

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

September 1, 2026

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 2025-2026 fiscal year.

Sincerely,

A handwritten signature in cursive script that reads "Ashley L. Newmyer".

Ashley L. Newmyer
Director, Division of Public Health

Attachment

Division of Public Health

Women's Health Initiative Report

September 2026

Neb. Rev. Stat. § 71-707

Women's Health Status in Nebraska

According to the US Census, in 2024 there were an estimated 462,274 women aged 18-54 living in Nebraska, with 90.4% insured. Of note, 14.9% of women aged 18-44 reported living below the Federal Poverty Level, which is higher than the Healthy People 2030 goal of 8.0%. Most Nebraskan 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.

The leading cause of death for Nebraskan women ages 18-54 in 2024, reported by the Centers for Disease Control and Prevention's Web-based Injury Statistics Query and Reporting System, was cancer, followed by unintentional injury, heart disease, liver disease, and suicide.

Nebraskan women aged 18-44 are forgoing preventive medical visits more frequently than the United States on average, with only 70.1% reporting attending a preventive medical visit in the past year compared to 72.5% of women across the nation (Behavioral Risk Factor Surveillance Survey, 2022).

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 3.4% in 2024. Access to care during and after pregnancy differs by maternal race/ethnicity, with differences seen in initiation of prenatal care within the first trimester, postpartum visit attendance, and preventive dental visit during pregnancy (Pregnancy Risk Assessment Monitoring System [PRAMS], 2024).

Rates of syphilis among Nebraskan women aged 20-44 increased from 2018-2023 but plateaued in 2024 and started to fall in 2025. The rate of syphilis in 2025 among females aged 20 to 44 years fell to 56.4 per 100,000 from 81.3 in 2024 (Nebraska Department of Health and Human Services STD Program).

Efforts to combat severe maternal morbidity (SMM) and maternal mortality continue at local, state, and national levels. Nebraska's Pregnancy-Related Mortality Ratio from 2014-2023 ranged from 4.0 to 29.9 deaths per 100,000 live births; the SMM rate in 2010 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).