

September 14, 2012

Patrick O'Donnell
Clerk of the Legislature
Room 2018
P.O. Box 94604
Capitol Building
Lincoln, NE 68509

Dear Mr. O'Donnell:

Please find attached the Annual Report to the Legislature for the Women's Health Initiative. This report satisfies the requirements of Nebraska Revised Statute 71-707, which states that the Department of Health and Human Services shall issue an annual report to the Governor and the Legislature for the preceding fiscal year's activities of the Women's Health Initiative of Nebraska.

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

Respectfully,



Joann Schaefer, M.D.
Chief Medical Officer
Director, Division of Public Health
Department of Health and Human Services

Nebraska Office of Women's and Men's Health
Lifespan Health Services
ANNUAL REPORT
2011-2012



IN FULFILLMENT OF THE REQUIREMENTS OF
WOMEN'S HEALTH INITIATIVE STATUTE
LAWS 2000, LB480; LAWS 2005, LB301; LAWS 2007, LB296;
LAWS 2009, LB84; AND LAWS 2009, LB154

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Introduction Letter

The data sheets on the following pages show both progress and challenges for women's health. Prepared for Nebraska by Region VII of the U.S. Department of Health and Human Services, the data show that fewer women were smoking in 2010 than in 2000 when the Women's Health Initiative started (16.8% vs. 20.6%), far more women have received endoscopy for colorectal cancer screening (62.7% vs. 33.7%), and fewer women report their health status is poor (3% vs. 3.5%).

The Office of Women's and Men's Health can take credit for only part of the improvements, and it is important to note that in the areas of obesity and physical activity the data are headed in the wrong direction.

Public health is working diligently to increase effectiveness of programs and policies through a commitment to science. An emphasis on the relatively new field of evidence-based public health assures greater progress for difficult health issues. The Office of Women's and Men's Health has affirmed its dedication to evidence-based public health through coordination of training opportunities this year.

The Office recently worked with the St. Louis Prevention Research Center to deliver a train-the-trainer course in Evidence-Based Public Health to 42 public health leaders. This course was provided through a grant from the National Association of Chronic Disease Directors. Participants will train peers throughout the state.

In addition, the Office of Women's and Men's Health has worked with the Prevention Research Center to develop and pilot test an on-line course in evidence-based public health. The course is now available at <http://prcstltraining.org>.

The nation's health care system is changing at a rapid pace, and the Office of Women's and Men's Health intends to be a valuable partner in facilitating positive change. With a new focus on patient navigation and work with communities to create health hubs, the Office can increase the use of clinical preventive services and healthy lifestyles. A 2013 conference on healthy lifestyles for health professionals will enhance our partnership with the medical care system and enlist greater collaborations for public health.

The use of evidence to develop and evaluate our programs serves our mission of helping men and women of all ages in Nebraska lead healthier lives. With the assistance of an active and dynamic Women's Health Advisory Council, and the support of the Governor and the Legislature, we are sure to succeed!

Submitted by



Kathy Ward, Administrator of the Office of Women's and Men's Health

DATA

WOMEN'S HEALTH IN NEBRASKA (DHHS REGION VII)

Female Population of NEBRASKA

Total state population: 1,826,341 (920,045 females; 906,296 males)

Racial/ethnic distribution of Female Residents*	Total	White, non-Hispanic	Black, non-Hispanic**	American Indian	Asian/Pacific Islander	Hispanic
Number	920,045	768,979	44,919	12,925	19,648	79,256
% of total females	100.0%	83.6%	4.9%	1.4%	2.1%	8.6%
Below poverty level***	123,415	75,795	14,821	3,804	1,593	22,063
% of females below poverty level	13.8%	10.2%	39.0%	40.5%	10.4%	27.6%
High School graduates***	554,558	500,339	17,964	4,347	7,817	19,266
% of female high school graduates	91.2%	94.4%	80.3%	86.6%	78.4%	53.3%

Age distribution of Female Residents	10-14	15-44		45-64	65-84	85+
		15-19	20-44			
Number	60,020	62,897	292,134	237,402	113,756	26,518
% of total females	6.5%	6.8%	31.8%	25.8%	12.4%	2.9%

Sources: 2010, U.S. Census Bureau and NCHS; 2010 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[§] percent of adult females)

- In poor general health: 3.0%
- Activity limitation due to poor phys/mental health: 7.6%
- No natural teeth: 3.9%

Sources: 2010, BRFSS

Access to Care (Age-adjusted[§] percent of adult females)

- No health insurance coverage (under 65): 16.1%
- No personal doctor or primary care physician: 9.1%
- Saw a dentist in past year: 72.4%

Health Conditions and Risk Factors (Age-adjusted[§] 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+)	16.8%	17.2%	25.2%	42.7%	NA	10.5%
No leisure time activity in past month	24.7%	23.0%	49.2%	37.6%	NA	37.6%
Overweight (age 20+)	31.2%	32.0%	17.4%	20.3%	NA	33.1%
Obese (age 20+)	27.0%	26.3%	43.0%	49.0%	NA	41.3%
Hypertension ^{†*}	24.6%	23.9%	39.9%	19.8%	NA	29.4%
High cholesterol [†]	29.1%	28.4%	36.7%	NA	NA	33.0%
Diabetes [*]	7.8%	7.0%	11.0%	15.7%	NA	21.2%
Arthritis [†]	26.4%	26.7%	28.7%	25.9%	NA	22.5%
Asthma, currently	9.7%	9.5%	22.7%	27.1%	NA	7.4%

Source: 2010, BRFSS; [†]2009, BRFSS; *Includes pregnancy-related condition

Preventive Services/Screenings (Age-adjusted[§] percent of adult women)

- Routine physical exam within past two years: 81.6%
- Mammogram within past 2 years (age 40+): 71.2%
- Pap smear within past 3 years (age 18+): 74.7%
- Sigmoidoscopy/colonoscopy ever (age 50+): 62.7%
- Influenza immunization in past year: 50.8%
- Influenza immunization in past year (65+ only): 70.0%

Sources: 2010 BRFSS; For race information, see Quick Health Data Online: <http://www.womenshealth.gov/quickhealthdata>

NA - Data not available or suppressed

NR - Data not reported

Mortality (Female residents)

Cause of Death	Number of Deaths	Age-Adjusted Death Rate (deaths per 100,000)
Total (all ages)	7,673	610.5
Heart Disease	1,670	122.5
Cancer	1,576	140.7
Breast Cancer	216	19.7
Cervical Cancer	12	NA
Stroke	527	39.4
Chronic Lower Respiratory Disease	504	42.8
Alcohol- or Drug-Induced	99	10.7
Suicide	31	3.4
Homicide	11	NA
Infant Mortality Rate (All Causes, Not gender-specific) [†]		6.6

Source: 2009, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012; [†] 2000-2004, NCHS National Vital Statistics System

Prenatal Care and Pregnancy Risk (Percent)

Pregnant women:

- Receiving prenatal care in 1st trimester[†]: 73.9%
- Smoking cigarettes[†]: 15.3%

Sources: [†]2008, NCHS National Vital Statistics System; ^{††}2009, CDC PRAMS

Women:

- With live births who reported unintended pregnancy^{††}: 40.9%
- Reported physical abuse during pregnancy^{††}: 2.5%

Birth Outcomes (Percent)

Births:

- Low birthweight (LBW)[†]: 7.0%
- Preterm[†]: 11.8%
- Cesarean among low-risk women (full-term, singleton, vertex presentation)[†]: 24.1%

Sources: [†]2008, NCHS National Vital Statistics System; ^{††}2007, CDC NIS data for the cohort of children who were born in the year 2007

Children Breastfeeding:

- Exclusively breastfed at least 3 months^{††}: 38.8%
- Breastfed at least 6 months^{††}: 47.0%
- Ever breastfed after delivery^{††}: 75.5%

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

- Chlamydia: 1,856 cases (205.1)
- Gonorrhea: 405 cases (44.8)
- Primary and Secondary Syphilis: NA cases (NA)
- HIV^{†*}: 40 cases (5.3)
- AIDS[†]: 23 cases (3.0)

Source: 2008, Individual State Health Departments; [†]2009, Estimated Data from the CDC NCHHSTP Atlas

Violence and Abuse:

- Females reported physical abuse during pregnancy (percent)[†]: 2.5%
- Reported female rapes (number and rate per 100,000 females)^{††}: 537 (60.2)

Sources: [†]2008, CDC PRAMS; ^{††}2006, FBI Uniform Crime Statistics

Mental Health

- Adult females reporting poor mental health on 8 or more of the past 30 days (age-adjusted percent)[†]: 14.5%
- Female suicide deaths (number and age-adjusted rate per 100,000 females)^{††}: 31 (3.4)

Source: [†]2010, CDC BRFSS; ^{††} 2009, Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 1999-2009 on CDC WONDER Online Database, released 2012.

Teen Health (Percent teenage females unless otherwise specified)

- Birth rate[†]: 18.1
- Currently use alcohol: NR
- Currently use cigarettes: NR
- Currently use marijuana: NR
- Pregnancy rate[†]: 21.6
- Currently sexually active: NR
- Attempted suicide: NR
- Overweight: NR

Sources: 2009, YRBS; [†]2008, 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

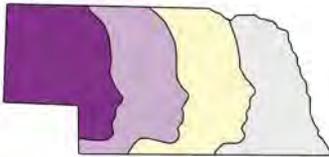
[§]Age adjustment is a statistical process applied to rates of disease, death or other health outcomes that allows populations to be compared by controlling for age group differences in the composition of each population.



These data and much more can be found at Quick Health Data Online:
<http://www.womenshealth.gov/quickhealthdata> . For detailed information on the health status and needs of women in a county of interest, click on the WHAT Toolkit link at the Quick Health Data Online website.

PROGRAMS***Every Woman Matters***

Every Woman Matters (EWM) is a federally funded program that provides breast and cervical cancer screening to medically underserved women between the ages of 40 and 64. The program began 20 years ago with a grant from the Centers for Disease Control and Prevention (CDC). Nebraska was one of the first twelve participating states in the Early Detection of Breast and Cervical Cancer Program. Today, all 50 states, 12 tribal organizations and five U.S. territories are funded for breast and cervical cancer screening through the CDC. Program functions include screening and diagnostic tests, public education, professional education, surveillance, evaluation and quality assurance.

Every Woman Matters

The WISEWOMAN Program was added to EWM in 2001 to provide cardiovascular and diabetes prevention and risk factor detection services for clients. Nebraska's WISEWOMAN Program was one of the first twelve to be funded and one of twenty-one to be selected under a new competitive grant process in 2008. The WISEWOMAN section of this report provides additional information.

The newest addition to EWM services is colon cancer screening. Nebraska received one of five demonstration grants to be funded in 2005 by the CDC. This was the first Office of Women's and Men's Health (OWMH) grant to provide services for men as well as women. In 2009, Nebraska successfully competed for a new five-year colon cancer screening grant from the CDC. The grant has two primary goals; to provide direct screening services to populations at greatest need, and to increase screening rates for the entire population of persons fifty years and older.

The Nebraska Colon Cancer Program (NCP) recruits participants through EWM, but has a separate identity. Men and women who qualify by income and age are recruited for colon cancer screening, regardless of whether they have a connection to Every Woman Matters. The NCP section of this report provides additional information.

Program Highlights

- During the latest fiscal year, EWM screened 11,500 women with combined funding sources. Approximately 20% were young women enrolled in the State's Pap Screening Program. The remainder were eligible for all preventive screening including Pap smears, Clinical Breast Exams, Mammography, and WISEWOMAN Cardiovascular screens. More than half (54%) were at or below 100% of the federal poverty guidelines. Nearly 80% reported having no insurance coverage, and 60% had a high school diploma or less.
- The Breast and Cervical Cancer Program (BCP) has received notice of funding for a new five-year cycle from the Centers for Disease Control and Prevention. Funding comes in a combined grant that includes the Cancer Registry; Comprehensive Cancer; and a new component entitled, "Leadership, Coordination and Management." Along with the Breast and Cervical new five-year cycle came the need to renew provider contracts for screening services.
- The grants present a new vision for the EWM Program under health care reform and changing clinical systems. Part of the vision is the development of community health hubs. Health Hubs will provide a system of outreach to communities utilizing evidence-based strategies to promote clinical preventive services. Linkages will be made to medical homes for provision of high quality screening, follow up, and treatment services, with linkages formed back to the community for public health programs such as the

EWM continued...

chronic disease self-management course. Four EWM staff members have been trained to deliver this course, and to train community members.

- In conjunction with proposed community health hubs, development of a patient navigation system will educate, promote, assess, and provide linkages to preventive services for individuals in communities. In June 2012, more than 50 stakeholders participated in an all-day Patient Navigation training session. This web-based patient navigation training program will be used to train additional health care professionals. The curriculum was developed in Massachusetts. The system is intended to promote healthy living, preventive health care, and better communication between patients and providers. It will also help persons navigate insurance coverage and the changes that come with health care reform.
- The Nebraska Breast Cancer Control Plan (BCP) was developed under the leadership of EWM and many state partners. The plan is available at the OWH website: www.dhhs.ne.gov/womenshealth
- One outcome of the BCP was the creation of a team to participate in the Nebraska College of Public Health Policy Academy. That team is focusing on increasing the use of preventive health services.
- Through the BCP's partnership, efforts are underway to enhance on-line access to breast cancer education, screening, treatment, and support services through partner websites. Work is also underway to develop a comprehensive resource guide in print format for distribution across the state.
- In November 2011, 40 participants joined Mary Lou Woodford, Executive Director of the Cancer Resource Foundation in Massachusetts, for a presentation and discussion on patient navigation. Local participants shared information about available resources and programs in Nebraska. The future focus will be to build on these strengths, including local program models and partnerships, to provide coordinated, cost-effective and patient-centered care.
- Melissa Leypoldt, Program Manager for EWM, participated in a presentation on, "African American Women and Breast Cancer: Reducing Mortality Rates," in February 2012, at the University of Nebraska Medical Center. The presentation was broadcast through the Nebraska Telehealth System and videotaped for future distribution.
- Melissa Leypoldt and Kathy Ward met with CIMRO, the state's Medicare quality assurance organization, and Wide River Technology Extension Center, the organization working to increase meaningful use of electronic health record systems, to determine ways to work together on shared visions.
- The popular 1995-96 EWM "Moments" television and radio spots were updated for current airing, and were played throughout Nebraska between August and October 2012. EWM worked with Reliant Studios.

Every Woman Matters Data: 1992-2011	
<i>Screened:</i>	164,000 Women 18+
<i>Performed:</i>	110,465 Mammograms
	129,291 Pap Smears
	10,415 Clinical Breast Exams
<i>Diagnosed:</i>	914 Breast Cancers
	68 Cervical Cancers
<i>Detected:</i>	1,135 Cervical pre-cancers

WISEWOMAN

Since the addition of the WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) grant in 2001, EWM has been providing clients with a comprehensive array of prevention and screening services. These services address chronic disease risk factors such as elevated cholesterol, high blood pressure, obesity, sedentary lifestyle, diabetes, and smoking. The WISEWOMAN program provides screening for cardiovascular disease and diabetes and provides intervention, referral and follow-up as appropriate. Like the Breast and Cervical Cancer Early Detection Program, it is aimed at low-income uninsured or underinsured women from ages 40 through 64. Special attention is given to populations of women at higher risk for cardiovascular disease—Black, Hispanic, and Native American women.



Program Highlights

- The WISEWOMAN Program received renewal funding for the coming fiscal year from the CDC. Next year is the competitive five-year cycle for that program.
- WISEWOMAN has developed a partnership to increase accessibility to fresh produce through local farmers' markets in southeast Nebraska, particularly for WISEWOMAN clients. Public Health Solutions, in partnership with the Nutrition and Activity for Health Program, and the WISEWOMAN program, recently received recognition as an affiliate of the Nebraska Buy Fresh Buy Local chapter. This will allow for strengthened marketing efforts for the farmers' markets in Southeast Nebraska. The Farmers' Market Coalition of Southeast Nebraska is analyzing pre-survey data of current farmers' market usage and fruit and vegetable consumption of community members. The development of education materials highlighting the benefits of fresh fruits and vegetables, and promotion of markets in the five counties are being sent to lifestyle intervention clients.
- WISEWOMAN continues to partner with Tobacco Free Nebraska to link clients with tobacco cessation resources and the state Quitline. Over the last year WISEWOMAN directly referred 743 clients to the Quitline. In addition, over 1,200 clipboards for clinical use were distributed to providers highlighting the Quitline and clinical guidelines for WISEWOMAN screening services. The clipboards were funded by the Tobacco Free Nebraska Program, developed in partnership, and distributed by WISEWOMAN to participating providers.
- In June 2012, the National Diabetes Prevention Program training was held in Bridgeport, NE. The training was conducted by Becky Brundin, Master Trainer, and Helen Robinson with the Diabetes Training and Technical Assistance Center at Emory University. Seventeen coaches were trained representing various organizations to include: Chadron Native American Center, Western Community Health Resources, CAP-WN, and local hospitals in the region. The lifestyle intervention program will be held at each of the locations beginning this fall. Meetings with physicians are being held to discuss the evidence-based program and referring eligible clients for participation.
- A new partnership to deliver lifestyle interventions to Spanish-speaking clients has begun with the Panhandle District Health Department. Regional West Medical Center has begun providing lifestyle intervention services to clients in the western and central regions. The lifestyle interventions for the west central and northeast regions are now contracted with Cassi Stark.

WISEWOMEN continued...

- Create Your Own Park Adventure held 10 events this summer throughout the state. The “Park Adventure” links intervention clients with close-to-home points of recreation to increase physical activity. Park staff provided a variety of opportunities and tools related to increased physical activity to clients. Ninety-four percent of respondents stated that outdoor recreation is important to their quality of life with health being the main motivation for being physically active outdoors.
- The WW program partnered with the Heart Disease & Stroke Prevention program to pilot an interactive drama highlighting how everyday choices can affect heart health. The web automated human interaction may be viewed at: <http://nehearthealth.org>. Initial data shows that over 80% of respondents indicated trying to become more physically active as well as trying to make better food choices.
- WISEWOMAN also partnered with the Nebraska Colon Cancer Program and the Lincoln Saltdogs for Fitness Fridays.
- In partnership with several stakeholders, WISEWOMAN participated in the creation of the “Nebraska Worksite Wellness Toolkit.” This coordinated chronic disease approach will be used to emphasize primary and secondary prevention strategies. The toolkit will provide a concise and highly useful guide describing how to develop a wellness program for any size business. It will also provide theory, research, and evidence-based steps to developing an efficient and effective wellness program.
- In May 2012, Clarissa Christensen attended the “Weight of the Nation” conference in Washington, DC. She also participated in planning efforts for the annual meeting of the National Society of Physical Activity Practitioners in Public Health, an adjacent conference to the “Weight of the Nation” conference.
- Clarissa Christensen received a course scholarship to attend the 2012 Obesity Prevention in Public Health Course sponsored by CDC’s Nutrition, Physical Activity and Obesity Prevention Program and the Center for Excellence for Training and Research Translation held in mid-August.
- Sue DeBoer led two Chronic Disease Self-Management “Living Well” classes.

WISEWOMAN Data: 2001-2011	
<i>Cardiovascular Screens:</i>	45,601 Women 40+
<i>Detected:</i>	7,544 cases of elevated cholesterol
	7,480 cases of elevated blood pressure
	3,318 cases of elevated glucose
<i>Provided:</i>	27,800 lifestyle counseling sessions

Colon Cancer Screening Program

The Nebraska Colon Cancer Program (NCP) has evolved through a series of grants. It began in 2001 with a grant from Tobacco Settlement Funds. The EWM infrastructure was utilized to distribute fecal occult blood testing kits through providers. In 2005, Nebraska received one of five national colon cancer screening demonstration grants from the Centers for Disease Control and Prevention. The demonstration project ended in 2009, and Nebraska successfully competed for a new five-year cycle of CDC funds. Through the newest grant, Nebraska is now one of 29 states and tribes that comprise the national Colorectal Cancer Control Program (CRCCP). The CRCCP's goal is to increase colorectal (colon) cancer screening rates among men and women ages 50 years and older from 64% to 80% in the funded states by 2014.



Program Highlights

- With the addition of two new colon cancer coalitions, a total of fourteen coalitions were funded this fiscal year. The new coalitions are funded for development and community-based awareness campaigns, with one coalition doing additional community-based FOBT screening. Funding was once again offered for coalition development/maintenance, community-based awareness campaign and community-based fecal occult blood test (FOBT) screening. The twelve returning coalitions are funded for coalition maintenance, community-based awareness campaigns and community based (FOBT) screening. All but one of the coalitions are led by local health departments.
- Colon cancer coalitions completed their contract for FY 2011-2012. Together they distributed 5,604 Fecal Occult Blood Test (FOBT) kits. Of those, 56 were positive, 2,513 were negative and 3,035 have not yet returned their kit. Each coalition conducted 50 community intercept surveys, 25 pre campaign and 25 post-campaigns. These surveys examine Nebraskan's knowledge and screening behavior on colon cancer. Evaluation of the survey results is in progress. Coffee cup campaign materials were distributed statewide by the coalitions in March. An evaluation survey was sent to the participating businesses; evaluation is in progress.
- An 'FOBT Tips' fact sheet has been developed for distribution with FOBT kits. The fact sheet answers questions on diet restrictions and medication restrictions during the collection process. It also addresses general instructions about the FOBT collection and mailing process to minimize false positives and to improve return rates.
- The NCP held the 3rd annual Colon Cancer Coalitions' Training Conference on November 4, 2011. Dr. Alan Thorson presented Colon Cancer 101 offering basic facts on colon cancer statistics, screening trends and practices as well as an overview on the disease process of colorectal cancer. Patti Schumann, BSN, RN gave the coalitions fecal occult blood test (FOBT) tips to aid with their upcoming FOBT distribution this spring. Melissa Leypoldt, RN, Program Director, discussed "What We've Learned" which confidentially ranked the coalitions according to their return rates, distribution rates and ability to distribute the FOBT kits that were ordered. Three awards were subsequently handed out to those coalitions who did the best in those areas. The coalitions discussed the success of the first statewide community awareness campaign, The Coffee Cup Campaign. This campaign will be utilized again this year with some minor changes. Sarah Shaw, Staff Assistant, presented on the history of the coalitions and the current contract requirements the coalitions must meet. Each coalition, with the exception of the two new coalitions,

Colon Cancer continued...

presented on their coalition's activities in the last funding period.

- A colon cancer awareness commercial was produced through Reliant Studios and features former Husker all-American quarterback, Jerry Tagge, and a young woman who lost her father to colon cancer. The television and radio spots will start airing in mid-November.
- In November 2011, surveys were sent out to approximately 300 men and women who participated in the Summer 2011 baseball campaigns with the Omaha Storm Chasers and the Lincoln Saltdogs. Approximately 156 persons participated in the Lincoln event and approximately 145 participated in the Omaha event. Pedometers were given to participants and steps were encouraged during games as well as during non-game times. Additional information was displayed around the park regarding the food that was eaten and how many steps it would take to walk off the food. The relationship between being active and reducing colon cancer risk was given to participants.
- Colon cancer awareness events took place in June and July 2012, and included Fitness Fridays with the Lincoln Saltdogs, which emphasized the importance of walking, and other physical activities to prevent colon cancer. Posters were developed displaying how many laps would need to be taken to walk off traditional ballpark concession foods. Pedometers and health education materials were handed out to people who were interested in participating in the season-long campaign. Prizes were awarded to people who walked between 25,000-100,000 steps throughout the season.
- The Omaha Storm Chasers Colon Cancer Awareness Night took place on July 14th, 2012. Program representatives threw the first pitch to raise awareness about colon cancer. Special jerseys were worn by the Storm Chasers and auctioned off after the game. Approximately \$4,000 was raised.
- In September 2011 the NCP displayed a 3-day booth at Husker Harvest Days in Grand Island. Over 1,000 copies of the Men's Health Cookbook were distributed.
- The Colorectal Cancer Toolbox was distributed to all provider offices in March 2012. The purpose was to improve access and increase colon cancer screenings. Components included a Client/Consumer Message and Call to Action, a Provider/Clinician Message and Outcome, and CEU/Webinar Training and Evaluation. The webinar offered 1.5 CEUs through CNE-Net, the education division of the North Dakota Nurses Association, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation. A total of 212 persons completed the webinar ending October 31, 2011. The CEUs offering for this webinar is approved through January 2013.
- Billboards were designed for fall 2012 colon cancer, and mammography awareness campaigns. The billboards will be placed within North Omaha throughout the months of August through October. In conjunction with the billboards, ad copy was designed and will be placed in the Omaha Star newspaper publication during that same time frame. The ad copy and billboards mimic each other.
- Television and radio spots were acquired through the "Screen for Life" program in order to be played in Nebraska. The television spots will have eastern Nebraska coverage and the radio spots will be played statewide in order to raise awareness.

Colon Cancer continued...

CRC Data: 2006-2011	
Screened:	5,000 Men and Women 50+
Colonoscopies:	1,294
Removed:	501 Polyps 10 Cancers
Distributed:	12,000 FOBT kits (including those distributed by community coalitions)

EDUCATION

Public Education

The Public Education component of Every Woman Matters (EWM) and the Nebraska Office of Women's and Men's Health (OWMH) researches, develops and disseminates public health information and education.

Program Highlights

- Tracey Bonneau and Clarissa Christensen were accepted as year 8 scholars for the Great Plains Public Health Leadership Institute. The Great Plains Public Health Leadership Institute is a twelve-month intensive leadership program conducted through the University of Nebraska Medical Center School of Public Health for those whose primary mission is to improve the health and well being of populations and communities in Nebraska, Iowa, and South Dakota.
- New display boards and table top displays were created and purchased for exhibits of Office of Women's and Men's Health programs.
- A Breast Health Tool Kit was developed and distributed. The toolkit included a poster, pocket calendar and a writing pen. All materials are available in Spanish. The toolkit was also made available to providers as a webinar approved for 1.5 Continuing Education Units.
- Program Fact Sheets (23 total) were reviewed, updated and posted to the Office website.
- Staff from Every Woman Matters participated as "Cure Leaders" in the Susan G. Komen Race for the Cure on October 2, 2011.
- In addition to the activities described for individual programs, Public Education has been involved in a number of internal projects such as updating and publishing federal poverty guidelines, renewing outreach/recall contracts, compiling tool kit evaluations, developing a client letter to update their enrollment status, and updating forms.
- A winter 2011, and spring newsletter 2012 were published for Every Woman Matters and Colon Cancer Program Clients. The newsletters featured the web-based interactive drama on heart disease prevention, as well as Women's and Men's Health Weeks, blood pressure control, physical activity in the



Public Education continued...

parks, and farmers' markets.

- Public Education maintains a variety of websites and related content.



The Nebraska OWMH websites include the following sites:

<http://www.dhhs.ne.gov/EWMPProviderEducation>

<http://www.dhhs.ne.gov/womenshealth>

<http://www.dhhs.ne.gov/EWM>

<http://www.dhhs.ne.gov/MensHealth>

<http://stayinthegamene.com/>



Women's and Men's Health Week.

- A website was created to mark the 2012 Women's Health Week and Men's Health Week observances. The site included health education materials that emphasized prevention and healthy lifestyle guidelines for both men and women. The website also included information on the National Office's WOMAN Challenge, Fitness Tracker, downloads, materials, resources, and instruction on how individuals and organizations can create and implement their own Health Week activity.
- Nebraska had the most activities registered on the national Office of Women's Health website in Region VII.
- A yoga session in the Lincoln State Office Building was arranged by Andrea Wenke. Healthy snacks were also provided to attendees.



MEN'S HEALTH

- The Men's Health Cookbook, "Kitchen Quarterbacks" was a huge success. Five-hundred copies were distributed to participants, with the remaining cookbooks used as client incentives. An electronic version of the cookbook is available for download here: <http://www.dhhs.ne.gov/menshealth>



- A planning committee was formed to explore a Men's Health Conference in 2013.
- Men's Health Week was celebrated from June 11-17, 2012, with the distribution of health education materials via the Men's Health Week website.

Professional Education

The Professional Education component of Every Woman Matters continued to be active in providing educational opportunities to clinical providers throughout the state in 2010-2011.

Program Highlights

- A two-day workshop on the CAPTIVATE software was held to train staff on developing webinars to coordinate with a series of toolkits for providers and their staff. The webinars are housed in the "Professional Education" section: <http://www.dhhs.ne.gov/EWMProviderEducation> of the Office of Women's Health website, and include a variety of continuing education opportunities. Current CEU toolkits include: Breast Cancer Screening, Colorectal Cancer Screening, Salt and Blood Pressure, Diabetes Standards of Care, Tobacco and Diabetes, Tobacco Cessation and Chronic Disease, Enhancing Patient Care Through Telehealth, and the Nebraska Quality Improvement Project. The webinars are free.
- Office of Women's and Men's Health staff attended a one-day Chronic Disease Self Management conference at the Carol Joy Holling Conference Center. At this conference, attendees brainstormed ways to expand the program across the state.
- The Clinical Breast Examination Workshop, sponsored by the Every Woman Matters program, was held at the Physician Assistant Conference in April 2012. Marilyn Kile, APRN, AOCN, and Patti Higginbotham, APRN, who are MammaCare Specialists, were the presenters.
- During the month of October, staff attended and exhibited booths at the following conferences: Public Health Association of Nebraska (PHAN), Nebraska Nurses Association (NNA), LPN Association of Nebraska (LPNAN), and the Nebraska Association of Family Practice, (NAFP). Sponsored by Every Woman Matters, Tracey Foreman presented *Laughter Matters* at the NNA conference and was very well received.
- Bronson Riley presented "Genetic Counseling for Hereditary Cancers" at the Nurse Practitioner conference in February, 2012 and at the Physician Assistant conference in April 2012.

SURVEILLANCE

- WISEWOMAN completed data requests for provider performance, lifestyle interventions, interventionists' performance, health assessments, the Lifestyle Intervention Minimum Data Element data error check, data request on the Spanish interventionist's performance, and the Minimum Data Element screening data error check. The data set was extracted and sent to the Centers for Disease Control and Prevention for their evaluation project.
- The 2011 Cancer Registry linkage was completed.
- In June 2012, Jianping Daniels presented at the Association of State and Territorial Epidemiologists national conference in Omaha. Her poster, "Using the University of Nebraska Alumni Network to Evaluate a Statewide Awareness Campaign Promoting Colorectal Cancer Screening," was chosen as a finalist for Outstanding Poster Presentation.

Surveillance continued...

- Jianping Daniels participated in development of a grant application to the National Association of Chronic Disease Directors on Geographic Information Systems (GIS) Training for Surveillance of Heart Disease, Stroke, and Other Chronic Diseases. The grant was funded, and Jianping has attended all three of the training sessions at the University of Michigan.
- The Every Woman Matters Program is collaborating with the University of Nebraska Medical Center College of Public Health on a return on investment analysis of the program.
- A conference paper, "Evaluating Statewide Coalition Efforts to Increase Colorectal Cancer Screening," was created and presented as a poster at the 2012 CDC National Cancer Conference, August 21-23, 2012.

PARTNERSHIPS, COMMITTEES and ACTIVITIES

Train-the-Trainer Evidence-Based Public Health Course

Through a grant from the National Association of Chronic Disease Directors (NACDD), the St. Louis Prevention Research Center provided a 3 ½ day train-the-trainer course in Evidence-Based Public Health. The Office of Women's and Men's Health coordinated the writing of the grant and the arrangements for the training. A total of 42 persons from the Department of Health and Human Services (DHHS), the University of Nebraska College of Public Health (COPH), and local health departments were trained. These persons will form a cadre of trainers to take the course to local health departments and other partners, as well as DHHS and COPH staff who missed the initial training because of scheduling.

Through the support of NACDD, there was no cost to Nebraska other than staff time. Classroom space was provided free of charge by Kaplan University. One of the trainers was Dr. Ross Brownson, author of the book, *Evidence-Based Public Health*. Persons attending the training received a free copy of the book.

As stated in the book, "An increased focus on evidence-based public health has numerous direct and indirect benefits, including access to more and higher-quality information on what has been shown to improve the public's health, a higher likelihood of successful programs and policies being implemented, greater workforce productivity, and more efficient use of public and private resources."

Additionally, the OWMH, along with other state and local health departments continues to promote the Research Center's evidence-based public health online course. The free course was introduced in February 2012 to public health practitioners in the state, and is available to anyone working in or interested in public health. The 4-part course is designed to strengthen critical thinking skills necessary to implement evidence-based practice. Modules addressing Partnership, Leadership, Policy, and Evaluation are currently available. Training can be accessed at: <http://prcstltraining.org>.

Active Doctors/Active Patients

A planning committee has been formed to design a conference that promotes healthy living, role modeling, and patient motivation for Nebraska health care professionals. The conference is modeled after the Harvard Institute for Lifestyle Medicine's "Active Doctors/Active Patients: Transforming our Patients and Ourselves" program. Harvard has agreed to send faculty and will consult on conference

Partnerships continued...

development. The next step will be recruiting external partners. The Nebraska Medical Association will take an active role. A large planning committee representing many components of Nebraska's clinical medical and public health systems has been recruited.

Medical Advisory Committee (MAC).

Every Woman Matters and NCP receive consultation from a distinguished group of medical care providers. Specialties include cytology, radiology, general surgery, family practice, bone metabolism, obstetrics/gynecology, oncology, pathology, cardiology, endocrinology, internal medicine, rheumatology, gastroenterology, and colorectal surgery. Representation is provided for the following health professions: physicians, physician assistants, nurse practitioners, dietitians, pharmacists, biostatisticians and epidemiologists, clinic nurses, radiological technicians, cytotechnologists, and social workers. Subgroups were formed around the following topics: Cervical Cancer Issues, Cardiovascular Disease and Diabetes, Colorectal Cancer Issues, and Breast Cancer Issues. Members of the Medical Advisory Committee are listed in Appendix Three.

The EWM Medical Advisory Committee met on June 27 in Omaha, with telehealth participants from York, Lincoln and Scottsbluff. The Committee provided advice on patient navigation and medical home, U.S. Preventive Services Task Force guidelines interpretation, colon cancer rescreening, the Million Heart Initiative and the healthy lifestyle conference for clinicians.

Staff Development

The OWMH staff retreat was held in September 2011, and included "mind mapping," dealing with stress and change, and goal setting. Trainers were Charlene Gondring and Sue Outson.

WOMEN'S HEALTH ADVISORY COUNCIL

Women's Health Symposium

The Women's Health Symposium was held at the Cornhusker Hotel in Lincoln on November 9. Attendance was approximately 250 persons. The Symposium was presented by the Women's Health Advisory Council, the Office of Women's and Men's Health, and Creighton University Health Sciences Continuing Education. Many Council members were presenters, moderators, or members of the planning committee. These included Brandi Holys Tumbleson, Dr. Sharon Hammer, Sarena Dacus, Dr. Joann Schaefer, Marcia Wallen, Martha Gentry-Nielsen, Joni Cover, Ann Fritz, Susan Feyen, Mary Jo Gillespie, Michelle Nielson, and Sharon Cheney. Sponsorships included Alegent Health, Madonna ProActive, Saint Elizabeth Regional Medical Center, Tobacco Free Nebraska, and Veterans Administration Nebraska Western Iowa Health Care System.

One of the Symposium presenters, Page Austin from the Heart Truth Campaign of the National Heart, Lung, and Blood Institute, stayed to provide training on November 10. The training was entitled Heart Truth Champions. Around 15 community leaders attended this Omaha session to learn more about implementing programs to prevent heart disease mortality.

Breastfeeding Support in the Workplace

The Workplace Wellness Committee and the Nebraska Breastfeeding Coalition formed a partnership

Council continued...

with the Nebraska Department of Labor. A packet of materials advising businesses on the Fair Labor Standards Act regarding breastfeeding was sent to 2,662 Nebraska businesses. A cover letter had the signatures of both Dr. Joann Schaefer, Chief Medical Officer and Director of the Division of Public Health, and Catherine Lang, State Labor Commissioner. Several thousand smaller businesses received a postcard with information about the FLSA and contact information for resources.

The packet provided a number of resources on implementing the breastfeeding provisions. It also offered resources, such as door hangers to place on lactation rooms. Questions and order forms for the resources are coming back in significant numbers. One hundred Nebraska business have requested Support materials for employees and worksites.

In addition, the Women's Health Council helped support a Return to Work event in Lincoln on March 21 with funds from the Women's Health Symposium. Other partners included Milkworks and WorkWell, Southeast Nebraska's worksite wellness council. This informational luncheon was designed for employers to better understand how to accommodate breastfeeding employees. Approximately 70 persons attended, representing a variety of businesses.

The Department of Labor has added information on breastfeeding and the Fair Labor Standards Act on their website: <http://dol.nebraska.gov/center.cfm?PRICAT=2&SUBCAT=5P>.

Maternal Depression

The Baby Blossoms group in Douglas County continues to work on maternal depression issues related to the Women's Health Advisory Council project that has ended. For the second year in a row, the Douglas County Health Department has applied for and received assistance from the Maternal and Child Health Behavior Graduate Student Internship Program to further study the perinatal depression system. Work also continues on building a resource directory for Omaha.

Health Equity Report

The Health Equity report for Nebraska women has been developed and released by the Council's Health Disparities Group, led by Sarena Dacus. Josie Rodriguez wrote a portion of the narrative. Jianping Daniels developed the data and narrative. Liliana Bronner arranged to have a graphic artist format the report.

A press release from the Department of Health and Human Services announced the availability of the report, and it was posted on the Office of Women's and Men's Health website. Several media did stories on the report, including the Associated Press, and NET: <http://netnebraska.org/>. Liliana Bronner was featured in the NET story.

NEBRASKA WOMEN'S HEALTH EQUITY REPORT 2012



Focus

on Eliminating Disparities for Women of Color

RACIAL ETHNIC MINORITIES IN NEBRASKA

Nebraska continues to become more racially and ethnically diverse. Between 2000 and 2010, the state's racial ethnic minority population increased by 17%, and the percentage of the minority population compared to the total population increased from 13% to 18%. In 2010, Hispanics accounted for 51% of the minority population, while African Americans, Asians, and American Indians accounted for 25%, 10%, and 5%, respectively. Hispanics and Asians were the No. 1 and No. 2 fastest growing minority groups in Nebraska in the past ten years. These data apply to both minority women and men.

ABOUT THE REPORT

Although Nebraska has made progress in recent decades in reducing health disparities by race/ethnicity, income, education, and other social characteristics, the differences are still notable. Reporting the recent trends in selected social and health indicators is important in providing a better understanding of the underlying factors of disparities. It also facilitates accountability to reduce disparities with effective interventions.

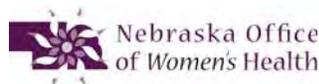
REDUCING/ELIMINATING DISPARITIES FOR THE FUTURE

To help Nebraska achieve its vision of eliminating health disparities in the future, it will be imperative for all sectors of our state to work together in not only developing programs that focus on individual behavior changes, but also examine and create changes in larger societal factors that also have a direct influence on the health of the citizens of our state.

We must all take a proactive approach and begin to collaborate with partners to enhance our current programs or develop new programs to improve the health of racial ethnic minorities in Nebraska. Another key component for improved health outcomes is to empower individuals at the community level to create changes at the local level.

As this report demonstrates, there are still notable health disparities among Nebraska's racial/ethnic minorities compared to White women. It is important to remember that health status is an integral part of our everyday lives. It not only involves health, but also our living and working conditions. Therefore, all sectors of our society, including the non-healthcare sector as well as policy makers, play a huge role in eliminating health disparities in Nebraska.

“To help Nebraska achieve its vision of eliminating health disparities in the future, it will be imperative for all sectors of our state to work together...”



Nebraska Office of
Health Disparities
and Health Equity



Figure 1. Disparity in Selected Causes of Deaths in Nebraska, 2007-2009

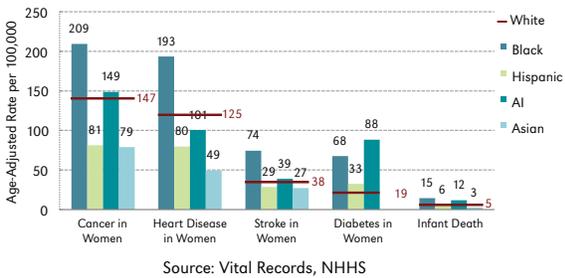


FIGURE 1 Disparity in deaths: Top causes of deaths in Nebraska women are in turn cancer, heart disease, stroke, and diabetes. Black women are more likely to die as a result of these chronic diseases, and their infants have a lower chance of survival than those of White women, revealing a disturbing disparity in health outcomes. American Indian women are more likely to die from diabetes than White women.

Figure 2. Disparity in Health Outcomes and Their Risk Factors in Nebraska Women, 2007-2009

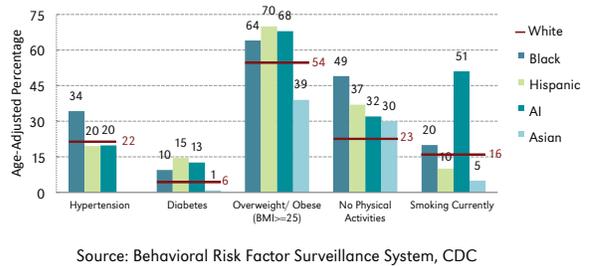


FIGURE 2 Disparity in health outcomes and their risk factors: In Nebraska, disparities in health outcomes and their risk factors exist noticeably and persistently. Black women are most likely to lack physical activity and have hypertension, while Hispanic women are also more likely to lack physical activity, resulting in a significantly greater risk of being overweight and developing diabetes. American Indian (AI) women are more likely to be smokers and have more diabetes, compared with White women.

Figure 3. Disparity in Preventive Care and Health Care Access and Utilization in Nebraska Women, 2007-2009

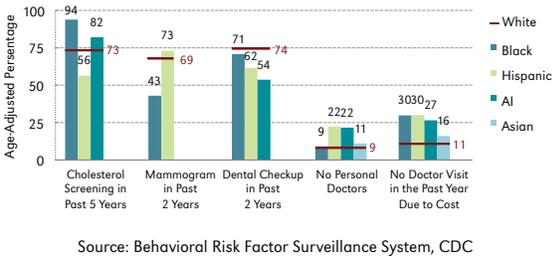


FIGURE 3 Disparity in preventive care and health care access and utilization: Racial/ethnic minority women face greater barriers and challenges in access to health care and use of recommended health services. Although financial status plays an important role in their access, especially for those of lower socioeconomic position, interactions with the health care system can affect how they obtain and use services. There is a disparity in preventive care and health care access and utilization in Nebraska. Black women are less likely to have mammograms while Hispanic women are less likely to receive cholesterol screening than White women. Hispanic and American Indian women are less likely to report having personal doctors and dental checkups in the past two years than White women. Black and Hispanic women are less likely to have doctor visits in the past year due to cost than their White counterparts.

Figure 4. Disparity in Prenatal Care in Nebraska Women, 2009-2010

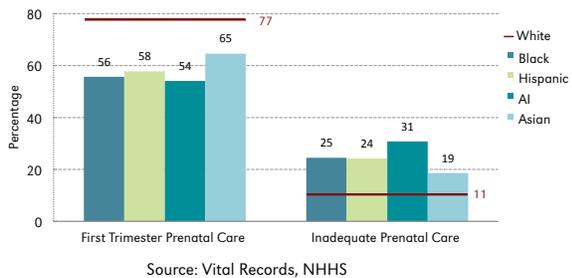


FIGURE 4 Disparity in prenatal care: Adequate prenatal care helps to improve birth outcomes such as birth weight, infant deaths, and maternal health. There is substantial disparity in prenatal care across all racial/ethnic minority women groups compared to White women. All minority women are more likely to receive inadequate prenatal care and less likely to receive first trimester prenatal care than White women.

AI=American Indian

Figure 5. Disparity in Selected Social Determinants in Nebraska Women, 2007-2009

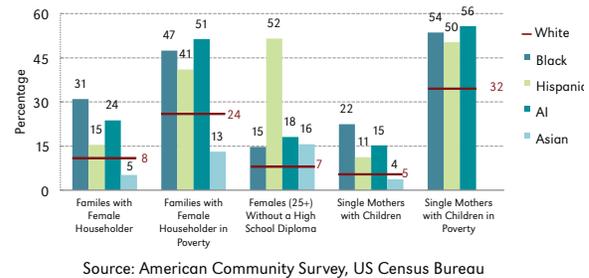


FIGURE 5 Disparity in social determinants: The socioeconomic status of women, reflected in income and education, strongly influences their health and overall wellbeing. Striking disparities in non-completion of high school and in poverty are found in Black, American Indian and Hispanic women in Nebraska. Racial/ethnic minority women in Nebraska are less likely to graduate from high school than White women. Hispanic, Black and American Indian women are more likely to raise families with no husband present, and these families are more likely to live in poverty, compared with White women.

Advisory Council continued...

Legislation Monitored by the Women's Health Council

In the 2012 legislative session, the Women's Health Advisory Council provided input on only one bill. LB876 required provisions of breast density information to mammography patients. The Council's position was neither to support or oppose this bill, but to offer information for the committee's consideration.

WOMEN'S HEALTH INITIATIVE STATUTE 71-701 TO 71-707

"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." Initiative Objectives:

- (1) Serve as a clearinghouse for information regarding women's health issues;
- (2) Conduct department-wide policy analysis on specific issues related to women's health;
- (3) Coordinate pilot projects and planning projects funded by the state that are related to women's health;
- (4) Communicate and disseminate information and perform liaison functions;
- (5) Provide technical assistance to communities, other public entities, and private entities;
- (6) Encourage innovative responses by private and public entities

DUTIES OF THE WOMEN'S HEALTH ADVISORY COUNCIL

- Advise the Office of Women's Health in carrying out its duties;
- Explore other sources of funding which may be used to support the Office of Women's Health and its initiatives to improve the health of the women of Nebraska;
- Bring new information to the attention of the Council and the Administrator of the Office of Women's Health;
- Provide guidance and recommend action to the Administrator of the Office of Women's Health and the Nebraska Health and Human Services System on issues pertaining to women's health;
- Interpret and apply scientific and/or technical information to issues pertaining to women's health;
- Disseminate information in accordance with the current communication plan;
- Adhere to the Mission and Vision as the primary guidance in establishing direction through the Strategic Plan and in forming recommendations for action to the Administrator.

ANNUAL REPORT

“The Department of Health and Human Services shall issue an annual report to the Governor and the Legislature on September 1 for the preceding fiscal year’s activities of the Women’s Health Initiative of Nebraska. The report shall include progress reports on any programs, activities, or educational promotions that were undertaken by the initiative. The report shall also include a status report on women’s health in Nebraska and any results achieved by the initiative.”

FUNDING

The Nebraska Office of Women’s and Men’s Health has total funding of nearly seven million dollars. The funding sources are as follows:

- General Funds 10%
- Federal Funds from Grants 86%
- Cash Funds, including fees and private grants 4%

OFFICERS and COUNCIL MEMBERS

APPENDIX 1

Women’s Health Advisory Council September 2011-August 2012

2011-2012 Meetings

December 1, 2011: UNMC College of Public Health, Omaha
March 14, 2012: Mahoney State Park, Ashland
June 13, 2012: American Cancer Society, Omaha

Chair: Susan Feyen, LCSW, Omaha
Vice Chair: Joy King, BS, Omaha
Secretary/Treasurer: Liliana Bronner, MHSA, Omaha

Jacquelyn Brugman, PA-C, Albion
Sharon Cheney, RN, Lincoln
Sarena Dacus, BA, Omaha
Vicki Duey, York
Darla Eisenhauer, MD, Lincoln
Paula Eurek, BS, Lincoln
Ann Fritz, O’Neill
Sharon Hammer, MD, Omaha
Senator Gwen Howard, MSW, Omaha

Lina Lander, PhD, Omaha
Lana Molczyk, MA, Omaha
Jamie Monfelt-Siems, LMHP, Omaha
Michelle Nielson, BSW, Omaha
Josie Rodriguez, Lincoln
Joann Schaefer, MD, Lincoln
Jean Stilwell, Lincoln
Laura Wilwerding, MD, Omaha

APPENDIX 2

Breast & Cervical Cancer Advisory Committee September 2011-August 2012

Jennifer Dreibelbis, Omaha
Janice A. Larson, Omaha
Susan Meyerle, Lincoln

Kristi Perrotto, Lincoln
Lynne Olson, Lincoln
Becky Snyder, Seward

APPENDIX 3

Every Woman Matters Medical Advisory Committee

September 2011-August 2012

Chair: William Minier, MD	Family Medicine	Henry Lynch, MD	Oncology
Sam Augustine, RP	Pharmacology	Lynn R. Mack-Shipman, MD	Endocrinology
Jodi Chewakin, PA-C	Obstetrics/Gynecology	Michelle Malcom, BSRT	Radiology
Carolyn Cody,	Surgery	Tim McGuire, FCCP, Pharm.D.	Pharmacology
Priscilla Moran Correa, MD	Family Medicine	Kris McVea, MD	Internal Medicine
Mary Ann Curtis, MD	Radiology	Ted R. Mikuls, MD	Rheumatology
Mary Davey, MD	Radiology	Syed Mohiuddin, MD	Cardiology
Charlene Dorcey, RD, LMNT, CDE	Dietary	Sherrill Murphy, MD	Cardiology
Stephen Dreyer, MD	General Surgery	Amy Neumeister, MD	Endocrinology
James Edney, MD	Surgical Oncology	Diana Nevins, MD	Pathology
Heather Elton, RN	Nursing	Cheryl Obermire, RN	Nursing
Robert Faulk, MD	Radiology	Mary Petersen, RN	Nursing
Brian Finley, MD	Family Medicine	Eloise Poyner, APRN	
Donald Gibbens, MD	Obstetrics/Gynecology	Steven Remmenga, MD	Gynecology/Oncology
Janet Grange, MD	General Surgery	Lisa Rice, MD	Obstetrics/Gynecology
Jean Grem, MD	Internal Medicine	Aina Silenieks, MD	Pathology
Eileen Hayden, RN	Clinic Manager	Edibaldo Silva, MD	Surgical Oncology
David Hilger, MD	Radiology	Carrie Snyder, MSN, RN, APNG	
David Hoelting, MD	Family Medicine	Debra Spence, RN	Nursing
David Holdt, MD	Obstetrics/Gynecology	Susan Stensland, LCSW	Social Work
Matthew Hrnicek, MD	Gastroenterology	Jo Swartz, RT	Radiology
Mia Hyde, PA-C	Family Medicine	Alan Thorson, MD	Colorectal Surgery
Milton Johnson, MD	Family Medicine	Marian Wehr, LPN	Nursing
Sonja Kinney, MD	Obstetrics/Gynecology	Suzette Woodward, MD	Pathology
David Lee, MD	Gastroenterology		
Stephen Lemon, MD	Oncology		

VISION, MISSION, PRIORITIES, & ORGANIZATIONAL STRUCTURE

APPENDIX 4

MISSION The mission of the Nebraska Department of Health and Human Services Office of Women’s and Men’s Health is to help women and men of all ages in Nebraska lead healthier lives.

VISION The vision for the Office of Women’s and Men’s Health is to work toward healthy people throughout Nebraska; supported by a comprehensive system of coordinated services, policy development, advocacy, & education.

STRUCTURE Organizational Chart for the Office of Women’s and Men’s Health:

