

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

September 1, 2020

The Honorable Pete Ricketts
Governor of Nebraska
Capitol Building
Lincoln, NE 68509

Dear Governor Ricketts:

Attached is the 2019-2020 Women's Health Initiatives' Annual Report. This report is a requirement of LB 480, Section 7(22), Nebraska Statutes 71-701 through 71-707.

The report was written by Andrea Wenke, Community Health Educator, Women's Health Initiatives, Division of Public Health.

Should you have any questions or need further information about the report, please do not hesitate to contact me via email at dannette.smith@nebraska.gov or by phone at 402-471-9433.

Sincerely,

A handwritten signature in black ink that reads "Dannette R. Smith" with a small "by ED" written below it.

Dannette R. Smith, MSW
Chief Executive Officer
Department of Health and Human Services

2019 - 2020

Women's Health Initiatives

Lifespan Health Services Unit

Division of Public Health

Nebraska Department of Health and Human Services

ANNUAL REPORT



NEBRASKA

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www.dhhs.ne.gov/WHI



IN FULFILLMENT OF THE REQUIREMENTS OF
WOMEN'S HEALTH INITIATIVE STATUTE
NEB. REV. STAT. 71-701 TO 71-707

Acknowledgments

Nebraska Department of Health and Human Services

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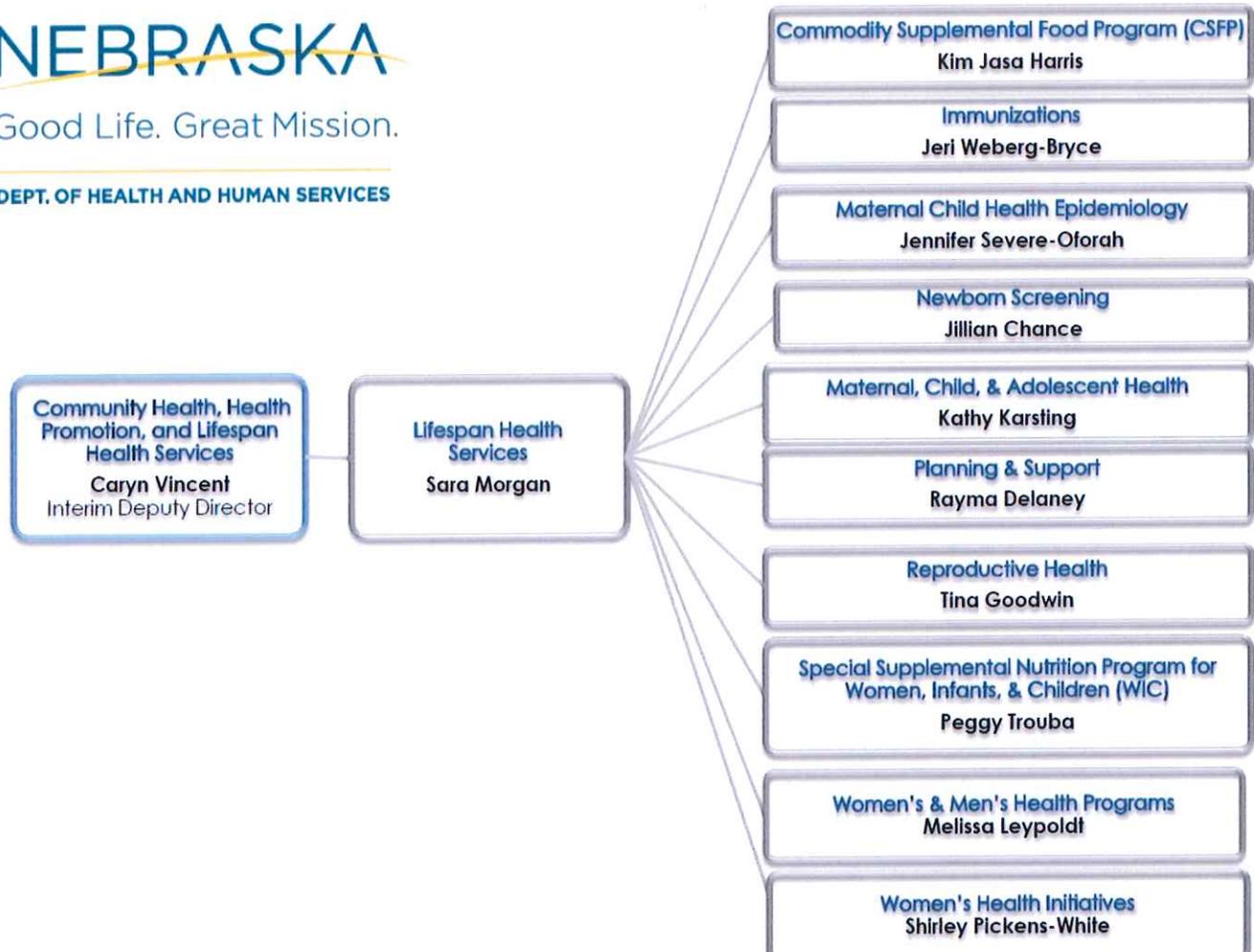
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DHHS Lifespan Health Services Organizational Chart



Women's Health Advisory Council

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 continues to collaborate with these, and other women's health programs:

[Nebraska Pregnancy Risk Assessment Monitoring System](#) (PRAMS), is a 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

[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.

[Nebraska Reproductive Health](#) works with providers to assist patients to determine the number and spacing of their children, to access preventive reproductive health care and to decrease the incidence and repercussions of STDs/HIV.

[Health Disparities and Health Equity](#) works to improve health outcomes for Nebraska's culturally diverse populations through a vision of health equity for all Nebraskans. The priority populations are racial and ethnic minorities, American Indians, refugees and immigrants.

[Women's and Men's Health Programs](#) provide preventive health screenings, and public health education services to qualified Nebraska residents between the ages of 40 and seventy-four.

[The Office of Population Affairs](#) (OPA) administers the Title X family planning program, the Teen Pregnancy Prevention program, and the Pregnancy Assistance Fund program. OPA advises the Secretary and the Assistant Secretary for Health on a wide range of topics, including adolescent health, family planning, sterilization, and other population issues.

Women's Health Advisory Council

COUNCIL PURPOSE: The purpose of the Council shall be to advise and serve as a resource for Nebraska Department of Health and Human Services in carrying out its duties as enacted by the Legislature in the Women's Health Initiative of Nebraska Revised Statutes § 71-701 through 71-707.

2019-2020 Meetings and Members

2019-2020 Meetings

07/10/19, Carol Joy Holling Center, Ashland
10/09/19, Carol Joy Holling Center, Ashland
01/08/20, Carol Joy Holling Center, Ashland

Chair: Mary Larsen, Omaha

Vice Chair: Ellen Zoeller, BA, BS, Lincoln

Gary Anthone, MD, Lincoln

Shirley Blanchard, PHD, Omaha

Cynthia Cusick, MSW, Omaha

Robert Drvol, MD, Omaha

Kathryn Fiantt, RN, APRN-NP, Omaha

Kristine Follett, BSN, MSN, Lincoln

Christine Guenther, BSN, RN, Omaha

Sylvia Gregory-Witherspoon, BSN, RN, Lincoln

Susan Jeffrey, BSN, MSN, RN, Omaha

Kayleigh Lewandowski, BS, BSN, Omaha

Brenda McIntosh, BS, Nebraska City

Marcia Merboth, RN, Lincoln

Barbara "Babz" Moffat, BS, Hastings

Sara Morgan, MS, Omaha

Terra Uhing, MS, Fremont

Typically, the Council has multiple sub-committees, such as *Healthy Aging*, *Health Disparities*, and *Behavioral Health*, but due to Covid-19, The *Legislative Committee* was the only active committee in 2019-2020. The *Legislative Committee* reviewed introduced legislation and determined the following to be 2020 priority bills:

- [LB498](#) Provide for medical assistance coverage of family planning services as prescribed
- [LB945](#) Require a report on untested sexual assault evidence collection kits
- [LB948](#) Change provisions relating to insurance coverage for mammography
- [LB1138](#) Establish a dementia registry

The following are additional bills that the legislative committee tracked:

- [LB311](#) Adopt the Paid Family and Medical Leave Insurance Act
- [LB518](#) Adopt the Support for Trafficking Survivors Act
- [LB825](#) Change provisions relating to infant health screenings
- [LB918](#) Create the Commission on African American Affairs and require a study
- [LB958](#) Change provisions relating to possession or purchase of a firearm by a person convicted of misdemeanor domestic violence or subject to any protection order
- [LB1112](#) Change provisions relating to payment for sexual assault forensic examinations
- [LB1171](#) Change provisions under the Healthy Pregnancies for Incarcerated Women Act

Visit the Council website [HERE](#)



Maternal Child Health Title V Grant

In collaboration with Reproductive Health and other Lifespan Health partners, WHI created the “Annual Well-Woman Screening Recommendations” card (Screening Card) to support the MCH Title V Grant objective to:

- Reduce sexually transmitted diseases among women of childbearing age and improve knowledge and behaviors among providers regarding the well-woman benefits and preventive health care. Increase the percent of women returning for preventive care following contraceptive or STD visit.

The Screening Card is a “communication tool” that will be used in health clinics as part of the effort to achieve these objectives by facilitating a conversation between provider and client.

The content of the Screening Card has been considered with health literacy in mind, acknowledging that the language used in health care recommendations could be difficult for some clients to understand. Ideally, the provider and client will use the card as a discussion tool when conducting a well-woman screening visit, or in preparation for an upcoming screening visit. The recommendations included on the Screening Card are guidelines from the following sources:

- [U.S. Preventative Services Task Force](#)
- [Women’s Preventative Services Initiative](#)
- [The American College of Obstetricians and Gynecologists](#)
- [The Journal of the American Medical Association \(JAMA\)](#)

Annual Well-Woman Screening Recommendations
BLOOD PRESSURE SCREENING All women should have a family history evaluation as a screening tool for inherited risk. Family history should be reviewed and updated regularly.
BREAST CANCER SCREENING Clinicians should assess women with a personal or family history of breast cancer using an appropriate familial risk assessment tool; discuss range of breast screening guidelines.
CERVICAL CANCER SCREENING You can reduce your risk of developing cervical cancer by having screening tests and receiving a vaccine that protects against HPV infection. Talk with your provider about your cervical cancer screening schedule.
BIRTH CONTROL (CONTRACEPTIVE) COUNSELING All women should have access to the full range of birth control options to prevent unintended pregnancy and improve birth outcomes. Contraceptive care should include contraceptive counseling, initiation of contraceptive use, and follow-up care.
DEPRESSION AND ANXIETY SCREENING Depression and/or anxiety are common but serious illnesses. These illnesses can be mild, moderate, or severe. Health providers should provide an opportunity to screen for, and discuss any symptoms of depression and/or anxiety.
FOLIC ACID Sexually active women who are planning, or capable of becoming pregnant, should take a Folic Acid supplement.
HEALTHY DIET & PHYSICAL ACTIVITY Talking about healthy lifestyle behaviors can facilitate an open dialogue and present opportunities to develop weight loss and physical activity strategies. During routine care and prenatal care visits, all patients should be assessed for and counseled on physical activity, diet and nutrition, including an assessment for obesity and eating disorders.
HIV RISK ASSESSMENT All women should be tested for HIV at least once during their lifetime. Additional screening should be based on risk.
APPOINTMENT
Date _____
Time _____

Annual Well-Woman Screening Recommendations
IMMUNIZATIONS Vaccinating against preventable diseases is an essential component of women’s health care. Providers should develop a standard process for assessing and documenting the vaccination status of patients and for recommending and administering vaccines.
RELATIONSHIP VIOLENCE AND ABUSE Interpersonal and domestic violence includes physical violence, sexual violence, stalking and psychological aggression, coercion, reproductive coercion, neglect, and the threat of violence, abuse, or both. Intervention services include, but are not limited to, counseling, education, harm reduction strategies, and referral to appropriate supportive services.
SKIN CANCER PREVENTION Sun exposure can cause skin damage that can lead to cancer. The use of sunscreen, protective clothing, hats, and sunglasses can help shield you from sun exposure. Avoid the sun during midday hours and avoid tanning beds.
SEXUALLY TRANSMITTED INFECTIONS (STIs) STIs such as chlamydia, gonorrhea, genital herpes, syphilis and HPV can be prevented. Risk factors may include age younger than 25, a recent history of an STI, a new sex partner, multiple partners, a partner with multiple partners, a partner with an STI, and a lack of or inconsistent condom use.
SUBSTANCE USE SCREENING Illicit drug use and alcohol addiction are major, often underdiagnosed health problems for women. Illicit drug use means using illegal drugs, like heroin or cocaine, or using a prescription drug in a way that’s not recommended by a doctor. Treatment options vary based on the type and severity of the drug used, and can include counseling or other behavioral interventions, medications, or a combination of the two.
TOBACCO COUNSELING Quitting smoking is one of the most important things you can do for your health. If you’re pregnant, quitting smoking is one of the best ways to protect your baby’s health. If you smoke or use E-Cigarettes talk with your provider about the best intervention method to help you quit.
<small>This resource is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$4,024,409 with 0% financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.</small>

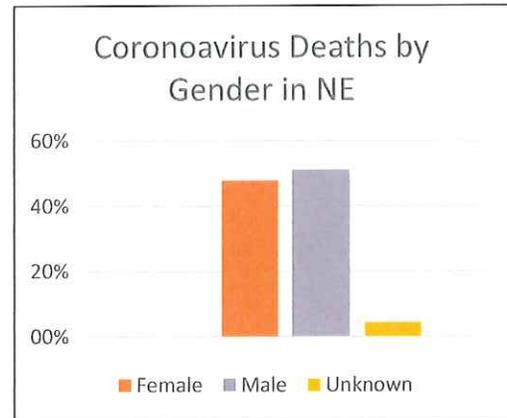
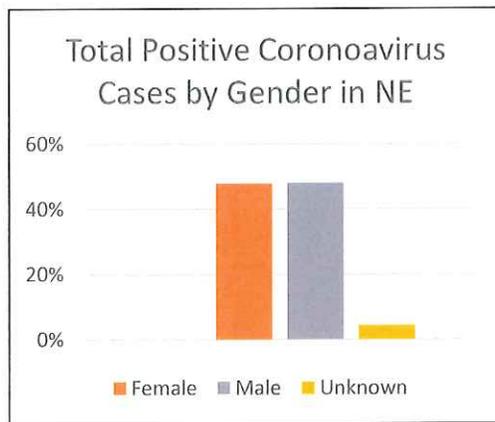
SOURCES: U.S. Preventative Services Task Force Women’s Preventative Services Initiative The American College of Obstetricians and Gynecologists The Journal of the American Medical Association (JAMA)
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Emerging Trends in Women's Health



Coronavirus in Nebraska, as of August 26, 2020

Total Positive Cases	32,348
Total Deaths	383
State Death Rate	1.2%
U.S. Death Rate	3.1%
Worldwide Death Rate	3.4%



A national [study](#) of 228 hospitals across 40 states found patient encounters for various reproductive health services during the initial months of the COVID-19 Pandemic showed large decreases compared to the year prior (**Figure 2**). The largest drops in patient volume were seen for preventive health services, infertility care, and contraception, with smaller, but still sizable decreases in encounters for gynecologic cancer and pregnancy.

Figure 2

Patient Visits at Hospitals and Doctors' Offices Plummeted in the Initial Months of the COVID-19 Pandemic



Notes: Analysis of encounter volume comparing March 24-April 6, 2019 and March 22-April 2, 2020 for patients at hospital-based delivery systems. Source: Strata Decision National Patient and Procedure Volume Tracker. https://www.stratadecision.com/wp-content/uploads/2020/05/National-Patient-and-Procedure-Volume-Tracker-and-Report_May2020.pdf May 11, 2020



Pregnancy and Covid-19

Tracking data on COVID-19 during pregnancy can protect pregnant women and their babies.



The U.S. Department of Health and Human Services' *Morbidity and Mortality Weekly Report* suggests that pregnant women with COVID-19 are more likely to be hospitalized and are at increased risk for intensive care unit (ICU) admission and receipt of mechanical ventilation than non-pregnant women. Risk of death is similar for both groups. But much remains unknown. CDC is collaborating with state, local, and territorial health departments and external partners to better understand COVID-19 during pregnancy. Health departments that are notified of COVID-19 cases in pregnant women may collect more information on these women using [an optional module](#) in addition to the [case report form](#). Findings will be rapidly translated into updated clinical guidance for pregnant women and infants.

Weekly COVID-19 Pregnancy Data

Last updated August 4, 2020

Tracking data on COVID-19 during pregnancy can protect moms and babies affected by COVID-19.

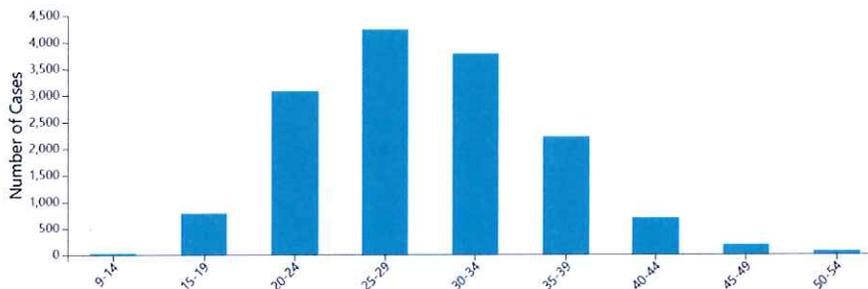
Pregnant women with COVID-19, United States [January 22-August 4, 2020]

TOTAL CASES
15,735

TOTAL DEATHS
37

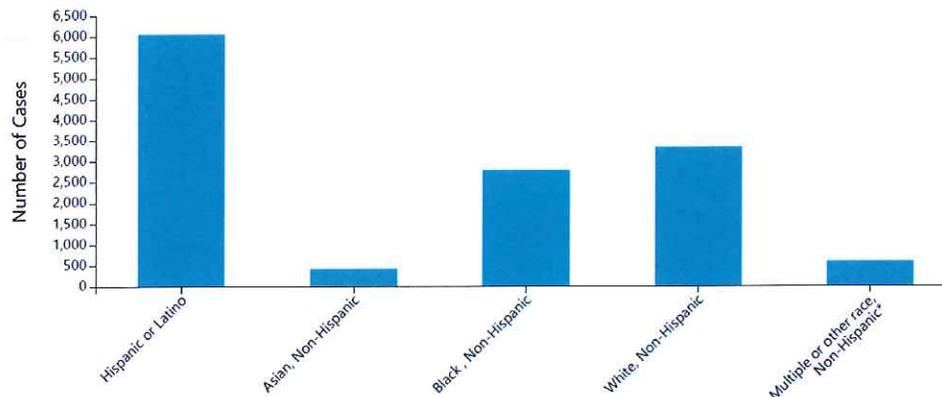
Pregnant women with COVID-19 by age, United States, [January 22-August 4, 2020]*

Data were collected from 15,735 women, and age was available for 14,996 (95.3%) women.



Pregnant women with COVID-19 by race/ethnicity, United States, [January 22-August 4, 2020]

Data were collected from 15,735 women, but race/ethnicity was only available for 13,164 (83.7%) women.



Partner Spotlight: Nebraska Pregnancy Risk Assessment Monitoring System (PRAMS)



Preventing Preterm Birth in Nebraska

Maternal Child Health Topics in Nebraska

Preterm birth (defined as delivery before 37 weeks and 0/7 days of gestation) is the leading cause of infant morbidity and mortality in the United States.¹ In 2018, 10.42% of births in Nebraska were preterm, compared to 10.02% in the United States.

Preterm birth is the leading cause of neonatal death and is associated with birth defects and long term health problems. Preterm birth may lead to lifelong problems such as:

- Breathing problems
- Feeding difficulties
- Cerebral palsy
- Developmental delays
- Vision problems
- Hearing impairment

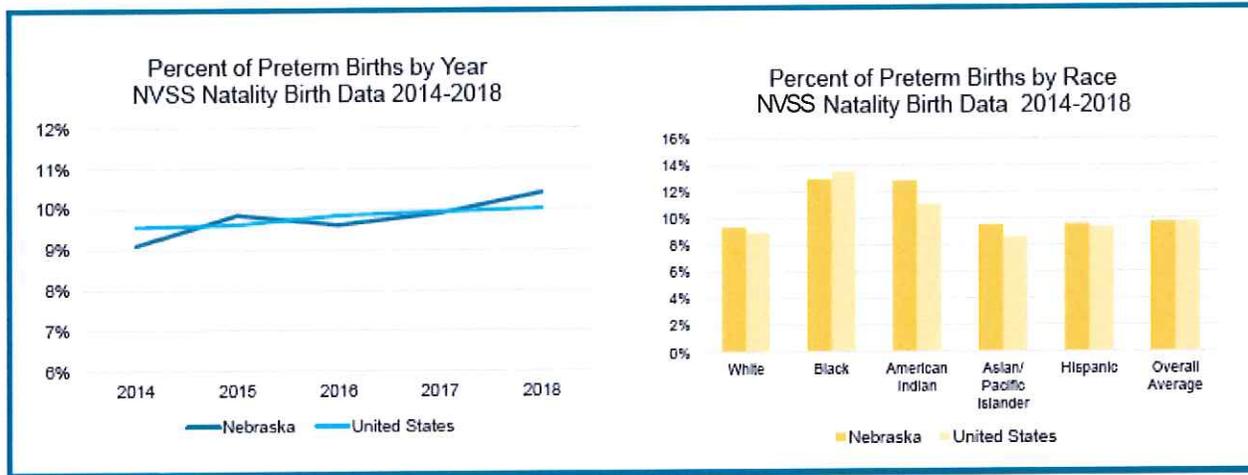


There are risk factors for preterm birth, but any woman can have a preterm birth.

National Preterm Birth Goals

Nebraska's Current Percent Preterm*	Healthy People 2020 Objective ²	March of Dimes 2020 Prematurity Campaign ³
10.4% births were preterm in 2018	9.4% births or fewer are preterm	8.1% births or fewer are preterm

*Source: Nebraska Vital Records — 2017 and 2018 Combined



Source: Nebraska Vital Statistics System — Natality 2014-2018⁴

In This Fact Sheet...

UP NEXT

Explore risk factors for preterm birth and data-driven actions to prevent preterm birth.

Reduce the risk of maternal and infant mortality and pregnancy-related complications by increasing access to quality care before pregnancy and between pregnancies.

Risk Factors for Preterm Birth¹

Maternal Demographics

- Young or advanced maternal age
- Minority race/ethnicity
- Low socioeconomic status

Unhealthy Lifestyle

- Tobacco use
- Substance abuse
- Low or high pre-pregnancy body mass index

Pregnancy History

- Short interpregnancy interval
- Previous preterm delivery

Pregnancy Complications

- Placental abruption or previa
- Polyhydramnios
- Oligohydramnios
- Multiple gestations

Maternal Medical Disorders

- Thyroid disease
- Obesity
- Asthma
- Diabetes
- Hypertension

Intrauterine Infection

Mental Health

- Psychological or social stress
- Depression

Fertility Treatments

- Assisted reproductive technology (ART)
- Non-ART fertility treatments

Maternal Demographics

Table 1: Characteristics of Mothers with a Recent Live Birth

	% Preterm	% of Population
By Race/Ethnicity^A		
White	9.8%	69.6%
Black	12.8%	7.6%
Native American	15.0%	2.1%
Asian/Pacific Islander	9.9%	4.0%
Hispanic	9.8%	16.7%
By Income^B		
Income less than 194% Federal Poverty Level	8.3%	50.4%
Income more than 194% Federal Poverty Level	7.1%	49.6%
By Education^A		
Less than High School Education	11.8%	12.1%
High School Education	10.9%	19.1%
Some College Education	10.4%	31.8%
College Degree or More Education	9.0%	36.9%
By Age^A		
Under 20 Years	9.5%	4.4%
20-24 Years	8.4%	18.5%
25-29 Years	6.9%	32.6%
30-34 Years	7.9%	29.7%
35-39 Years	10.1%	12.6%
40 or More Years	11.3%	2.3%

Sources: A – Nebraska Vital Records — 2017 and 2018 Combined
and B – Nebraska PRAMS — 2017 and 2018 Combined

Call to Action

- Some demographic groups have a higher risk of preterm birth. Educate patients within these groups about their higher risk of preterm birth, the signs of early labor and encourage them to seek medical help.
- Target interventions at the social determinants of health to reduce risk for preterm birth for these groups.
- Screen for social needs during every visit. A recommended screening tool is the [*American Academy of Family Physicians "Social Needs Screening Tool"*](#).
- Educate patients on optimal pregnancy timing and risks associated with preterm birth as patients develop their reproductive life plan.