

2021- 2022

**Women's Health Initiative**

Lifespan Health Services Unit

Division of Public Health

Nebraska Department of Health and Human Services

ANNUAL REPORT



NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

[www.dhhs.ne.gov/WHI](http://www.dhhs.ne.gov/WHI)



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

## Acknowledgments

### Nebraska Department of Health and Human Services

Dannette R. Smith, Chief Executive Officer  
 Gary J. Anthonie, MD, Public Health Director and Chief Medical Officer  
 Charity Menefee, Director of Operations, Division of Public Health  
 Sara Morgan, Deputy Director, Promotion and Prevention

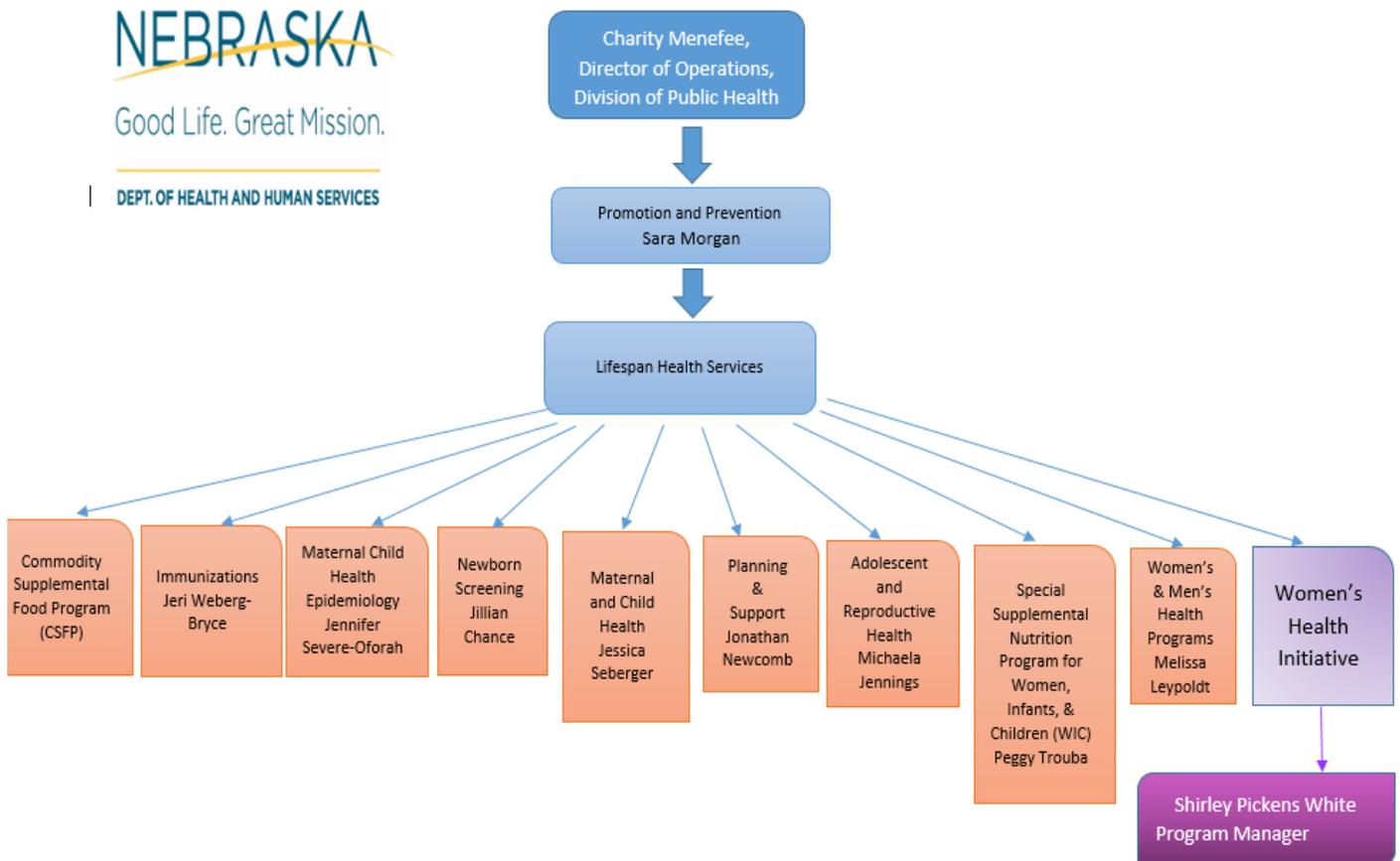
### Women's Health Initiative Staff

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## DHHS Lifespan Health Services Organizational Chart



## Women’s Health Initiative

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.

### Office of Women’s Health Focus Areas 2021

#### Administration

- The Office of Women’s Health Initiative staff participated in several professional development opportunities related to improving grant management knowledge, strengthening leadership skills, as well as improving office skills
- The Office of Women’s Health Initiative (WHI) convened and participated in several meetings to further the work of the Office. The following list highlights those meetings:
  - Women’s Health Advisory Council-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 § 71-702

The Advisory Council met on a quarterly basis. Nine new members were appointed to the Council during this period. WHI engaged a facilitator to begin the strategic planning process with the Council. This process will help identify priority areas, develop strategies to achieve its goals and revisit their vision and mission statement. The strategic plan was completed at the end of June 2022.

#### 2021-2022 Meetings and Members

08/26/21, Virtual  
 10/28/21, Virtual  
 01/27/22, Virtual  
 04/18/22, Virtual  
 07/28/22, Virtual

<i>WHAC Members</i>	<b>Rachel Hays, MBA, Chair</b>	<b>Ashley Carroll, MPH, Vice Chair</b>
Ebony Byars	Sara Morgan, MS	Elizabeth Mollard, PHD
Kathryn Fiandt, PHD	Samantha Kenning, MSN	Bethany Arnold, OTD
Celeste Illian, MPH	Kailey Snyder, PHD	Amber Grob, PMHNP
Victoria Vinton, MSN	Kayleigh Lewandowski, BSN	Julie Tabor, JD
Dr. Robert Drvol, MD	Dr. Gary Anthone, MD	Tami DeBonis, MSN

- Palliative Care and Quality of Life Council: The Council met on a quarterly basis. They developed a Council Progress Report with recommendations and presented information about palliative care to licensing boards in Nebraska. The report can be assessed here: <https://dhhs.ne.gov/MCAH/NE%20Palliative%20Care%20and%20Quality%20of%20Life%20Advisory%20Council%20Report%20and%20Recommendations.pdf>

**2021-2022 Meetings and Members**

08/16/21, Virtual  
 12/06/21, Virtual  
 03/7/22, Virtual  
 06/06/22, Virtual

<i>Members</i>	<b>Todd Sauer, Chair</b>	<b>Stacie Sinclair, Vice Chair</b>
Marcia Cederdahl	Brenda Kastens	Andrew Macfadyen
Julie Masters	Angela Mortensen	Sabrina Schalley
Theresa Jizba		

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:

- Lead Title V Priority Area: Cardiovascular Disease including Diabetes, Obesity, and Hypertension
  - Teamed with Women’s and Men’s Health Program to issue an RFI (Request for Information) for the purpose of developing, implementing, and evaluating a project with a community cultural organization to enhance local navigation and health services to women within the Northwest quadrant of Lincoln. The RFI was restructured into a simple application after there were no respondents. The programs are now working with one organization to implement the project in the Lincoln area and continue to work to identify other organizations in the Omaha and Lincoln areas for this project.
  - Collaborated with internal partners to identify needs for updates and/or translations for existing educational materials for women on cardiovascular disease, and review use of social media to assure cultural relevance and inclusion of disparate audiences.
  - Brought together a group of internal and external partners to develop a project to improve birth outcomes in Native American communities.
  - Teamed with the Maternal Infant Health Program and the Reproductive Health Program to develop a project focused on increasing social supports during pregnancy for Black mothers.
- Assisted with the planning of the Lactation Education Across Rural Nebraska (L.E.A.R.N) Breastfeeding Conference: This virtual conference was designed to increase knowledge of current evidence and practices to support all women in their breastfeeding goals and experiences. It was also designed to increase knowledge in areas of culturally congruent breastfeeding practices for minority women; using a milk bank; management of common breastfeeding complications; and educating women about common medication interactions with breastfeeding.
- Teamed with Maternal Health to distribute CDC “Hear Her Campaign” material to community organizations, Federally Qualified Health Centers (FQHC), hospitals and OB/GYN practices.
- During this year, the Program Manager served on the following maternal health committees: Pregnancy Risk Assessment Monitoring System (PRAMS) Steering Committee, Maternal Mortality Review Committee, I Be Black Girl Maternal Health Coalition, Maternal Infant Mortality Focus Collaboration Team, and the Health Equity Collective Impact Group.

**Updates:**

- In the last year, the Maternal Mortality Review Committee released its first report. The report describes maternal morbidity and mortality in Nebraska based on available data (for years 2014-2018) at the time of publication. The report can be assessed here: <https://dhhs.ne.gov/PRAMS%20Documents/Maternal%20Mortality%20Report%202021.pdf>

# Spotlight



## The Maternal Infant Health Program

During this reporting period, the Maternal Infant Health Program partnered with the Nebraska Perinatal Quality Improvement Collaboration to analyze data and identify gaps and systems-level strategies to prevent premature birth and address birth disparities.

In February 2021, the program collaborated with Postpartum Support International to provide a two-day, online *Perinatal Mood Disorders: Components of Care Perinatal Mood and Anxiety Disorders Certificate Training* to 42 participants.

In May 2021, the Maternal Infant Health Program partnered with Tobacco Free Nebraska to increase provider knowledge on the Tobacco Free Helpline by sending emails to 788 Obstetrics (OB) and Family Practice (FP) providers on tobacco and pregnancy, smoking cessation, and available resources.

In October 2021, the Program developed a Warning Signs to Know During and After Pregnancy fact sheet, geared towards empowering pregnant women with critical information to advocate for their own health and birth outcomes. The Warning Signs to Know During and After Pregnancy fact sheet has a focus on reducing cardiovascular disease and reducing prematurity along with decreasing maternal morbidity and mortality. It covers information about warning signs and symptoms, as well as the importance of postpartum care and when to call health care providers while pregnant. The Fact sheet was distributed to birthing hospitals, to OB and FP Clinics throughout the State; at the Nebraska Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) Conference and posted on the [DHHS Maternal Infant Health Resources](#) website.

In 2021, one hospital became a NE Safe Babies Safe Sleep Champion to make a total of 53 Safe Sleep Champion Hospitals, with four additional hospitals pledging to complete the steps. To further the campaign spread, DHHS has shifted from a focus on hospitals to the Family Practice, Obstetric and Pediatric Clinics throughout Nebraska. Two new clinics completed the five steps and became NE Safe Babies Clinic Champions. During this time, activities included creating a mailing and email list of OB/GYN, Family Practice and Pediatric clinics; emailing information on the Clinic Campaign to 1290 designated physicians; and mailing a packet of Clinic Campaign information and materials to 395 clinics across the state.

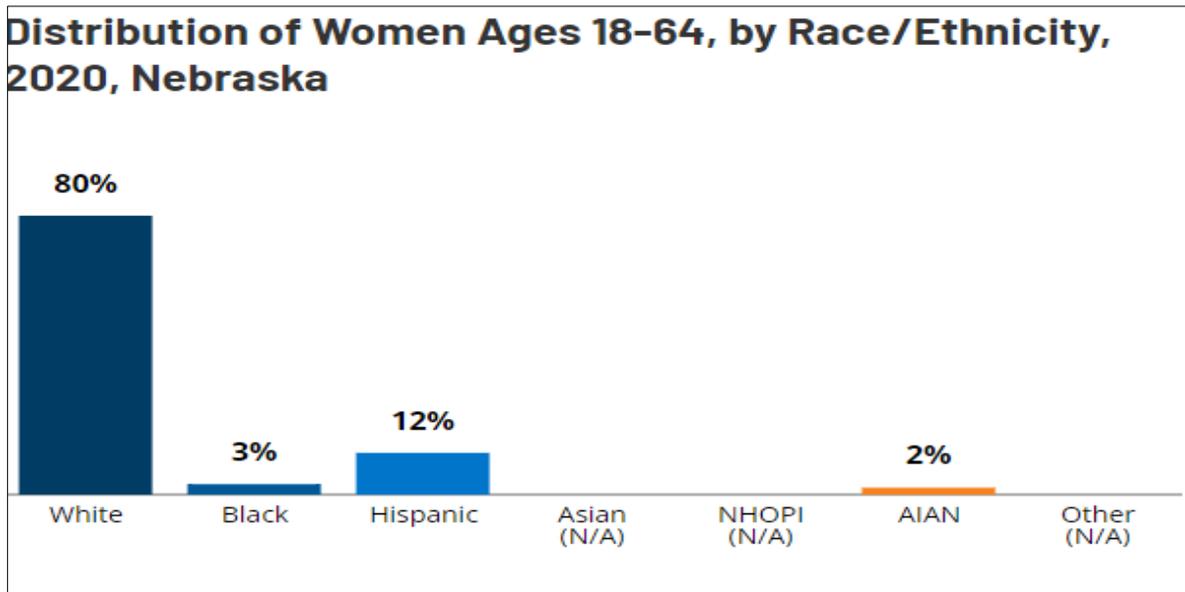
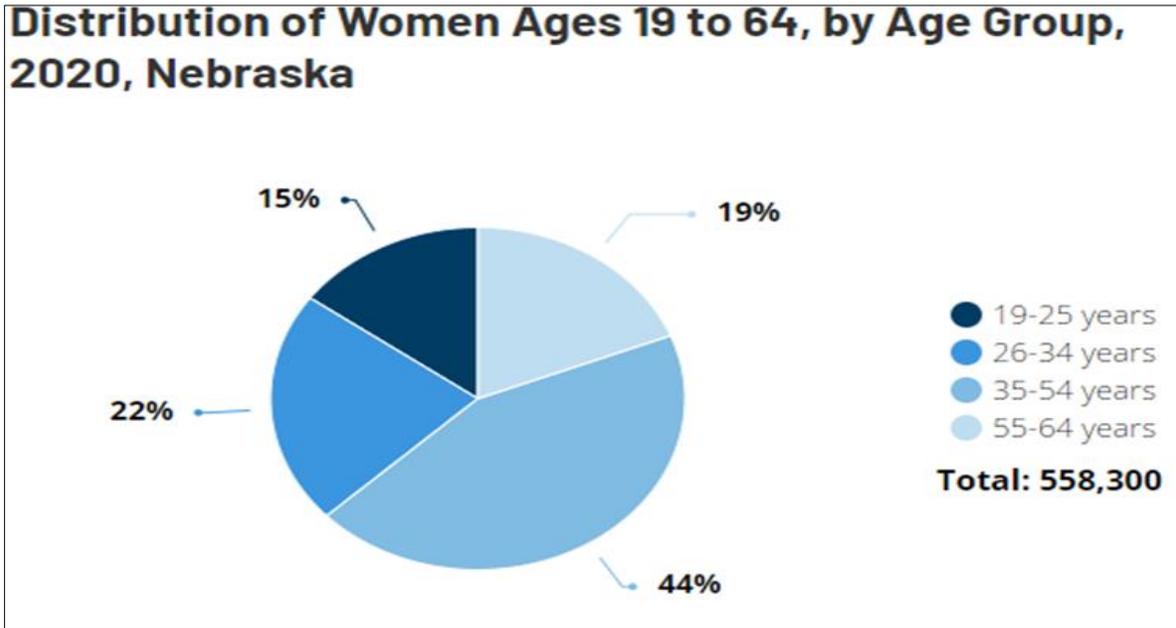
As of September 2021, seven new birthing hospitals became Abusive Head Trauma/Shaken Baby Syndrome (AHT/SBS) Prevention Champion hospitals with an overall total of 39 champion hospitals.

During this period, under the direction of the Program, UNMC College of Nursing Students completed the review of consumer education products and presented their information to Omaha Healthy Start. Information was well received and Omaha Healthy Start provided feedback to the students. Omaha Healthy Start reviewed its program materials and incorporated the NE Safe Babies materials into its programing.

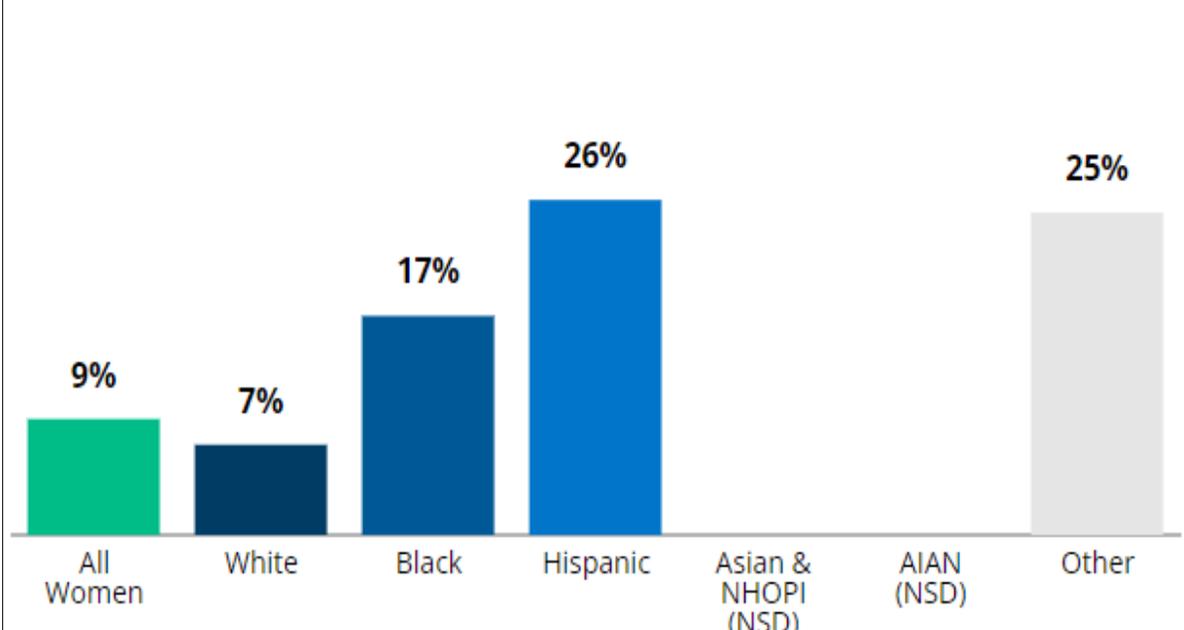
The Program also worked on the NE Safe Babies Campaign AHT/SBS Prevention Hospital Campaign. This campaign's overall focus is to provide evidence-based education to parents of newborns as well as to birthing hospital staff. Educating new parents and caregivers within the hospital setting provides a consistent, evidence based AHT/SBS prevention message to parents of more than 25,000 newborns across the state each year. AHT/SBS Prevention brochure and The CRYing Plan teaches parents and caregivers to create a plan of steps they can take to calm a crying baby, choose a relief method if they become frustrated with the baby's crying, and to discuss their plan with everyone caring for their baby.

## Nebraska Women's Health Profile

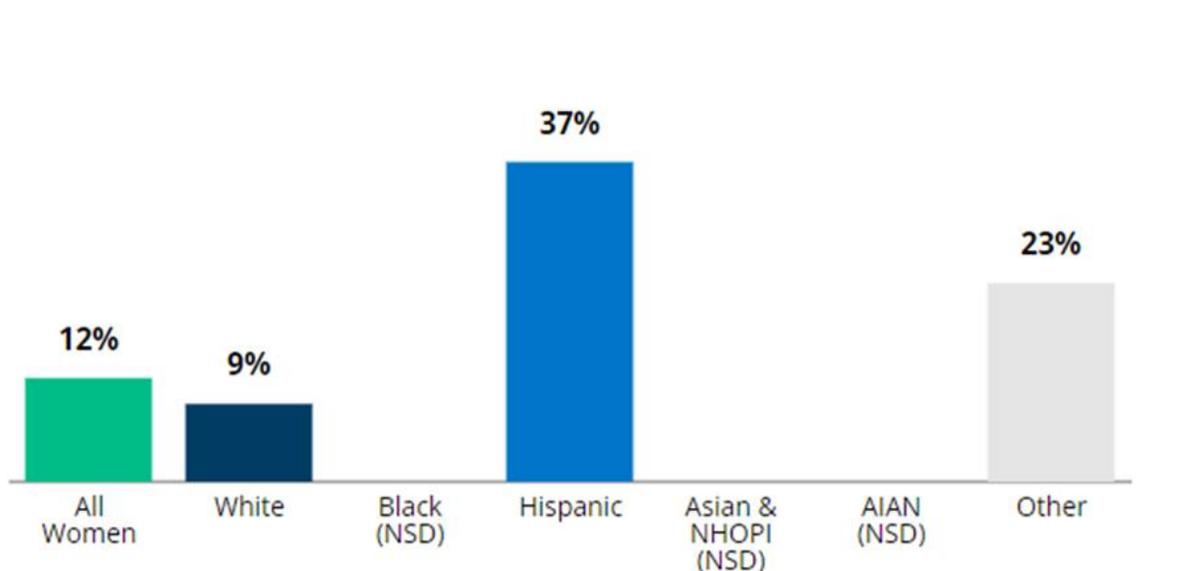
The following charts are Nebraska-specific from the Kaiser Family Foundation (KFF), State Health Facts. The Centers for Disease Control and Prevention and National Vital Statistics Reports include a selection of the most recent data sets on demographics, doctor's visits, health insurance coverage, and birthrates. This information can be found at <https://www.kff.org/interactive/womens-health-profiles/?activeState=Nebraska>



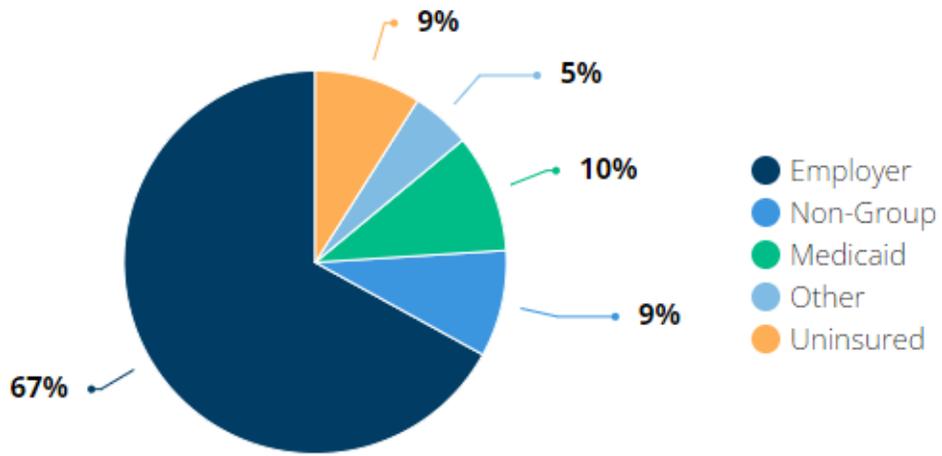
### Share of Women Ages 18 and Older Who Did Not See A Doctor in the Prior 12 Months Due to Cost, by Race/Ethnicity, 2020, Nebraska



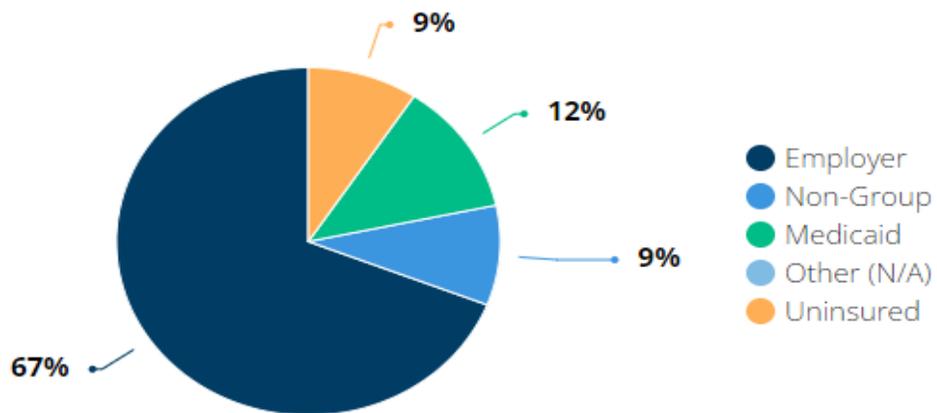
### Share of Women Ages 18 and Older Who Do Not Have A Personal Doctor or Health Care Provider, by Race/Ethnicity, 2020, Nebraska



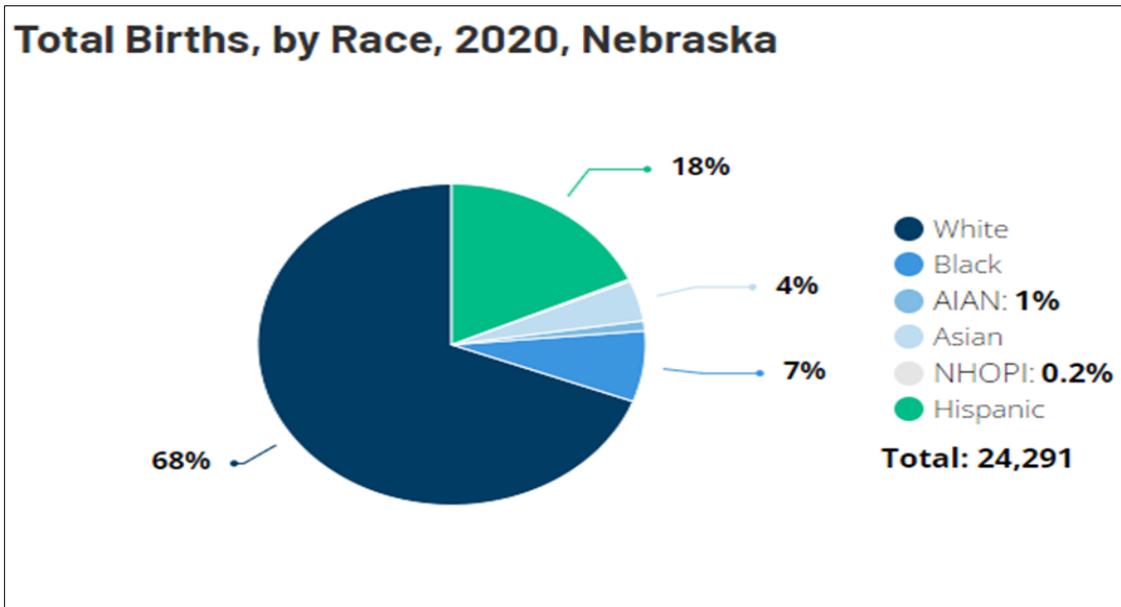
### Health Insurance Coverage of Women Ages 19-64, 2020, Nebraska



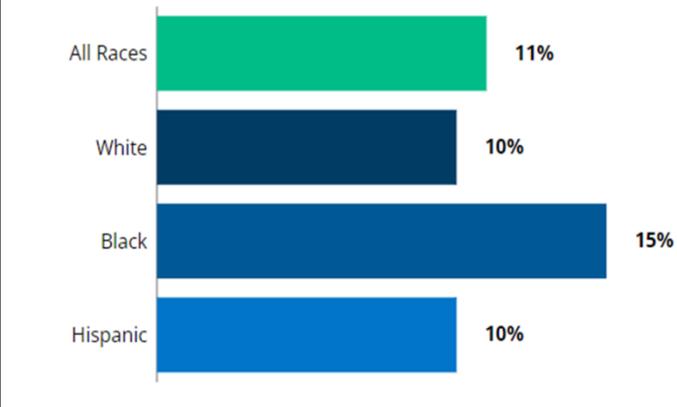
### Health Insurance Coverage of Women Ages 15-49, 2020, Nebraska



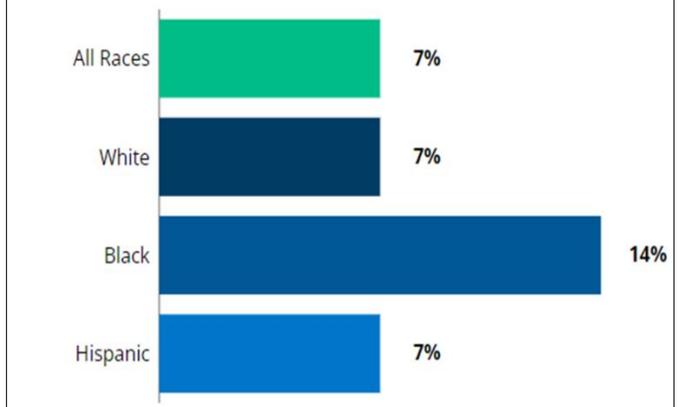
## Birth Outcomes for Nebraska Babies



### Preterm Births as a Percent of All Births, by Race/Ethnicity, 2020, Nebraska



### Low Birthweight as a Percentage of All Births, by Race/Ethnicity, 2020, Nebraska

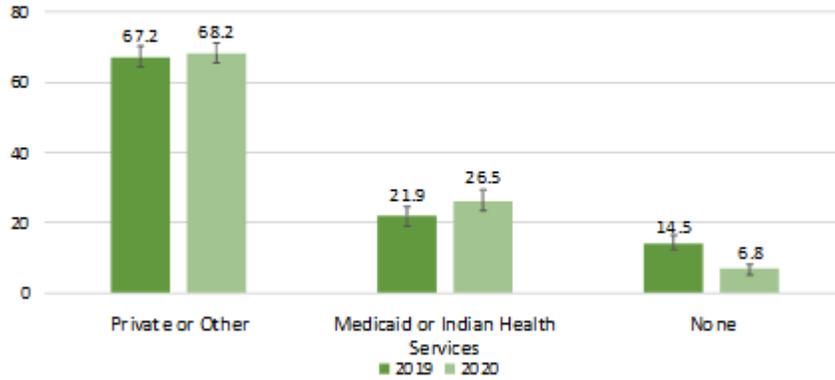


## Pregnancy Risk Assessment Monitoring System (PRAMS) Data

In 2020 PRAMS, which is a research project sponsored by the Centers for Disease Control and Prevention and the Nebraska Department of Health and Human Services, surveyed women in Nebraska on topics to include depression during and after pregnancy, postpartum contraceptive use, and prenatal care during COVID-19. Below are the results of those surveys:

**Summary:** Postpartum health insurance coverage DID change from 2019-2020. More women reported having Medicaid or Indian Health Services in 2020 than in 2019. Fewer women reported having no insurance in 2020 than in 2019.

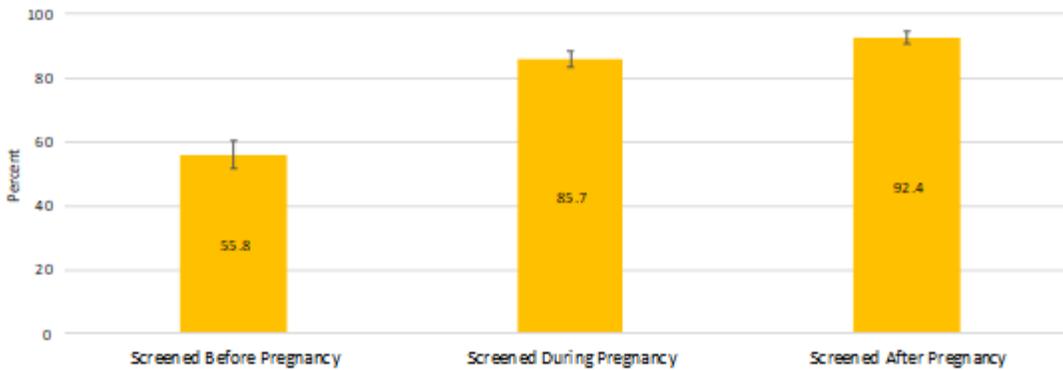
Postpartum Insurance Coverage\* in 2019 and 2020, Nebraska PRAMS



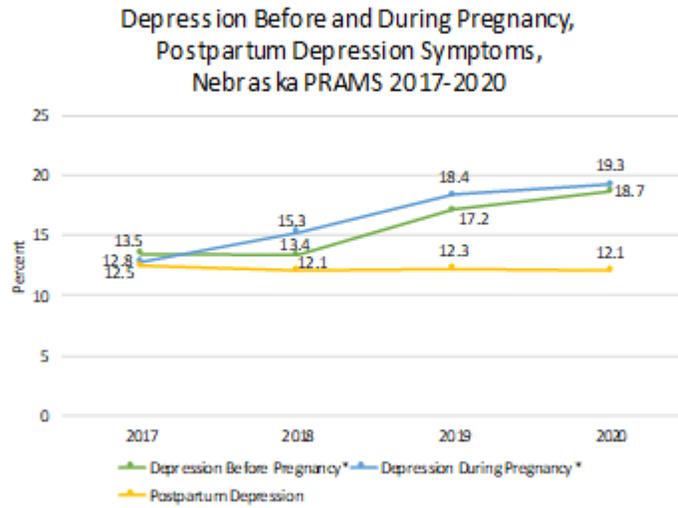
\*Respondents could select multiple responses, therefore this column may not total 100%. Categories were created for this variable that combined response options from the original question.

**Summary:** In 2020, Nebraskan residents with a recent live birth were more likely to have had a depression screening in time periods during and after pregnancy compared to before pregnancy.

Screened for Depression During Health Visit Before, During, and After Pregnancy, Nebraska PRAMS 2020

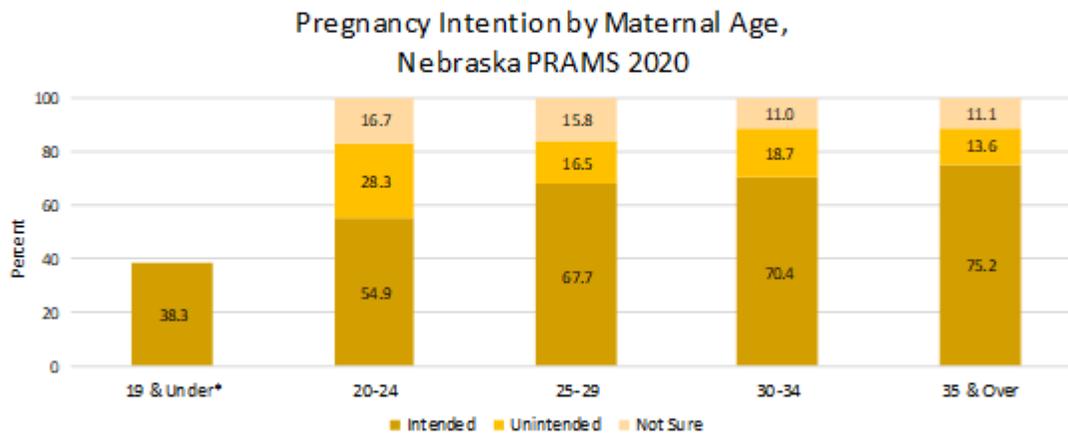


**Summary: Depression before and during pregnancy increased between 2017-2020. Reports of postpartum depression symptoms remained stable between 2017-2020.**



\*Reports of depression before and during pregnancy have significantly increased from 2017 to 2020 ( $p < 0.05$ ).  
Confidence intervals for estimates are available upon request.

**Summary: Pregnancy intention is associated with maternal age. In Nebraska, in 2020, pregnancy intention of people with a recent live birth increased as age increased.**



\*Data suppressed due to  $\leq 30$  responses, because estimates based on this sample size may not be generalizable.  
Confidence intervals for estimates are available upon request.

## COVID-19 Supplemental Data

### Type of Prenatal Care Visits Mother Attended During COVID-19 Pandemic\*, Nebraska PRAMS 2020

	Weighted Frequency	Percent	95% Confidence Intervals	
In-person only	8,923	86.0	82.5	89.4
Virtual only	*	*	*	*
In-person and virtual	1,183	11.4	8.3	14.5
Did not have prenatal care	*	*	*	*

Missing n=11

\*The COVID-19 supplement is representative of family experiences for births from August 2020 through December 2020.

\*Data suppressed due to ≤30 responses, because estimates based on this sample size may not be generalizable

### Stressful Life Experiences During COVID-19 Pandemic\*†, Nebraska PRAMS 2020

	Weighted Frequency	Percent	95% Confidence Intervals	
Lost job or had a cut in work hours or pay	2,583	25.1	20.5	29.7
Other members of household lost job or had a cut in work hours or pay	2,340	22.6	18.4	26.9
Had problems paying the rent, mortgage, or other bills	1,760	17.1	13.2	21.0
Someone in household received unemployment	1,882	18.2	14.0	22.5
Had to move or relocate	1,039	10.1	7.0	13.1
Became homeless	*	*	*	*
Loss of childcare or school closures made it difficult to manage all of mother's responsibilities	2,090	20.3	15.9	24.7
Spent more time than usual taking care of children or other family members	3,755	36.4	31.2	41.7
Worried whether food would run out before mother got money to buy more	1,336	13.0	9.8	16.1
Felt more anxious than usual	5,286	51.5	46.2	56.9
Felt more depressed than usual	3,007	29.3	24.3	34.2
Had more verbal arguments or conflicts with husband or partner than usual	1,821	17.7	13.6	21.9
Husband or partner had increase in physical, sexual, or emotional aggression towards mother	*	*	*	*

\*The COVID-19 supplement is representative of family experiences for births from August 2020 through December 2020.

\*Data suppressed due to ≤30 responses, because estimates based on this sample size may not be generalizable.

†Participants could select multiple responses, therefore this column may not total 100%.