administrator. After 32 years of service to Nebraska DHHS, and 15 years as a Women's Health Advisory Council member, Paula sat down with Women's Health Initiatives Program Manager Tina Goodwin to share her thoughts on her experiences. A lifelong Nebraskan, Paula was born in Loup City, Nebraska and lived on a farm near Ashton until she was in junior high. The family then moved back to Loup City where she lived until she attended UNL. Paula has two sisters.

**As an inaugural member of the Women's Health Advisory Council (15 years) how do you think the Council has evolved?** The Council has adapted to the changing health care landscape and emerging issues and needs around Women's Health. The Council has had to be

"My father taught me patience and my mother taught me perseverance."

flexible in considering new perspectives and open to getting a better understanding of women's health.

**How has the Council influenced the work of DHHS and Lifespan Health?** The WHAC has helped launch initiatives such as: The Breastfeeding Coalitions Breastfeeding Friendly Business Award, the Women's Health Equity Report, and issues around disparities and heart health education.

**What direction would you like to see the Council move in the area of Women's Health?** The Council should continue to better understand and make recommendations around Health Disparities, provide additional expertise around evidenced based strategies and continue to

consider Lifecourse and inter-generational issues of the family.

**The Council continues to have challenges in membership representation of rural professionals. Any thoughts?**

Due to the vast size of our state it is difficult for rural members to attend meetings in-person. The Council will have to explore options around technology, such as, teleconferencing, in order to more easily include the input of rural members.

**What advice might you give your successor and anyone new coming in as a NE DHHS Women's Health Advisory Council Member?** Be open to learning from fellow Council members. Find ways to connect to women's wealth issues on your own by reading and listening to the women in your communities. Bring that information to the Council.

**What are you most looking forward to in retirement?** Taking a break from day-to-day work. Taking time to read, travel, and become more involved in the community.

**In looking back over your career, do you have any regrets? Anything you wish you could have done differently?** I have no regrets. Public health has been rewarding and gratifying over these 32 years. I hope that I've made a difference in the lives of Nebraskans **What are you most proud of in thinking about your work at NE DHHS?** I feel that I have contributed to the professionalism of DHHS. I am proud that I have had a part in growing great leadership skills in the staff that I supervise. I trust that I have left capable leaders to continue to do the good work of public health.

## Emerging Issues and Trends in Women's Health

Women's Health Initiatives researches, monitors and reports on emerging trends in women's health. Zika virus, opioid addiction and human trafficking are trends that impact Nebraska. WHI is following current federal and state legislation and policies being implemented to combat these threats to public health.

### ZIKA VIRUS

As of August 2016, there are 8 travel-related Zika cases in Nebraska, according to DHHS. The virus can be transmitted in the following ways: mosquito bites, mother to fetus, sexual intercourse, blood transfusions and laboratory exposures. The virus poses the most risk

to unborn babies, who can develop microcephaly. No reports of transmission of virus through breast-feeding have been reported. The CDC recommends



all pregnant women be screened for the virus at every prenatal appointment. The virus usually only causes mild illness in men and non-pregnant women. The U.S. Congress failed to pass a funding bill that would give money to the states for prevention and treatment. Nebraska residents are urged to visit [dhhs.ne.gov/zika](http://dhhs.ne.gov/zika) for more information and resources. People who are traveling to an area with Zika are

urged to take the following precautions:

- Use an EPA-registered insect repellent
- Wear long-sleeved shirts and long pants
- Stay in place with air conditioning and screens on doors and windows

The CDC recommends that pregnant women in any trimester avoid travel to areas where Zika virus is spreading.

## DRUG ADDICTION

DHHS has identified prescription drug overdose prevention as a priority and is working on several key initiatives to fight opioid abuse and addiction. DHHS was awarded a CDC Prescription Drug Overdose Prevention for States grant to focus efforts on reducing opioid abuse and addiction by working with external stakeholders to implement three major components. Those components include enhancing and maximizing the prescription drug monitoring program (PDMP), establishing statewide pain management

from the PDMP workgroup. The PDMP workgroup consists of stakeholders from several Nebraska professional associations, including the Nebraska Medical Association, and various health/medical boards. SOURCES: NE DHHS Injury Prevention, and DHHS Communications and Legislative Services.

Overdoses from heroin, prescription drugs, and opioid pain relievers last year surpassed car accidents as the leading cause of injury-related death in America, according to the Centers for Disease Control. Deaths

### DHHS Working to Prevent Prescription Drug Abuse \*

Prescription drug misuse and abuse as well as overdose-related deaths are a growing problem across the nation and in Nebraska. In 2015, 149 Nebraskans died of a drug overdose. At least 54 were opioid related. Nebraska's drug overdose death rate has increased over the last decade. It was 8.2 per 100,000 people in 2015 which is up from 3.6 per 100,000 in 2004.

guidelines for chronic pain, and creating awareness about the increased access to naloxone. Efforts to enhance and maximize the PDMP are underway and include making the PDMP more accessible to health care professionals who prescribe and dispense medications by providing free online access to a patient's medication history, implementing legislation that requires reporting of all dispensed prescriptions by dispensers, development of training and educational materials for the PDMP, and guidance

have reached their highest levels of the 21st century in 2014, the most recent year for which data is available, according to the National Institute on Drug Abuse.

SOURCE: <https://www.govtrack.us/congress/bills/114/s524>

In July 2016, the federal addiction initiative, Comprehensive Addiction and Recovery Act (CARA) was signed into law, authorizing \$8.3 billion in funding to help states combat the heroin and opioid epidemic. Some provisions of the bill include: \$80 million in funding to help prevent and treat addiction

### Drugs Caused 8 out of 10 Poisoning Deaths \*

In 2014, drugs and medications –prescription drugs, illicit drugs, and over-the-counter medications, - were the underlying cause of death for 81% of all poisoning deaths. Of the drug overdose deaths, 74% were unintentional, 20% were suicide or intentional self-harm, and 6% had undetermined intent. Males and females had approximately equal rates and persons aged 45-54 years had the highest rate of all age categories.

on a local level through community-based education, prevention, treatment and recovery programs; \$160 million for the expansion of medication-assisted treatment options; and \$103 million to establish a community-based competitive grant program to address and treat the problems of heroin and

Table 1. Drug overdose deaths: Demographic characteristics and intent, Nebraska residents, 2014

		Number	Percent	Rate per 100,000 persons
Gender	Female	64	52%	6.8
	Male	60	48%	6.4
Age (in years)*	15-24	9	7%	3.4
	25-44	60	48%	12.5
	45-54	32	26%	13.4
	55 and older	22	18%	4.3
Intent	Unintentional (also known as "accidental")	92	74%	
	Suicide	25	20%	
	Undetermined	7	6%	

\*0-14 age group not included due to small numbers.

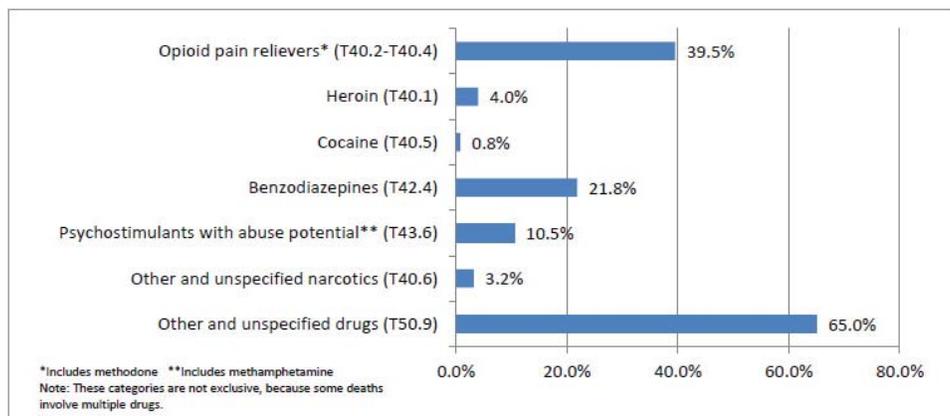
Emerging Issues continued...

opioid addiction and abuse. Specific to women, CARA includes *Improving Treatment for Pregnant and Postpartum Women*. This provision reauthorizes the residential services for pregnant and postpartum

### Opioid Pain Relievers Contributed to 40% of Drug Overdose Deaths\*

Opioid pain relievers, such as oxycodone or hydrocodone, contributed to 49 (40 percent) of 124 drug overdose deaths in 2014. These results might be undercounts, because the percent of drug overdose deaths that had only unspecified drug(s) listed as contributing to the death ranged from 67 percent in 1999 to 42 percent in 2014.

Figure 2. Proportion of drug overdose deaths involving selected drugs, Nebraska Residents, 2014



women program (PPW) grant program within SAMHSA's Center for Substance Abuse Treatment (CSAT). This program supports family centered substance use disorder services for women and young children in residential settings. This provision would also create a pilot program for State substance abuse agencies to use up to 25 percent of funds for services to pregnant and parenting women in non-residential settings.

SOURCE: <http://www.cadca.org/comprehensive-addiction-and-recovery-act-cara>

\* SOURCE: NE DHHS Injury Prevention Program and NE Death Certificate DATA. For more information on Nebraska's efforts, contact Amy Reynoldson at (402) 471-0835 or [amy.reynoldson@nebraska.gov](mailto:amy.reynoldson@nebraska.gov)

## HUMAN TRAFFICKING in NEBRASKA

In May 2015, Nebraska Governor Pete Ricketts signed LB294 into law. The *Human Trafficking Victims Civil Remedy Act* is a new approach focused on the victims of trafficking, and includes revised provisions relating to, evidence of sexual assault, search warrants, temporary custody of juveniles, and foster care reports, change penalties for human trafficking and crimes relating to morals, and provide for forfeiture of assets.

The new approach, championed by Attorney General Doug Peterson focuses on helping survivors, stopping traffickers and shrinking the market by going after customers instead of victims who are coerced into working as prostitutes. A state task force is developing a plan, and Peterson is considering legislation next year to increase criminal penalties for traffickers.

Peterson and NE Human Trafficking Coordinator Stephen Patrick O'Meara acknowledge major changes will take time, largely because Nebraska has a short-

age of services that are tailored to sex trafficking victims.

The Women's Fund of Omaha conducted a survey last year that found 84 percent of "service providers," including nonprofits and state agencies, did not believe they were adequately meeting the needs of people who have been trafficked.

A statewide task force is building a network of law enforcement, prosecutors, social service agencies, doctors and nurses, and industries that are more likely to encounter prostitutes, such as motels and trucking.

SOURCES: GRANT SCHULTE The Associated Press; [http://www.nebraskalegislature.gov/bills/view\\_bill.php?DocumentID=25065](http://www.nebraskalegislature.gov/bills/view_bill.php?DocumentID=25065);

"Report and Recommendations Regarding Establishment of the Nebraska Human Trafficking Task Force (NHTTF)." [http://ago.nebraska.gov/\\_resources/dyn/files/75458636z75bd0cfe/\\_fn/Human+Trafficking+Plan+%28pdf%29.pdf](http://ago.nebraska.gov/_resources/dyn/files/75458636z75bd0cfe/_fn/Human+Trafficking+Plan+%28pdf%29.pdf)





## WOMEN'S HEALTH IN NEBRASKA (DHHS REGION VII)

### Female Population of NEBRASKA

Total state population: 1,855,525 (933,223 females; 922,302 males)

Racial/ethnic distribution of Female Residents *	Total	White, non-Hispanic	Black, non-Hispanic**	American Indian	Asian/Pacific Islander	Hispanic
<b>Number</b>	933,223	772,798	46,352	13,359	21,459	85,341
% of total females	100.0%	82.8%	5.0%	1.4%	2.3%	9.1%
<b>Below poverty level***</b>	130,549	81,978	13,992	3,335	2,977	25,119
% of females below poverty level	14.4%	11.1%	35.2%	41.8%	15.9%	30.2%
<b>High School graduates***</b>	563,538	503,883	18,836	3,972	9,560	21,825
% of female high school graduates	91.3%	94.6%	81.3%	85.6%	80.0%	56.3%

Age distribution of Female Residents	10-14	15-44		45-64	65-84	85+
		15-19	20-44			
<b>Number</b>	61480	62,418	296,157	239,527	117,623	27,226
% of total females	6.6%	6.7%	31.8%	25.7%	12.6%	2.9%

Sources: 2012, U.S. Census Bureau and NCHS; 2012 U.S. Census Bureau, American Community Survey

\*Racial/ethnic groups may not sum to total

\*\*Poverty and educational status data in the Black, non-Hispanic column reflect estimates for all Black females (both Hispanic and non-Hispanic)

\*\*\*Estimates of poverty status are based upon estimates of the population whose poverty status could be determined. Estimates of high school graduates are based upon the population who are 25 years and older. Some estimates of poverty and educational status in the API column may reflect Asian data alone.

### Health Status (Age-adjusted<sup>§</sup> percent of adult females)

- In poor general health: 3.1%
- Activity limitation due to poor phys/mental health: 8.6%
- No natural teeth: 4.3%

Sources: 2012, BRFSS

### Access to Care (Age-adjusted<sup>§</sup> percent of adult females)

- No health insurance coverage (under 65): 15.9%
- No personal doctor or primary care physician: 11.8%
- Saw a dentist in past year: 71.0%

### Health Conditions and Risk Factors (Age-adjusted<sup>§</sup> percent of adult females)

Condition or Risk Factor	Total	White, non-Hispanic	Black, non-Hispanic	American Indian	Asian/Pacific Islander	Hispanic
Currently smoke (age 18+)	18.8%	18.6%	34.2%	47.4%	7.7%	9.4%
No leisure time activity in past month	20.6%	18.6%	32.3%	37.9%	16.6%	32.1%
Overweight (age 20+)	29.3%	28.4%	37.7%	35.6%	NA	33.2%
Obese (age 20+)	28.9%	28.0%	38.2%	38.0%	NA	37.1%
Hypertension <sup>†*</sup>	26.7%	25.6%	48.7%	37.6%	25.6%	27.9%
High cholesterol <sup>†</sup>	30.2%	30.6%	32.5%	29.6%	22.4%	27.6%
Diabetes*	9.1%	8.0%	18.6%	16.3%	4.3%	15.4%
Arthritis	25.2%	25.5%	24.7%	27.1%	23.6%	20.4%
Asthma, currently	8.8%	8.6%	14.8%	22.2%	1.8%	6.5%

Source: 2012, BRFSS; <sup>†</sup>2011, BRFSS; \*Includes pregnancy-related condition

### Preventive Services/Screenings (Age-adjusted<sup>§</sup> percent of adult women)

- Routine physical exam within past two years: 81.1%
- Mammogram within past 2 years (age 50-74): 75.0%
- Pap smear within past 3 years (age 21-65): 81.3%
- Sigmoidoscopy/colonoscopy ever (age 50+): 66.2%
- Influenza immunization in past year: 46.4%
- Influenza immunization in past year (65+ only): 64.1%

Sources: 2012 BRFSS; For race information, see Quick Health Data Online: <http://www.womenshealth.gov/quickhealthdata>

NA - Data not available or suppressed

NR - Data not reported  
status of women's health in nebraska

**Mortality** (Female residents)

Cause of Death	Number of Deaths	Age-Adjusted Death Rate (deaths per 100,000)
Total (all ages)	7,708	608.5
Heart Disease	1,690	124.0
Cancer	1,646	142.9
Breast Cancer	225	19.3
Cervical Cancer	24	2.6
Stroke	509	37.7
Chronic Lower Respiratory Disease	494	41.4
Alcohol- or Drug-Induced	107	11.7
Suicide	38	4.1
Homicide	18	2.0
Human Immunodeficiency Virus (HIV)	NA	NA
Infant Mortality Rate (All Causes, Not gender-specific) <sup>†</sup>		5.7

Source: 2010, NCHS National Vital Statistics System; <sup>†</sup>2006-2010, NCHS National Vital Statistics System

**Prenatal Care and Pregnancy Risk** (Percent)**Pregnant women:**

- Receiving prenatal care in 1<sup>st</sup> trimester<sup>†</sup>: 75.1%
- Smoking cigarettes<sup>†</sup>: 13.3%

**Women:**

- With live births who reported unintended pregnancy<sup>††</sup>: 38.4%
- Reported physical abuse during pregnancy<sup>††</sup>: 2.8%

Sources: <sup>†</sup>2010, NCHS National Vital Statistics System; <sup>††</sup>2010, CDC PRAMS

**Birth Outcomes** (Percent)**Births:**

- Low birthweight (LBW)<sup>†</sup>: 7.1%
- Preterm<sup>†</sup>: 12.0%
- Cesarean among low-risk women (full-term, singleton, vertex presentation)<sup>†</sup>: 24.8%

**Children Breastfeeding:**

- Exclusively breastfed at least 3 months<sup>††</sup>: 44.7%
- Breastfed at least 6 months<sup>††</sup>: 53.4%
- Ever breastfed after delivery<sup>††</sup>: 82.2%

Sources: <sup>†</sup>2010, NCHS National Vital Statistics System; <sup>††</sup>2009, CDC NIS data for the cohort of children who were born in the year 2009

**Sexually Transmitted Infections** (Number of new annual reported infections and rate per 100,000 women)

- Chlamydia: 4,628 cases (499.0)
- Gonorrhea: 784 cases (84.5)
- Primary and Secondary Syphilis: 1 cases (0.1)
- HIV<sup>†\*</sup>: 11 cases (1.5)
- AIDS<sup>†</sup>: 12 cases (1.6)

Source: 2012, Estimated Data from the CDC NCHHSTP Atlas; <sup>†</sup>2011, Estimated Data from the CDC NCHHSTP Atlas

**Violence and Abuse:**

- Females reported physical abuse during pregnancy (percent)<sup>†</sup>: 2.8%
- Reported female rapes (number and rate per 100,000 females)<sup>††</sup>: 590 (65.2)

Sources: <sup>†</sup>2010, CDC PRAMS; <sup>††</sup>2009, FBI Uniform Crime Statistics

**Mental Health**

- Adult females reporting poor mental health on 8 or more of the past 30 days (age-adjusted percent)<sup>†</sup>: 14.3%
- Female suicide deaths (number and age-adjusted rate per 100,000 females)<sup>††</sup>: 38 (4.1)

Source: <sup>†</sup>2012, CDC BRFSS; <sup>††</sup>2010, NCHS National Vital Statistics System

**Teen Health** (Percent **teenage females** unless otherwise specified)

- Birth rate<sup>†</sup>: 14.6
- Currently use alcohol: 27.5%
- Currently use cigarettes: 15.5%
- Currently use marijuana: 12.0%
- Pregnancy rate<sup>†</sup>: NA
- Currently sexually active: 28.5%
- Attempted suicide: 8.5%
- Overweight: 13.6%

Sources: 2011, YRBS; <sup>†</sup>2010, NCHS National Vital Statistics System and Individual State Health Departments, per 1000 women ages 15-17

NA - Data not available or suppressed

NR - Data not reported

<sup>§</sup>Age adjustment is a statistical process applied to rates of disease, death or other health outcomes that allows populations to be compared by controlling for age group differences in the composition of each population.



These data and much more can be found at Quick Health Data Online:

<http://www.womenshealth.gov/quickhealthdata>

# DHHS Women's Health Initiatives Organizational Chart

