

# NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 1, 2025

The Honorable Jim Pillen  
Governor of Nebraska  
P.O. Box 94848  
Lincoln, NE 68509

Mr. Brandon Metzler  
Clerk of the Legislature  
P.O. Box 94604  
Lincoln, NE 68509

Subject: Women's Health Initiative Report

Dear Governor Pillen and Mr. Metzler:

In fulfillment of Neb. Rev. Stat. § 71-707, the Department of Health and Human Services, Division of Public Health submits this report for the 2024-2025 fiscal year.

Sincerely,

A handwritten signature in black ink that reads "Ashley Newmyer".

Ashley Newmyer  
Interim Director, Division of Public Health

Attachment

# Division of Public Health

## Women's Health Initiative Report

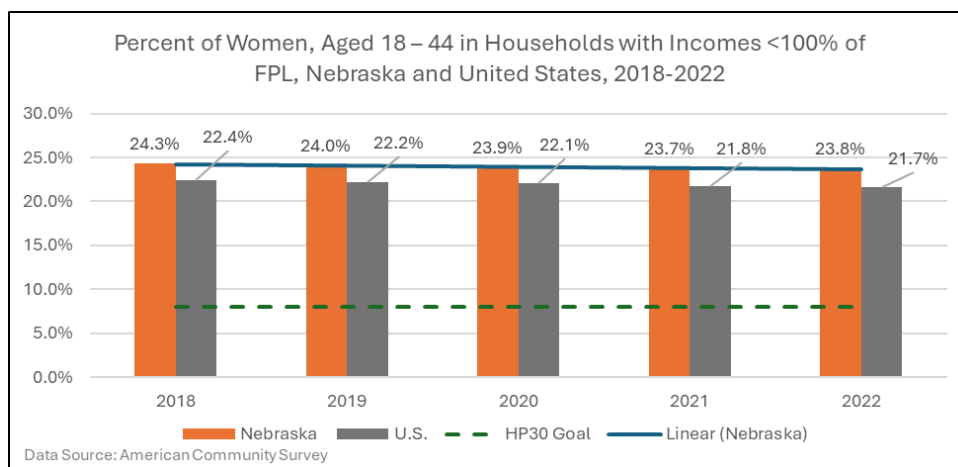
September 2025

Neb. Rev. Stat. § 71-707

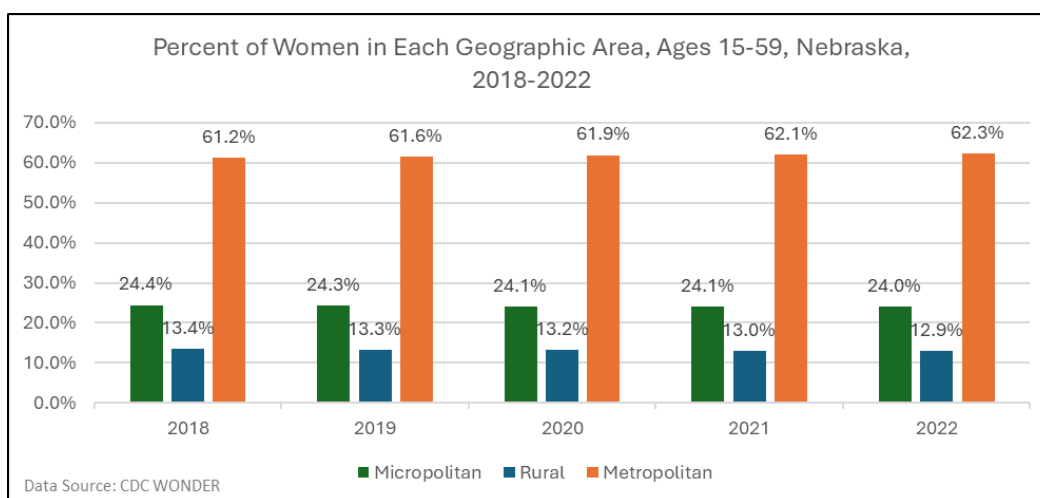
# Women's Health Status in Nebraska

In FY2025, the Title V Maternal and Child Health (MCH) Block Grant program, which closely aligns with the Women's Health Initiative and is co-located in the Lifespan Health Services Unit, conducted a five-year needs assessment for Nebraska's Maternal, Infant, Child, Youth, and Children and Youth with Special Healthcare Needs populations. A myriad of quantitative data sources was analyzed to describe the health status of the MCH populations and to develop programming priority areas for the next five years.

According to the US Census American Community Survey, in 2022 there were an estimated 488,641 women aged 18-54 living in Nebraska, with 91.4% insured. Of note, 23.8% of women aged 18-44 reported living below the Federal Poverty Level, which is statistically higher than the same population across the United States as a whole and nearly three times higher than the Healthy People 2030 goal of 8.0%.



Most Nebraska women ages 15-59 live in Metropolitan areas, with an additional quarter living in Micropolitan areas, and just 12.9% living in rural areas of the state.

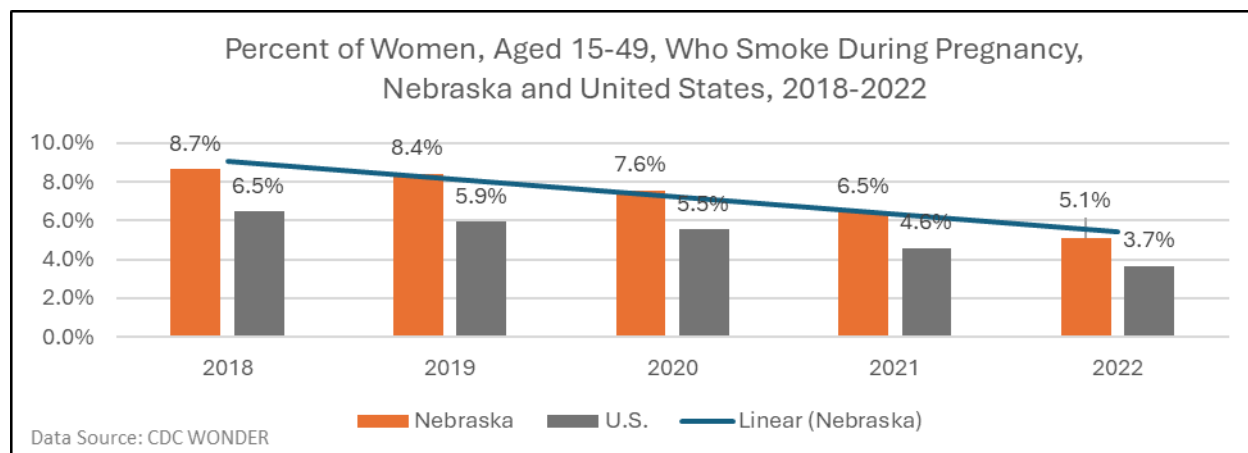


Nebraska women aged 18-44 are forgoing preventive medical visits more frequently than the United States on average, with only 70.1% of Nebraskans reporting attending a preventive medical visit in the past year

compared to 72.5% of women across the nation, according to data collected by the Behavioral Risk Factor Surveillance System (BRFSS).

The leading cause of death for women, reported by the Nebraska Office of Vital Statistics, remains unintentional injuries. Other leading causes seen between 2018-2022 include cancer, heart disease, suicide, COVID-19, and homicide.

Top Five Causes of Death Among Women, Rate Per 100,000 Women, NE, 2018 – 2022										
Data Source: Nebraska Office of Vital Statistics and CDC WONDER										
	2018		2019		2020		2021		2022	
	Nebraska	U.S.	Nebraska	U.S.	Nebraska	U.S.	Nebraska	U.S.	Nebraska	U.S.
1	Accidental Deaths 22.29	Accidental Deaths 25.48	Accidental Deaths 16.84	Accidental Deaths 25.52	Accidental Deaths 19.97	Accidental Deaths 32.35	Accidental Deaths 21.54	Accidental Deaths 36.20	Accidental Deaths 27.95	Accidental Deaths 34.78
2	Cancer 13.70	Malignant neoplasms (Cancer) 13.32	Cancer 13.90	Malignant neoplasms (Cancer) 13.32	All Other Causes 12.25	Malignant neoplasms (Cancer) 13.05	All Other Causes 16.28	COVID Death 13.65	All Other Causes 16.72	Malignant neoplasms (Cancer) 13.31
3	All Other Causes 11.82	Heart Disease 7.52	All Other Causes 12.83	Heart Disease 7.50	Cancer 10.92	Heart Disease 8.46	Cancer 10.77	Malignant neoplasms (Cancer) 13.43	Cancer 10.19	Heart Disease 8.25
4	Heart Disease 6.44	Intentional self-harm (Suicide) 7.22	Intentional Self Harm (Suicide) 7.22	Intentional self-harm (Suicide) 6.82	Heart Disease 6.66	Intentional self-harm (Suicide) 6.76	Intentional Self Harm (Suicide) 9.98	Heart Disease 8.75	Intentional Self Harm (Suicide) 8.62	Intentional Self Harm (Suicide) 7.20
5	Intentional Self Harm (Suicide) 5.10	Assault (Homicide) 3.44	Heart Disease 5.88	Assault (Homicide) 3.40	Intentional Self Harm (Suicide) 5.33	Assault (Homicide) 4.63	COVID Death 8.14	Intentional self-harm (Suicide) 6.99	Heart Disease 4.96	Assault (Homicide) 4.43

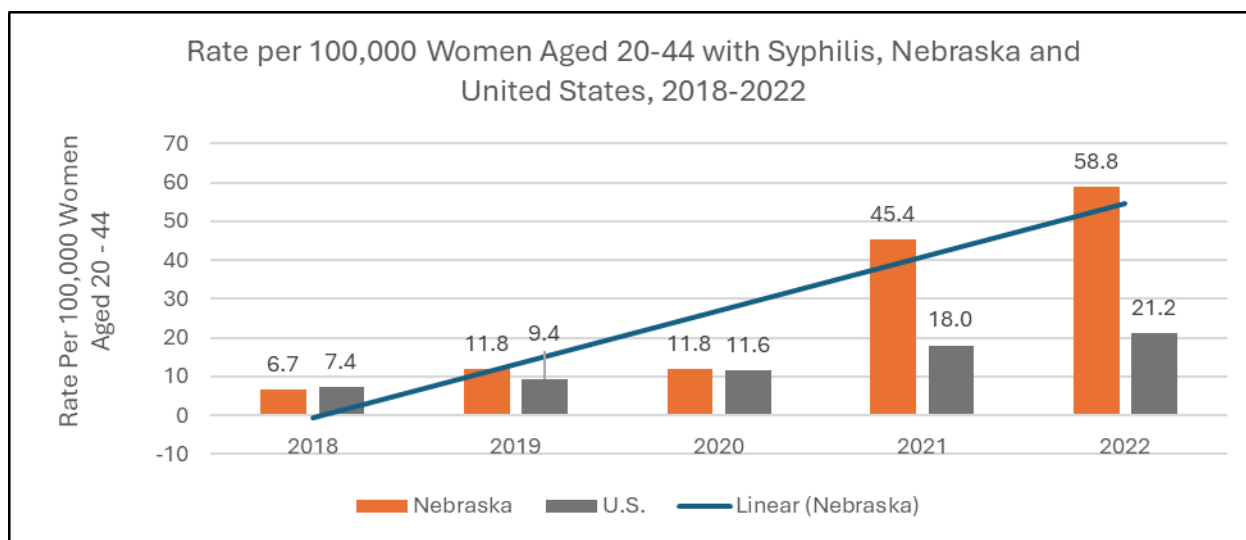


Birth certificate data show Nebraska's historically high levels of smoking among pregnant women have significantly decreased over the last several years, from 8.7% in 2018 to 5.1% in 2022, but remains statistically significantly higher than the United States as a whole (3.7%).

Access to care during and after pregnancy differs by maternal race/ethnicity, with differences seen in initiation of prenatal care within the first trimester (Birth certificate), postpartum visit attendance (PRAMS), postpartum birth control utilization (PRAMS), and preventive dental visit during pregnancy (PRAMS).

Efforts to combat severe maternal morbidity (SMM) and maternal mortality continue at local, state, and national levels. The maternal mortality rate per 100,000 live births in Nebraska was 16.9 in 2021, which is not statistically different from that of the United States; however, the SMM rate in Nebraska was 60.1 per 10,000 delivery hospitalizations compared to 100.4 per 10,000 in the United States, a statistically significant difference (AHRQ Healthcare Cost and Utilization Project- State Inpatient Data).

Both rates of Chlamydia and Syphilis among Nebraska women aged 20-44 have increased over the last five years (Nebraska STD Program), and the Syphilis rate among this population was significantly higher in Nebraska than in the United States in 2022 (58.8 per 100,000 compared to 21.2 per 100,000) (CDC WONDER).



## Results Achieved by the Initiative

The WHAC identified three priority issues for 2023-2025, which included mental health, reproductive health over the lifespan, and violence against women.