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September 1, 2005

The future for the Office of Women’s Health promises to be even brighter than the past! One of the most exciting new developments is preliminary notice from the Centers for Disease Control and Prevention (CDC) that Nebraska will receive a new grant worth over one-half million dollars annually to incorporate colorectal cancer screening into the Every Woman Matters infrastructure. This is a brand new demonstration program for CDC, and Nebraska is one of five grantees across the country that will test the feasibility of population-based screening for colorectal cancer.

Increasing the colorectal cancer screening rate in Nebraska is important to the health of both women and men. Colorectal cancer is the second leading cause of cancer mortality in Nebraska, and the state’s colorectal cancer mortality rate consistently exceeds the national figure. While we are improving our screening rates for fecal occult blood testing, Nebraska ranks second to last in the nation for screening by colonoscopy and sigmoidoscopy.

Men will not be left out for colorectal cancer screening in this project. Since 2002, the Every Woman Matters Program has pilot-tested the concept of distributing screening kits to women and giving them an additional kit to take home to husbands or others in their household over age 50. That will be an important feature of the new CDC grant, and we will benefit from relationships established with the Nebraska Medical Association’s Men’s Health Section to craft messages and strategies that will improve screening rates for men.

While starting the new grant will be a major enterprise, the Office of Women’s Health has lots more excitement brewing for the coming year.

- CDC has contracted with the University of South Florida Prevention Research Center to help Nebraska develop new strategies for increasing physical activity in preteen girls.
- Work has already begun on the next Women’s Health Symposium.
- The Women’s Health Advisory Council has established ambitious and important new priorities to meet the health needs of women across the state.
- The Every Woman Matters Program continues to grow and fine-tune its ability to provide the highest quality and most comprehensive preventive health care for lower-income women.
- New minigrants will soon be made to Nebraska communities to help women reduce their risk factors for heart disease.

All people in Nebraska benefit from the good health of women. We are grateful to the Legislature for supporting women’s health, and we thank the Women’s Health Advisory Council for helping accomplish our mission—to help women of all ages in Nebraska lead healthier lives.

Submitted by:

Kathy Ward, Administrator of the Office of Women’s Health
Status of Women’s Health in Nebraska

DEMOGRAPHICS

Gender & Age. In Nebraska, as in the United States, 51% of the population is female. Racial/ethnic and age breakdowns for Nebraska and the U.S. are as follows:

<table>
<thead>
<tr>
<th>Population, 2004</th>
<th>Nebraska Population</th>
<th>Nebraska %</th>
<th>United States %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women, White</td>
<td>755,572</td>
<td>87.6%</td>
<td>68.8%</td>
</tr>
<tr>
<td>Black</td>
<td>34,791</td>
<td>4%</td>
<td>12.9%</td>
</tr>
<tr>
<td>Native American</td>
<td>10,934</td>
<td>1.3%</td>
<td>1%</td>
</tr>
<tr>
<td>Asian/Pacific Islanders</td>
<td>15,746</td>
<td>1.8%</td>
<td>4.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>45,329</td>
<td>5.3%</td>
<td>12.9%</td>
</tr>
<tr>
<td>18-44 years</td>
<td>328,327</td>
<td>38.1%</td>
<td>38.3%</td>
</tr>
<tr>
<td>45-64 years</td>
<td>196,877</td>
<td>22.8%</td>
<td>23.6%</td>
</tr>
<tr>
<td>65+ years</td>
<td>121,807</td>
<td>14.1%</td>
<td>13.5%</td>
</tr>
</tbody>
</table>

Residence. In Nebraska, 29.7% of women live in rural areas, and 70.3% live in urban areas. This differs from the United States population, in which 20.5% live in rural areas and 79.5% live in urban areas.

Education. The National Women’s Law Center reports educational attainment for Nebraska women as follows:

<table>
<thead>
<tr>
<th>Education Status for Nebraska Women, 2004</th>
<th>White</th>
<th>93.3%</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Completion</td>
<td>Black</td>
<td>77.7%</td>
</tr>
<tr>
<td>Some college/Associate’s Degree</td>
<td>Hispanic</td>
<td>56.8%</td>
</tr>
<tr>
<td>Bachelor’s Degree or more</td>
<td>170,432</td>
<td>30.5%</td>
</tr>
<tr>
<td></td>
<td>148,693</td>
<td>26.6%</td>
</tr>
</tbody>
</table>

Marital Status. Of the 666,184 households in Nebraska, 360,996 (54.2%) are married couples. The U.S. Census Bureau (2000) reports that 55.6% of Nebraska women are married. Marriage rates for women and men are highest among 35 to 44 year olds and 45 to 54 year olds. The following table summarizes marital status.

<table>
<thead>
<tr>
<th>Marital Status, 2000</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>55.7%</td>
<td>59.1%</td>
</tr>
<tr>
<td>Never Married</td>
<td>22.5%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Separated</td>
<td>1.3%</td>
<td>1.0%</td>
</tr>
<tr>
<td>Widowed</td>
<td>10.8%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Divorced</td>
<td>9.7%</td>
<td>8.3%</td>
</tr>
</tbody>
</table>
ECONOMIC STATUS

Households. According to the U.S. Census Bureau (2000), 14,126 women in Nebraska were heads of the household with no spouse present, and 24% of these women had incomes below the poverty level. Women heads of household with children under age 18 in the family had poverty rates of 31%. Those with children under age 5 had poverty levels of 44.9%.2

Income. The Kaiser Family Foundation reports that 12% of all women in Nebraska had incomes at or below the federal poverty guidelines in 2002-2003, compared to 11% of Nebraska men.3 In the United States, 16% of women and 14% of men had incomes at or below federal poverty guidelines.

Poverty. Poverty varies a great deal for Nebraska women by racial/ethnic background and by age, as shown in the following table.1

<table>
<thead>
<tr>
<th>Poverty Status for Nebraska Women, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
</tr>
<tr>
<td>Black</td>
</tr>
<tr>
<td>Hispanic</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
</tr>
<tr>
<td>18-44 years</td>
</tr>
<tr>
<td>45-64 years</td>
</tr>
<tr>
<td>65+ years</td>
</tr>
</tbody>
</table>

Earnings. The National Women’s Law Center reports that median annual earnings for Nebraska women in 2004 were $25,000, compared to $29,200 for women in the United States. Nationwide, women earn 72.7% of what men earn, compared to 70.2% in Nebraska.1

Uninsured. The rate of nonelderly uninsured women in Nebraska was 11% in 2002-2003, compared to 13% of Nebraska men and 17% of United States women.3

MORTALITY

Life expectancies for women in Nebraska and in the United States are described in the following table.1

<table>
<thead>
<tr>
<th>Life Expectancy for Women, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
</tr>
<tr>
<td>White Women in Nebraska</td>
</tr>
<tr>
<td>Non-White women in Nebraska</td>
</tr>
<tr>
<td>United States women, all races</td>
</tr>
</tbody>
</table>
The following chart shows the leading causes of death for Nebraska women in 2003:

<table>
<thead>
<tr>
<th>Leading Causes of Death for Nebraska Women, 2003</th>
<th>Numbers of Deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart disease</td>
<td>2,050</td>
</tr>
<tr>
<td>Cancer</td>
<td>1,617</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>668</td>
</tr>
<tr>
<td>Chronic Lung Disease</td>
<td>388</td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td>291</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>227</td>
</tr>
<tr>
<td>Diabetes</td>
<td>218</td>
</tr>
</tbody>
</table>

**REPRODUCTIVE ISSUES**

**Birthweight.** According to unpublished data from the HHSS Office of Family Health, African American women have the highest number of low birth weight babies, at a rate of 11.7 per 100 live births. Infant mortality for African Americans in 2003 was 3.3 times that for Whites.

**Maternal & Infant Health.** Data on maternal and infant health in Nebraska in 2003, also from the HHSS Office of Family Health, are as follows:

<table>
<thead>
<tr>
<th>Maternal &amp; Infant Health in Nebraska, 2003</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm babies born</td>
<td>2,291</td>
<td>9.3%</td>
</tr>
<tr>
<td>Low birthweight babies born</td>
<td>1,794</td>
<td>6.9%</td>
</tr>
<tr>
<td>Multiple births</td>
<td>881</td>
<td>3.4% of live births</td>
</tr>
</tbody>
</table>

2000-2002 Preterm Rates:
- White: 8.5%
- Black: 13.6%
- Native American: 12.4%
- Asian/Pacific Islander: 10.4%
- Hispanics: 9.1%

Between 1992 and 2002, the Preterm Birth Rate in Nebraska increased 26%.

**CHRONIC DISEASES & CONDITIONS**

**HIV/AIDS.** Between 1998 and 2002, 76 females in Nebraska were diagnosed with AIDS, and 80 were diagnosed with HIV. The 2004 AIDS rate for women in Nebraska was 1.5 per 100,000 women, compared to 9.1 per 100,000 women in the United States.
**Arthritis.** Women in both Nebraska and the United States are more likely to be diagnosed with arthritis than men. In Nebraska, 31% of women report having arthritis, compared to 23% of men.⁶

**Asthma.** Similarly, a higher percentage of Nebraska women report that they have ever been told they have asthma (10.9%) compared to Nebraska men (9.6%).⁷

**CVD.** An estimated 35,400 women in Nebraska have been diagnosed with cardiovascular disease (CVD), and an estimated 15,100 Nebraska women have had a stroke.⁸ Women who have heart attacks are 1.5 times more likely than men to die from them.

**Diabetes.** In Nebraska, 6.2% of women surveyed by the Behavioral Risk Factor Surveillance System in 2004 reported that they have been told by a doctor that they have diabetes.⁹ An additional 1.8% has been diagnosed with pregnancy-related diabetes.

**Hypertension.** In 2003, the Behavioral Risk Factor Surveillance System reported that 23.3% of Nebraska women have been told that they have high blood pressure (hypertension).⁷

**Mental Health.** Women in Nebraska and in the United States are more likely than men to report having poor mental health in the last 30 days. The percentages of both Nebraska women and men who report poor mental health are lower than comparable national figures.

<table>
<thead>
<tr>
<th>Poor Mental Health, 2003⁷</th>
<th>Nebraska</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women reporting poor mental health in last 30 days</td>
<td>33.8%</td>
<td>38.3%</td>
</tr>
<tr>
<td>Men reporting poor mental health in last 30 days</td>
<td>24.4%</td>
<td>29.1%</td>
</tr>
</tbody>
</table>

**Overweight & Obesity.** In Nebraska, 47.1% of women were classified as overweight or obese in 2002, compared to 47.3% of United States women. In comparison, 67.6% of Nebraska men and 65.5% of United States men were overweight or obese. The following tables show obesity and overweight trends for both men and women in Nebraska:⁹

<table>
<thead>
<tr>
<th>Obesity Trends in Nebraska, 1990-2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>1990</td>
</tr>
<tr>
<td>1994</td>
</tr>
<tr>
<td>1998</td>
</tr>
<tr>
<td>2002</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overweight Trends in Nebraska, 1990-2002</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year</td>
</tr>
<tr>
<td>1990</td>
</tr>
<tr>
<td>1994</td>
</tr>
<tr>
<td>1998</td>
</tr>
<tr>
<td>2002</td>
</tr>
</tbody>
</table>
STDs. In 2003, the rate of sexually transmitted diseases for women in Nebraska were as follows:

<table>
<thead>
<tr>
<th>Sexually Transmitted Diseases, Nebraska Women, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Chlamydia</td>
</tr>
<tr>
<td>Gonorrhea</td>
</tr>
<tr>
<td>Syphilis</td>
</tr>
</tbody>
</table>

PREVENTION

Alcohol. Alcohol abuse and binge drinking are less common for Nebraska women than for Nebraska men. The following table indicates results from the Behavioral Risk Factor Surveillance System for 2004.

<table>
<thead>
<tr>
<th>Alcohol Consumption, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentages</td>
</tr>
<tr>
<td>Women having 5+ drinks on one occasion</td>
</tr>
<tr>
<td>Men having 5+ drinks on one occasion</td>
</tr>
<tr>
<td>Women having &gt;1 drinks per day</td>
</tr>
<tr>
<td>Men having &gt;2 drinks per day</td>
</tr>
</tbody>
</table>

Tobacco. Nebraska women are also less likely than Nebraska men to smoke, although there is a significantly higher percentage of men than women who are former smokers. Nebraska ranks 20th in the nation for current smoking rates among women.

<table>
<thead>
<tr>
<th>Smoking Rates, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>Men</td>
</tr>
<tr>
<td>Daily smokers</td>
</tr>
<tr>
<td>Some day smokers</td>
</tr>
<tr>
<td>Former smokers</td>
</tr>
<tr>
<td>Never smoked</td>
</tr>
</tbody>
</table>

19.2% (1 in 5) of employees were offered stop smoking programs by their employers within the last year.

Fruits & Vegetables. Eating five or more fruits and vegetables a day is one of the most important nutritional steps to good health. Unfortunately, Nebraska women rank 47th in the nation in eating five or more fruits and vegetables per day. Even so, Nebraska women are much more likely than Nebraska men to consume appropriate numbers of fruits and vegetables, as shown in the following table.

<table>
<thead>
<tr>
<th>Nebraska Fruit &amp; Vegetable Intake, 2003</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>Men</td>
</tr>
</tbody>
</table>

Physical Activity. According to the Women's Health and Mortality Chartbook, our ranking is 14th of all states for “no leisure-time physical activity.”
The Behavioral Risk Factor Surveillance System provides the following data for physical activity for Nebraska women and men.

<table>
<thead>
<tr>
<th>Physical Activity for Nebraska Women and Men, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meetings recommended guidelines for moderate physical activity</td>
</tr>
<tr>
<td>42.1%</td>
</tr>
</tbody>
</table>

**Mammography.** Health screenings can prevent disease or detect it in its earliest possible stages, but many times Nebraska has had very low screening rates in relationship to the rest of the nation. That was the case for mammography in the early 1990s when Nebraska ranked second to the bottom of all states in percentage of women screened. In 2004, only 16 states ranked higher than Nebraska in the percentage of women over 40 years of age who have had a mammogram within the past two years.⁹

**Cholesterol & Colorectal Cancer Screening.** Now Nebraska faces the challenge of low rates and rankings for cholesterol screening and colorectal cancer screening. According to the Women’s Health and Mortality Chartbook, Nebraska women rank 51st in cholesterol screening in the past five years.¹¹

Women in Nebraska are more likely than men to have been screened for colorectal cancer as shown in the following table:

<table>
<thead>
<tr>
<th>Nebraska Colorectal Cancer Screening, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults 50+ who had blood stool test within the past 2 years</td>
</tr>
<tr>
<td>31.3%</td>
</tr>
<tr>
<td>Adults 50+ who have ever had sigmoidoscopy/colonoscopy</td>
</tr>
</tbody>
</table>

State-by-state comparisons for both genders show that for 2004, only one state had a lower percentage than Nebraska of persons 50 years of age and older who had ever been screened for colorectal cancer by sigmoidoscopy or colonoscopy. Another colorectal cancer screening option is blood stool tests, which must be repeated annually to be effective. Nebraska fares much better in this category in comparison to other states, ranking 18th of all states in the percentage of adults age 50+ who have had a blood stool test within the past two years.⁹

**Pap Smears.** Another important screening test is Pap smears. Nebraska ranks almost exactly in the middle, 26th, of all states in the percentage of women over 18 who have had Pap smears within the past three years. Nebraska’s percentage is 85.8.⁹

**Oral Health.** A final important measure of good health is oral health care. As shown in the following table, a higher percentage of Nebraska women have visited a dentist or oral health clinic within the past year than Nebraska men.

<table>
<thead>
<tr>
<th>Oral Health in Nebraska, 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited dentist or clinic with past year</td>
</tr>
<tr>
<td>77.6%</td>
</tr>
</tbody>
</table>
EVERY WOMAN MATTERS

The Every Woman Matters Program (EWM) continues to grow and to add services as it enters its fourteenth year. The program has expanded to the point that new priorities for client services must be set to deal with the limitations of federal funds. During the last fiscal year, Every Woman Matters screened 9,849 women. Of these, 43% were at or below 100% of the Federal Poverty Level. The number of women reporting no insurance coverage of any kind was 65%, up 5% from last year. Of new clients, 83% report having no insurance. A number of services are provided to women under the title Every Woman Matters, including breast and cervical cancer screening, cardiovascular and diabetes screening, colorectal cancer screening, healthy lifestyles education, and arthritis education.

Breast & Cervical Cancer Screening. Every Woman Matters has expanded to include many preventive services. The initial program provided only breast and cervical cancer screening and a few diagnostic services. Many partnerships were developed in the early years to provide funding for definitive diagnosis. As the national program matured, the funder, the Centers for Disease Control and Prevention (CDC), added more diagnostic services to its list of allowable payments. In 2001, the Nebraska Legislature adopted Medicaid Treatment Program legislation to enroll women in Medicaid when they have been diagnosed with breast or cervical cancer or precancers through Every Woman Matters.

Since the program began in 1992, Every Woman Matters has screened 42,429 women and diagnosed 446 breast cancers and 38 invasive cervical cancers. During this fiscal year, the program has provided 7,305 mammograms and 5,671 Pap smears. The program has paid for clinical breast exams for 7,701 women.

During the last fiscal year, 226 women have been referred to the Medicaid Treatment program because of diagnosed cancers or precancers.

Melissa Leypoldt, Program Manager of Every Woman Matters, has just completed a term as President of the Breast and Cervical Cancer Council for the national Chronic Disease Directors' Association.

WISEWOMAN. With the addition of the WISEWOMAN (Well-Integrated Screening and Evaluation for Women Across the Nation) grant in 2001, the Every Woman Matters Program provides clients with a comprehensive array of prevention and screening services. This program addresses risk factors such as elevated cholesterol, high blood pressure, obesity, sedentary lifestyle, diabetes, and smoking. 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. Nebraska is one of only 14 states and tribal organizations to receive a WISEWOMAN grant.
The WISEWOMAN Program provides these services:
  o Screening for chronic disease risk factors
  o Dietary and physical activity interventions
  o Referral and follow-up as appropriate

Nebraska's WISEWOMAN Program has screened 11,757 women since statewide screening began in 2002. This is more than any other WISEWOMAN Program in the nation, including those with much larger populations and those who have been funded longer. Nebraska also has the highest rescreening rate in the country for women who receive WISEWOMAN and breast and cervical cancer screening services.

Since screening began under WISEWOMAN, 995 new cases of hypertension, 991 new cases of high cholesterol, and 224 new cases of diabetes have been diagnosed through the program.

Nebraska also continues to partner with the University of Nebraska Cooperative Extension. Cooperative Extension Educators across the State make it possible for the program to offer the ABCs For Good Health classes, a four-week series of lifestyle intervention sessions aimed at nutrition and physical activity. Cathy Dillon, WISEWOMAN Health Educator, and the Every Woman Matters Program received the *Friend of Nebraska Extension Association of Family and Consumer Sciences Award for 2004.*

Michelle Heffelfinger, the WISEWOMAN Program Manager, was invited to give two presentations at the annual WISEWOMAN meeting sponsored by CDC. The presentations were titled, “Focus Groups in Nebraska” and “Nebraska’s Intervention Model.”

Nebraska is participating in two research projects with CDC—one on rescreening rates and the other on best practices for interventions. Nebraska was the only state chosen for the rescreening project and one of only four for the best practices project. Nebraska’s WISEWOMAN Program was included in a new CDC publication entitled, “WISEWOMAN Works: A Collection of Success Stories in Empowering Women to Stop Smoking.”

**Colorectal Cancer Screening.** The Colorectal Cancer Screening Pilot Program was created in 2002 through a grant program funded by the state tobacco settlement. The proposal to add colorectal cancer screening to the Every Woman Matters Program successfully competed with nearly 200 other applications.

Every Woman Matters clinics were recruited to participate in this pilot program and were paid a small administrative fee for distributing and processing fecal occult blood testing (FOBT) kits. Clients were provided with directions on using the kit and were instructed to return it to the clinic by a specified date. Clinics were asked to make a follow-up reminder call or send a reminder letter if a kit was not returned within six weeks. For clients with a husband or other household member over 50 who was a patient at the same clinic, an additional FOBT kit was given, and the clinic agreed to follow up on positive results.

Clients who have a positive FOBT, have been screened by an EWM Provider, and have no third-party insurance coverage are eligible for colonoscopy payment through the program. Jane
Green, the Screening Coordinator, negotiates for reimbursement with the providers of anesthesia, colonoscopy, and pathology services and with the facility. Negotiations on reimbursement, based on Medicare and Medicaid rates, have been very successful, averaging a total of $779 for all services. As with all follow up provided by EWM, the project ensures that diagnostic and treatment services are received by those with positive screening results.

When the project first began screening, 52 EWM providers elected to participate. As of this date, 151 EWM providers are offering colorectal cancer screening. Participating providers are located in 61 of Nebraska’s 93 counties. Ninety-eight communities throughout the state now have at least one EWM colorectal cancer screening site, and 27 of these have more than one.

Clinic log sheets document a return rate for screening kits of approximately 74%. Positive results were reported for 34 persons. Of the 34 positive tests, colonoscopy findings revealed the presence of polyps in 13 cases and colorectal cancer in one case; findings in all of the remaining cases were benign.

The introduction to this report provides exciting, late-breaking news on a new grant that the Office of Women’s Health and the Comprehensive Cancer Program will soon receive to expand colorectal cancer screening through the Every Woman Matters infrastructure.

Outreach & Public Education. Every Woman Matters issued a Request for Application for Comprehensive Screening and Education Projects in April 2005. Outreach agencies were invited to submit applications to represent the Every Woman Matters Program and for provision of comprehensive and client focused outreach to eligible women ages 40 through 64 across Nebraska. The purpose of the funding is to support and strengthen key prevention and education activities related to breast and cervical cancer screening, cardiovascular and diabetes screening, and other women's health issues as determined by the Nebraska Office of Women’s Health and the Every Woman Matters Program. Eight agencies were awarded funding for 2004-2005.

EWM held their annual Outreach Summit in Lincoln in March 2005, with 55 outreach workers attending, representing all of the outreach subawards. The theme of the summit was “Helping Women Live Healthier Lives.” Topics included colorectal cancer, breast cancer treatment and technology, reducing stress, cultural competence, nutrition, HPV, diabetes, physical activity, and arthritis. A Case Management Summit was held in conjunction with this event, with all of the program’s case managers in attendance.

The Public Education Team of the Every Woman Matters Program developed the annual May Campaign to celebrate and promote awareness of Women’s Health Month, and specifically for National Women’s Health Week (see other Women’s Health Week activities in a section to follow.) The campaign theme was “Every Day Matters.” The main marketing piece was an 18-month calendar with information on health topics, healthy recipes, and health tips. The campaign was targeted primarily at faith-based and other local organizations.
Four outreach agencies received grant dollars under the Community Based Campaign project to create awareness within their communities regarding the importance of regular health screenings to populations which are rarely or never screened.

Four subgrants were awarded to outreach agencies for Healthy Lifestyles Support Projects. The purpose of this funding is to design, plan, and implement lifestyle support groups to help women who have completed the ABCs For Good Health classes as part of the EWM program lifestyle intervention services.

A new intervention management structure is being created, and will strengthen the ability of the program to follow-up with clients screened for cardiovascular disease and diabetes who have been referred by their provider for one of two lifestyle intervention options made available by the program.

EWM’s media spots were revised to include more emphasis on the cardiovascular and diabetes components of the program. The new spots ran on television and radio as well as in print publications from January through the end of April 2005. The campaign focused on reaching the African American and Hispanic populations who are rarely or never screened in Douglas, Lancaster, and Sarpy Counties; thus hoping to increase enrollment efforts in these two areas by 10%. Data is currently being compiled to measure the effectiveness of the campaign, and preliminary data shows that there was a large increase in enrollment packets sent to eligible African American women.

The Outreach Manual and the Worksite Kits used by Outreach agencies were revised in the last fiscal year. The Worksite Kits were replaced by a Community Outreach Education Kit, which includes fact sheets regarding a wide array of women’s health topics, including osteoporosis, breast cancer, physical activity, cardiovascular disease, folic acid, colorectal cancer, and nutrition. This kit is available online in English and Spanish at www.hhss.ne.gov/hew/owh/ewm.

The première edition of the EWM newsletter for clients, “Healthy Ways…Healthy Days” went to approximately 12,000 clients in April, and the second edition went to approximately 16,000 clients. The group plans to publish the newsletter three times this calendar year, and include an evaluation component in the October issue.

Medical Advisory Committee. The Every Woman Matters Program receives 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.

The Medical Advisory Committee, consisting of 41 members, meets annually, and utilizes listservs and conference calls to communicate between meetings and among subgroups. Subgroups were formed around the following topics: Cervical Cancer Issues, Cardiovascular
Disease and Diabetes, Colorectal Cancer Issues, and Breast Cancer Issues. The group’s annual meeting was held in June of this year.

All subgroups reviewed program-related data, and they targeted areas for quality improvement in standards of care and timeliness of follow up and treatment. The Medical Advisory Committee will work on developing guiding principles for the future related to assessment of need and screening priorities.

Members of the Medical Advisory Committee are listed in Appendix 1.

**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 Fiscal Year 2005. The following were offered:

- A day-long educational seminar entitled “Molecular Testing in the Cytology Laboratory” was given in Omaha for cytopathologists and cytotechnologists.
- EWM coordinated the presentation of Stanley Radio, MD, for the Nebraska Academy of Family Practice Physicians Annual Preventive Health Conference. The focus of the talk was “HPV, Liquid-Based Technologies, and Cervical Cancer.”
- Presentations on “Abnormal Breast Health” and “Hypertensive Update” were sponsored by EWM at the Nebraska Nurse Practitioners’ state conference.
- EWM sponsored Marla Tobin, MD for a presentation on “Women and Heart Disease” at the Nebraska Academy of Family Physicians’ state meeting. Dr. Tobin is from Warrensburg, MO.
- EWM sponsored Kathy Degelder from Rockford, MI to provide seven hours of continuing education on “Processor Quality Control and Troubleshooting” at the Nebraska Society of Radiologic Technologists annual state mammography symposium.
- EWM sponsored presentations on “Cancer Risks in Women,” “Demonstrating Cultural Responsiveness,” and “Colposcopy” at the Nebraska Academy of Physician Assistants’ state conference.
- Two editions of Every Provider Matters, the newsletter for EWM providers, were published. The newsletter contains professional education for the 700 providers who participate in the program.
- The presentation “Providing Effective Health Care for a Diverse Population” by Valda Ford, MPH, MS, RN is now being offered through the University of Nebraska Medical Center’s Olson Center for Women’s Health web site. Continuing Education credit is offered at no cost to nurses and mammography technologists at facilities that participate in EWM.

Victoria Schwab, Professional Education Coordinator, gave a round-table presentation on “Networking with Partners for Professional Development – One State’s Experiences, Plus a Tool for Evaluating Partnerships” at the National Centers for Disease Control and Prevention Professional Education Coordinators’ Conference. She also served on the conference planning committee.

Every Woman Matters partners with the Nebraska Medical Association and CIMRO of Nebraska to provide a book entitled *Straight Talk About Breast Cancer* to women newly
diagnosed with breast cancer. Surgeons in Nebraska were the focus of a November campaign to increase the number of women who receive this valuable treatment options guide.

Every Woman Matters has six case managers across Nebraska who are contracted to decrease barriers to health care for EWM clients. Case managers work with clients and providers to ensure follow up on abnormal screening results.

**INTEGRATED COMPREHENSIVE WOMEN’S HEALTH SERVICES IN STATE MCH PROGRAMS**

Nebraska is completing a three-year grant entitled “Integrated Comprehensive Women’s Health Services in State MCH Programs,” received in 2002 from the Health Resources and Services Administration (HRSA). Nebraska’s grant was a collaboration of the Offices of Family Health, Minority Health, and Women’s Health, and we were one of only twelve states to receive it. The grant focuses on coordinating healthcare services for women of all ages. It also addresses Nebraska’s increasing diversity and incorporates the recently established local health departments.

Through this grant a group of more than 70 HHSS programs and external organizations were brought together to form the New Dimensions of Health for Nebraska Women Partnership. The Partnership met to discuss and determine women’s health priorities and strategies to address the priorities. From this work, and from the needs assessment also completed as part of this grant, the first Nebraska Women’s Health Strategic Plan was developed. The Plan was released in November 2004, and Partnership members and the Women’s Health Advisory Council are involved in implementation of the plan’s action steps.

Priority goals and objectives identified by the New Dimensions partnership are:

- Access to Quality Health Care
- Education and Community-Based Programs
- Mental Health and Mental Disorders
- Nutrition and Overweight
- Physical Activity and Fitness

Strategies developed to address the priorities include:

- Reduce isolation within the overall health services system
- Increase access to culturally and linguistically appropriate health services
- Increase women’s mutual support systems
- Reduce stigma, fear, and taboos around certain health issues
- Improve funding

The Women’s Health Advisory Council has played a large role in this grant, as sponsor and convener of the planning, partnership building, and implementation activities. One of the objectives developed through this grant is to develop a campaign to help women understand how to advocate for high quality health care for themselves. The Women’s Health Advisory Council named a task force to implement this objective, and developed screening guidelines for dissemination to women.
The Office of Women’s Health Administrator gave a presentation on Nebraska’s program at a HRSA grantee meeting in Washington D.C. in May. Copies of the Nebraska Women's Health Strategic Plan were provided to attendees, and requests for additional copies have been received from several state women's health offices. The Plan is available online at www.hhss.ne.gov/hew/owh/NewDimensions.htm.

In June of 2004, three Community Pilot projects were funded through this grant to develop a similar data-based planning and implementation process at the local level. The Community Pilot Projects have just completed the first year of their two-year projects. All of the pilots completed a women’s health needs assessment, and are using the results of it to inform strategic planning. Some highlights from the first year’s experiences include:

Northeast Health Care Partnership (NHCP), Wayne: This project covers Cedar, Dixon, Thurston, Burt, Madison, Stanton, Wayne, Dakota, and Cuming County. NHCP has been working with partners such as Wayne State College, Native American tribes, healthcare providers, local health departments, clinics, hospitals, and the federally qualified health care center in their area to evaluate the data and determine priorities. Communication was chosen as the top priority, and it is inclusive of communication among and between patients, providers, private and public insurance plans, and others; and involves diagnoses, treatment, services available, eligibility, and overcoming barriers. The group further chose to create an information kiosk in a location central to the group’s 9-county catchment area. Year two of the project will be spent locating, creating, formatting, and building the kiosk. They also will solicit input from organizations not involved in the planning group to ensure community buy in.

North Central District Health Department (NCDHD), O’Neill: This project covers Antelope, Boyd, Brown, Cherry, Holt, Knox, Keya Paha, Pierce, and Rock County. NCDHD has involved community action agencies, Wayne State College, the North Central Community Care Partnership, hospitals, pharmacies, mental health providers, dentists, and nursing homes in the planning group. The group has completed the needs assessment, and is now engaged in strategic planning based on the results. Year two of the project will be spent on strategic planning, continuing efforts to create linkages among existing resources, creation of the North Central Nebraska Service Providers’ Handbook, and development and dissemination of educational materials.

Public Health Solutions District Health Department (PHS), Crete: This project involves the counties of Gage, Fillmore, Jefferson, Saline, and Thayer. The planning group includes hospitals, clinics, family planning agencies, WIC, Head Start, community action agencies, aging services, dental health providers, behavioral health, and youth treatment services. PHS and the planning group chose obesity, depression, and maternal and child health as priorities. Year two will be spent pursuing specific action steps designed to address these priorities.
In June of 2004 the Office of Women’s Health, several other Health and Human Services System Programs, the Women’s Health Advisory Council, the University of Nebraska’s Olson Center for Women’s Health, and a number of other state and community partners held an intergenerational conference for girls ages 9-13 and the adults (mothers, grandmothers, teachers, coaches, etc.) who influence them. The purpose of the conference was to encourage the girls and the adults to adopt new physical activities. The VERB theme was based on a successful campaign from the Centers for Disease Control and Prevention, designed to motivate preteens to find a new VERB (such as run, skate, dance, etc.) to become more physically active.

Nearly 400 girls and adults of diverse racial/ethnic and urban/rural backgrounds attended Nebraska’s conference, and a high percentage of the six-month follow up evaluations strongly urged us to repeat the conference so they could attend again. Post conference evaluations showed the following effects:

- Motivation to do physical activity increased significantly for African American and Hispanic youth from pre to post conference, and confidence in ability to do physical activity increased significantly for African American, Hispanic, and White youth.
- The six-month post conference evaluation showed that those who completed the survey increased the days on which they did strengthening exercises by nearly one day a week.
- Motivation to do physical activity and confidence in their ability to do physical activity increased significantly from pre to post conference for the adults who attended the conference.
- Over half of conference participants said that they had done something after the conference to motivate family, friends, and others to be physically active.

This conference, the first of its kind in the nation, featured a number of national speakers, as well as local experts and celebrities such as UNL women’s softball Coach Rhonda Revelle. Fourteen activity breakout sessions were provided to help girls “try out new VERBs.” These included basketball, clogging, cheerleading, Israeli dance, Native American dance, jumping rope, hip hop dance, baton twirling, and strength training.

The Nebraska Association for Health, Physical Education, Recreation, and Dance gave a service award to the Office of Women’s Health and the Olson Center for Women’s Health for the conference. These awards are given to lay persons, organizations, and/or agencies who have demonstrated meritorious contributions, service, and/or leadership that have significantly benefited the areas of health, physical education, recreation, and/or dance within the state of Nebraska.

Funds for intergenerational VERB activities have again been approved by the Centers for Disease Control and Prevention, and the VERB campaign staff at CDC has taken a special interest in working with Nebraska to develop and test community-based models for increasing physical activity in preteens. CDC has contracted with the University of South Florida Prevention Research Center (USFPRC), one of the nation’s leaders in social marketing research and training, to work with Nebraska’s Office of Women’s Health and its partners in designing VERB activities for 2006 - 2007.
The Co-Directors of the University of South Florida Prevention Research Center and CDC VERB staff traveled to Nebraska in May to meet with the VERB Coalition. In September the USFPRC will return, at CDC’s expense, to provide social marketing training to the VERB Coalition and to assist the Coalition in developing community and state level plans to increase physical activity for preteens. Activities will be designed based on the VERB Campaign and on formative research on Nebraska preteens. The activities will be coordinated with the Nebraska Cardiovascular Health Program’s “ARF” (All Recreate on Fridays) Movement to involve Nebraska schools in increased physical activity.

**STATEWIDE WALKING CAMPAIGN**

The Office of Women’s Health sponsored a second year of the Statewide Walking Campaign in 2004-2005. Carryover money from the WISEWOMAN grant was approved to fund 12 minigrants for the program in 2004. The purpose of the minigrants was to create walking programs within communities, and they were awarded through a competitive review process to local health departments and to organizations that serve primarily minority populations. Members of the Women’s Health Advisory Council assisted in the application review. The theme of the Statewide Walking Campaign is “Women Lead the Way,” based on the fact that women lead their families in health decisions.

The following organizations received walking minigrants in 2004 - 2005: Two Rivers Public Health Department, Holdrege; Central District Health Department, Grand Island; Creighton Women’s Community Health Center, Omaha; Carl T. Curtis Health Center, Macy; Nebraska Department of Corrections, Lincoln and York; East Central District Health Department, Columbus; Elkhorn Logan Valley Public Health Department, Wisner; Mount Sinai Church, Omaha; Public Health Solutions, Crete; Red Willow County Health Department, McCook; South Heartland District Health Department, Hastings; and Sisters Together, Lincoln Chapter, Lincoln.

Overall, the walking minigrants attracted 2,400 participants, and involved residents of 36 counties. A group of 762 of those participants walked 74,895,127 steps (37,448 miles) over the course of the program. The average increase in steps for a group of 548 of those participants was 2,820 per person per day.

Events sponsored by the minigrant projects included health fairs, event walks, classes/courses on physical activity and nutrition, aerobics classes, lectures, and Walk Out On Your Job events. Materials and events were offered in English and Spanish; and attracted a diverse audience, including African American, Arab American, Pakistani, Sudanese, Somalian, White, Hispanic, and Native American participants.

The minigrant recipients partnered with a variety of local organizations. These include county extension, community centers, tribal agencies/governments, housing departments, schools, television and radio stations, senior centers, hospitals, colleges, restaurants, faith-based organizations, gas stations, police departments, grocery stores, hospitals, Wal-Mart, health care
clinics, and local businesses/employers. One individual offered use of her home as a meeting place for her local walking group.

Comments from participants include:
- “Made me more aware of my activity, so I was motivated to do more.”
- “Good to know what a difference little changes make in amount of steps/activity. Want to make those numbers bigger.”
- “Didn’t know I’d enjoy walking. Now my day isn’t complete without it!”
- “I am sleeping better and feel better.”
- “I really appreciate women helping women.”
- “This has been a terrific program. I am aware of my steps – I park farther away from entrances – I don’t try to take everything in one trip, etc. Thanks for putting this together. I encourage you to continue putting these types of programs together.”
- “Journaling progress kept [me] motivated to continue regular exercise.”
- “Will men lead the way next year?”

The “Women Lead the Way” walking journals, which were developed by the Office of Women’s Health, continue to be hugely popular and widely requested. All of the minigrant awardees used the journals in their local walking campaigns, and many other organizations and individuals across the state have requested copies of the journal. The journal has gone through its fourth printing in English and second in Spanish.

WOMEN’S HEALTH WEEK

For the second year, the Office of Women’s Health and Blue Cross Blue Shield of Nebraska collaborated on a walking campaign for Mother’s Day and Women’s Health Week. Blue Cross Blue Shield provided 500 pedometers. The Office of Women’s Health produced a Mother’s Day gift package that included the pedometers, a Mother’s Day card, a walking journal, and several other items promoting walking. The Office received and filled requests for 1,523 gift packages from across the state. Articles in the Nebraska Hospital Association newsletter, the Lancaster County Medical Society newsletter, and the Nebraska Medical Association newsletter about the project resulted in much demand for the packets.

THE HEART TRUTH

The Heart Truth is a program from the National Heart, Lung, and Blood Institute (NHLBI), designed to raise awareness of heart disease in women. A major component of the Heart Truth program is the Red Dress campaign. NHLBI worked with 19 fashion designers to create red dresses for the campaign and has produced a wealth of materials, including Red Dress pins and a number of downloadable educational products on their web site. NHLBI has given Nebraska permission to utilize all their materials with tag lines for the Nebraska Department of Health and Human Services.
The American Heart Association has a complementary program entitled “Go Red for Women.” Both organizations sponsor national “Wear Red for Women Day” in February. This year the Office of Women’s Health sponsored “Wear Outrageous Red Day” for HHSS employees and employees in the Capitol. Nearly 150 persons participated in the State Office Building and 13 at the State Capitol. Dr. Richard Raymond gave a presentation on heart disease in women. Prizes were awarded for Classiest Red Outfit, Brightest Red Outfit, Best Red Hat, Most Red Items, and Sparkliest Red Outfit. Group photographs were taken to use in a Nebraska Heart Truth poster.

Also during February, the Office of Women’s Health participated in the “Light the Capitol Red” event of the American Heart Association and collaborated with the Nebraska Pharmacy Association on their Screening Day at the Capitol. The OWH’s contribution was a Heart Truth display and red dress pins.

Funding of $10,000 was approved from the Centers for Disease Control and Prevention to purchase Heart Truth educational materials and to provide minigrants to local and district health departments and other non-profit organizations. The minigrants supported Heart Truth educational events for beauty salon owners and operators to recruit them in providing education on women and heart disease. In collaboration with the Nebraska Cardiovascular Health Program, fourteen minigrants were awarded. This was done through a competitive review process, with the Women’s Health Advisory Council assisting in review of applications.

The minigrant educational events were a huge success across the state, attracting hundreds of people. A brief description of each of the minigrants awarded under this program by the Office of Women’s Health follows.

- North Central District Health Department, Valentine and Neligh: The Valentine event was a tea, and drew 17 participants. The health department worked with the local Red Hat Society to sponsor the event. The Neligh event attracted 197 participants, and included a style show and dinner. The keynote speaker at this event was a local cardiologist. One participant stated, “I want to get information before I need it, that is why I am here tonight.”

- Elkhorn Logan Valley Public Health Department (ELVPHD), Beemer: This January event attracted 24 participants, and featured a cardiologist from Faith Regional Health Services and a humorist as speakers. ELVPHD partnered with local hospitals and community action agencies to sponsor the event.

- East Central District Health Department, Columbus: This event in March was the first in the state to be presented in a 100% bilingual format, using consecutive interpretation. The event attracted 76 participants, and was very well received by the community.

- Northeast Nebraska Public Health Department, Ponca State Park: This event, held in October, targeted the Native American population and attracted 116 participants. Posters were developed using local tribal leaders, and follow up was coordinated through them, as well. Comments from attendees include: “This has been a very informative and enjoyable day. Thank you.” and “Wonderful food, wonderful speakers, wonderful fashion show, A WONDERFUL DAY.”
An article entitled, *Recent Seminar May Have Saved a Life* appeared in the Keith County Newspaper (Ogallala) and featured a woman who attended a *Heart Truth* brunch in January. The brunch was sponsored by the Sandhills District Health Department, utilizing minigrant funds through the collaboration between the Nebraska Cardiovascular Health Program and the Office of Women’s Health. The woman described had symptoms that she at first assumed to be heartburn, but decided to have checked at the hospital because of what she had learned at the *Heart Truth* brunch. She was diagnosed with a heart attack and was airlifted to Lincoln for treatment of an artery that was 99 percent blocked. She credits the *Heart Truth* brunch for motivating her to take quick action, sparing her heart from any permanent damage.

**WEB SITE**

The website was developed last fiscal year by Diane Lowe, Community Health Educator, and has received rave reviews. The site now includes pages for the *Heart Truth*, the Women’s Health Advisory Council, Every Woman Matters, Pick Your Path to Health, the VERB Initiative, Funding Opportunities, Folic Acid, National Women’s Health Week, the New Dimensions of Health for Nebraska Women Partnership, the Statewide Walking Campaign, the Women’s Health Symposium, women’s health resources, and other projects of the Office. The home page also includes statistics on women’s health in Nebraska. The web site address changed in the last year, and is currently www.hhss.ne.gov/hew/owh.

The Every Woman Matters page in particular received a major overhaul, and now includes the most current Eligibility Scale, a Question & Answer section on terms and procedures, and the most current Doctor/Clinic list. This list is used by clients and outreach workers to locate participating providers across the state. There is also a page specific to Outreach subaward agencies, which includes downloadable marketing materials and a map of outreach agencies and their catchment areas.

The web site has helped increase productivity and cost savings for the Office by allowing us to refer partners and the general public to information on the site, rather than mailing materials. The Community Outreach Education Kit (described earlier) is available online in English and Spanish, as are marketing materials for EWM, handouts and posters for the *Heart Truth*, walking logs and daily journals, the Nebraska Women’s Health Strategic Plan and supporting documents, and other materials.

Future plans include pages for the new colorectal screening project, young women, referral resources, special populations, and arthritis; and updating existing pages. Additionally, pages for Every Woman Matters providers and for EWM case managers are pending.
The Office of Women’s Health and Every Woman Matters program (EWM) are pleased to collaborate with the Nebraska Arthritis Partnership to increase awareness and educate women about the early diagnosis of arthritis and keeping active once a diagnosis is made. In addition to screening services, the EWM Program offers education related to chronic disease prevention and healthy living, including keeping active despite arthritis. Program participants answer questions during their screening visit related to joint pain, ease of mobility, and activity level. Women are then connected with education and information about opportunities to participate in a Nebraska Arthritis Partnership recommended intervention.

The EWM database notes approximately 1,200 women who indicate limitations due to joint pain or a diagnosis of arthritis. To date nearly 600 clients have been connected with education and information about arthritis, and the Arthritis Self Help Course (ASHC) available throughout Nebraska and at no cost to EWM clients. Awareness and information outreach will continue.

The Office of Women’s Health was also a contributor to the recently released Arthritis in Nebraska report. The report is intended to create awareness about arthritis and provide useful information to individuals regarding what they can do and where they can go to receive further information. It defines arthritis, describes the most common types, and notes who is most affected by arthritis utilizing information from the Behavioral Risk Factor Surveillance System Survey conducted in Nebraska.

Pick Your Path to Health was launched in Nebraska in January 2002. The purpose of the program is to promote small lifestyle changes to improve overall health, and topics were chosen based on Healthy People 2010 objectives. Topics include Health Care Access, Alcohol Use, Tobacco and Smoking, Spirituality, Weight Management, Physical Activity, Mental Health, Family, and Immunizations. Participants receive tips and information based on the monthly themes, and the tips are added to the project webpage.

Three years ago, the Office of Women’s Health received a $15,000 Folic Acid Leadership grant from the March of Dimes to promote education and awareness of the benefits of folic acid use in preventing neural tube defects. The grant was used to collaborate with a contractor, place questions in the Behavioral Risk Factor Surveillance Survey and the Minority Behavioral Risk Factor Surveillance Survey, develop a webpage on folic acid, and provide materials to local health departments and community action agencies across the state.

The grant has expired, but efforts continue. The webpage developed for the project is updated as necessary, and materials continue to be made available to family planning clinics and other individuals and organizations.
The Every Woman Matters Foundation, which has been in existence for several years, was established to raise funds for diagnosis and treatment for Every Woman Matters clients who had no other source of payment. Fundraising for the EWM Foundation is accomplished by the Breast & Cervical Cancer Advisory Committee (listing provided in Appendix 2). The fundraising project for this year is called “Any Day in October.” More information on this project will be available soon.

The Women’s Health Advisory Council has established a subfund under the Every Woman Matters Foundation. Both the fund and the subfund are administered by the Nebraska Community Foundation, providing 501(c)(3) status. The nonprofit status serves as a greater attraction for prospective donors. The Council has adopted policies modeled after those of the Centers for Disease Control and Prevention Foundation on accepting donations.

The Office of Women’s Health organized a Lunch and Learn session for state employees on caregiving for the elderly and assisted in organizing two sessions on men’s health in collaboration with the NEW For Life employee wellness program and the Men’s Health Section of the Nebraska Medical Association.

The Office of Women’s Health responds to numerous requests for materials and information from organizations and individuals across the state. Materials are frequently provided for health fairs, exhibits, Heart Truth events, waiting rooms, client outreach, walking groups, and employee wellness groups, among others. The Office also responds to requests for speakers as time permits and takes exhibits to various conferences.

Over the last year, materials have been provided to individuals and organizations across the state, including community action agencies, local health departments, clinics, hospitals, Friendship Home, banks, Native American tribes, family planning clinics, faith-based organizations, community centers, pharmacies, and the Department of Corrections. Approximately 8,400 Heart Truth flyers and handouts were provided. Nearly 9,000 Women Lead the Way walking journals were provided – 8,000 in English, and 1,000 in Spanish. The Nebraska Women’s Health Strategic Plan was provided to numerous organizations across the state, and to other states and federal agencies. Other materials include Folic Acid pamphlets (6,000), Daybooks (400), walking logs (10,000), and Pick Your Path to Health materials (500).

The Office of Women’s Health Administrator participated on a panel entitled, “Contemporary Girls: Health Score Card,” at the Girls in Real Life Summit in Omaha and on a panel entitled, “What Can be Done to Improve the State of Women’s Health in Nebraska” at the Insuring the Good Life: Health Care Policy in Nebraska conference sponsored by the Nebraska Appleseed Center.
COLLABORATIONS WITH OTHER HHSS PROGRAMS

The Office of Women’s Health was one of the partners in the development of the Nebraska Physical Activity and Nutrition State Plan, which was released at Governor Heineman’s April 27 press conference.

The Comprehensive Cancer Control Program and the Office of Women’s Health have partnered on many activities, including developing the colorectal cancer screening grant to the Centers for Disease Control and Prevention (see Introduction). The Office of Women’s Health Administrator and the Every Woman Matters Program Manager serve on the Comprehensive Cancer Control Advisory Committee. Office of Women’s Health staff assisted the Comprehensive Cancer Control Program with their Dialogue for Action workshop in April. The workshop brought 84 health professionals together to develop an action plan for preventing and detecting colorectal cancer.

The Office of Women’s Health Administrator serves on an internal Health and Human Services System subgroup on Medicaid Reform.

WOMEN’S HEALTH SYMPOSIUM

The Office of Women’s Health took the lead for this year's Women’s Health Symposium, a collaboration with the Commission on the Status of Women and many HHSS programs. The Symposium was held on May 11 at the Embassy Suites Hotel with “sell-out” attendance of 367 people. Conference participants included health care professionals, educators, policy makers, and individual community members. Continuing education units were provided to health professionals, and scholarships were given to persons for whom cost was a barrier.

Speakers and topics included: Dr. Mary Pipher on her book Letters to a Young Therapist; Dr. Joan Shaver on sleep research; Dr. Terry Tafoya on verbal and nonverbal communication across cultures; Dr. JoAnn Schaefer on multitasking and stress; Valda Ford on advocating for high quality health care; and Dr. Kristie Hayes on healthy skin across the life span.

Governor Dave Heineman welcomed attendees to the Symposium, and issued a proclamation on Women’s Health Week. Senators DiAnna Schimek, Jim Jensen, Gwen Howard, Marian Price, and Vickie McDonald participated in a panel on current health issues, including Medicaid reform and physical activity in the schools. Dr. Diana Doyle moderated the panel. Dr. Deb Mostek, Chair of the Women’s Health Advisory Council, presented opening and closing remarks.
The Women’s Health Advisory Council developed new strategic planning objectives in March of 2005. These objectives are coordinated with those of the Nebraska Women’s Health Strategic Plan and specify the activities that will be performed by the Council.

Major objectives in the strategic plan are:
- Increase awareness by consumers and providers of screening guidelines recommendations for medical, drug, alcohol, mental health, and domestic violence issues
- Increase compliance with screening guidelines recommendations by influencing insurers, employers, and legislators to cover the cost of screening for diabetes, cholesterol, and weight
- Reduce the incidence of chronic disease by disseminating approved body weight/BMI guidelines for practitioners, promoting proper nutrition for all ages, promoting breastfeeding, teaching parents proper nutrition and appropriate weight for children, and working with schools and employers to incorporate more physical activities
- Facilitate a statewide directory for community resources
- Develop a *Nebraska Women’s Health Report Card* for publication

### Legislation Monitored by the Women’s Health Council

The Legislative Task Force of the Women’s Health Council recommended that the following bills in the 2005 regular legislative session be supported, monitored or opposed. A letter to members of the Legislature was signed by the Chair of the Council and distributed during the legislative session.

#### Support.

<table>
<thead>
<tr>
<th>Bill</th>
<th>Title</th>
<th>Status</th>
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<tbody>
<tr>
<td>LB 104</td>
<td>Allow breastfeeding in any public or private location as prescribed</td>
<td>Held in Committee</td>
</tr>
<tr>
<td>LB 106</td>
<td>Require all occupants in motor vehicles to wear occupant protection systems</td>
<td>General File</td>
</tr>
<tr>
<td>LB 208</td>
<td>Appropriate funds to the Department of Health and Human Services Finance and Support to provide services to uninsured persons</td>
<td>Held in Committee</td>
</tr>
<tr>
<td>LB 264</td>
<td>Provide for programs of parenting assistance as prescribed</td>
<td>Signed by the Governor</td>
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<tr>
<td>LB 280</td>
<td>Provide additional abuse and neglect reporting requirements</td>
<td>Held in Committee</td>
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<tr>
<td>LB 285</td>
<td>Adopt the nutrition in schools act</td>
<td>Held in Committee</td>
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<tr>
<td>LB 307</td>
<td>Create the task force on safe havens for abandoned infants</td>
<td>Held in Committee</td>
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<tr>
<td>LB 376</td>
<td>State intent relating to appropriations relating to behavioral health care services</td>
<td>Held in Committee</td>
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<tr>
<td>LB 480</td>
<td>Change provisions of the Nebraska Clean Indoor Air Act</td>
<td>Held in Committee</td>
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<tr>
<td>LB 446</td>
<td>Adopt the patient safety improvement act</td>
<td>Indefinitely Postponed</td>
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<tr>
<td>LB 550</td>
<td>Require a plan for assistance for community health centers and emergency medical services</td>
<td>Held in Committee</td>
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<tr>
<td>LB 606</td>
<td>Adopt the children’s behavioral health act</td>
<td>Held in Committee</td>
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<tr>
<td>LB 661</td>
<td>Change employment provisions and adopt the advocacy leave act</td>
<td>Held in Committee</td>
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<tr>
<td>LB 681</td>
<td>Adopt the physical education in schools act</td>
<td>Held in Committee</td>
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<tr>
<td>LB 705</td>
<td>Provide for a study and subsequent pilot program to provide assistance to cancer patients and their families</td>
<td>Held in Committee</td>
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**Monitor, but take no position:**

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<th>Bill</th>
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<tbody>
<tr>
<td>LB 6</td>
<td>Change certain designated smoking areas under the Nebraska Clean Indoor Air Act</td>
<td>General File</td>
</tr>
<tr>
<td>LB 272</td>
<td>Adopt the long term care partnership program development act</td>
<td>Indefinitely Postponed</td>
</tr>
<tr>
<td>LB 334</td>
<td>Redefine mental health professional for purposes of the Nebraska mental health commitment act</td>
<td>Signed by the Governor</td>
</tr>
<tr>
<td>LB 335</td>
<td>Change provisions relating to assault in the third degree and domestic assault in the third degree</td>
<td>General File</td>
</tr>
<tr>
<td>LB 548</td>
<td>Change and eliminate provisions relating to health care</td>
<td>Select File</td>
</tr>
<tr>
<td>LB 549</td>
<td>Require a response plan regarding prescription drug benefits under the federal Medicare program</td>
<td>Held in Committee</td>
</tr>
<tr>
<td>LB 567</td>
<td>Adopt the sex offender monitoring act</td>
<td>Held in Committee</td>
</tr>
<tr>
<td>LB 625</td>
<td>Adopt the Medicaid insurance for workers with disabilities act</td>
<td>Held in Committee</td>
</tr>
<tr>
<td>LB 633</td>
<td>Change provisions relating to the Protection from Domestic Abuse Act</td>
<td>General File</td>
</tr>
<tr>
<td>LB 709</td>
<td>Adopt the Medicaid reform act</td>
<td>Signed by the Governor</td>
</tr>
<tr>
<td>LB 712</td>
<td>Adopt the healthy Nebraska Rx card program act</td>
<td>Held in Committee</td>
</tr>
<tr>
<td>LB 724</td>
<td>Provide for a pilot project for child abuse and neglect investigations</td>
<td>Held in Committee</td>
</tr>
<tr>
<td>LR 9</td>
<td>Urge Congress to amend the Social Security Act by deleting May 14, 1993, as the deadline for approval by states of long term care partnership plans</td>
<td>Signed by the Governor</td>
</tr>
</tbody>
</table>

**Oppose:**

<table>
<thead>
<tr>
<th>Bill</th>
<th>Description</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>LB 730</td>
<td>Change provisions relating to the Nebraska Clean Indoor Air Act</td>
<td>Held in Committee</td>
</tr>
</tbody>
</table>

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**Technical Assistance**

**National**

The National Women’s Health Information Center is a clearinghouse of information and resources. It is sponsored by the U.S. Department of Health and Human Services Office on Women’s Health. The national Office on Women’s Health has supplied promotional materials, resource books, statistical reports, and a wealth of information on women’s health issues.

**Regional**

There are ten regions in the U.S. Department of Health and Human Services; and Nebraska, Iowa, Kansas, and Missouri are in Region VII. Each region has a Regional Women’s Health Coordinator. Joyce Townser, Region VII’s Women’s Health Coordinator, is located in Kansas City, Missouri. Information on women’s health issues, national trends, policy changes, promotional materials, and technical assistance is provided to each state. One regional meeting of all the state representatives is held each year, along with quarterly conference calls.
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;
2. Perform strategic planning within the Nebraska Department of Health and Human Services System to develop a department-wide plan for implementation of goals and objectives;
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 liaison functions;
6. Provide technical assistance to communities, other public entities, and private entities;
7. Encourage innovative responses by private and public entities

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.

The duties of the Nebraska Women's Health Advisory Council are as follows:
- 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.
Officers, Council Members, & Meetings

For 2004-2005, the officers of the Nebraska Women’s Health Advisory Council are as follows:

Chair Debra Mostek, MD
Vice-Chair Kathleen Kock
Treasurer Mary Jo Gillespie

Meetings were held on the following dates and at the following locations:

November 4, 2004 Country Inn & Suites, Lincoln
January 21, 2005 Mahoney State Park, Ashland
March 11, 2005 Wellness Works/Por Su Salud, Grand Island
June 10, 2005 Mahoney State Park, Ashland

Council Members who served during 2004-2005 are as follows:

Teresa Anderson
Executive Director
Central District Health Department
Hastings

*Olga Caicedo
Project Coordinator
NAF Multicultural Human Development Corporation
Lincoln

*Joan Cromer, EdD
Executive Director, Retired
Panhandle Community Services
Gering

*Marie de Martinez
Vice President of Business Development & Strategic Planning
St. Francis Medical Center
Grand Island

Diana Doyle, MD
Anesthesiologist
Children’s Hospital
Omaha

Raponzil Drake, D Min
Administrator
HHSS Office of Minority Health
Lincoln

Paula Eurek
Administrator
HHSS Office of Family Health
Lincoln

*Takako Faga
Coordinator
Southeast High School
Lincoln

Mary Jo Gillespie
Assistant Director
Lancaster County Medical Society
Lincoln

Lisa Good
Executive Director
Nebraska Commission on the Status of Women
Lincoln
Karen Higgins, MD
Grand Island Clinic
Grand Island

Rosalee Higgs
Nebraska AIDS Project
Omaha

Nancy Intermill
Owner
Accountable Solutions
Lincoln

Senator Jim Jensen
District 20
Lincoln

Kathleen Kock
Project Coordinator
CityMatCH
Omaha

Mary Kratoska, MD
Creighton University
Omaha

Kate Kulesher
Associate Director, State Government Affairs
Wyeth-Ayerst Laboratories
Lincoln

Jeanne Laible
West Holt Medical Clinic
Atkinson

Kathleen Mallatt
Omaha

*Marilyn McGary
Chief Executive Officer
Urban League of Nebraska
Omaha

Jane McGinnis
Epidemiologist
HHSS Public Health Assurance
Lincoln

Debra Mostek, MD
University of Nebraska Medical Center
Department of Geriatrics
Omaha

Joan Neuhaus
Alegent Health/Bergen Mercy Health System
Omaha

Mary O’Gara
National Board of Directors
American Association of Retired Persons
Omaha

*Carol Packard
Physician’s Assistant
Bart Kolste, MD
Ogallala

*Erline M. Patrick, PhD
Creighton University School of Medicine
Omaha

Magda Peck, PhD
University of Nebraska Medical Center
Pediatrics & Public Health Education
Omaha

*Richard Raymond, MD
Chief Medical Officer
Nebraska Health & Human Services System
Lincoln

Laura Redoutey
President
Nebraska Hospital Association
Lincoln
Mary Scherling  
Beatrice

Senator DiAnna Schimek  
District 27  
Lincoln

Sheryl Schrepf  
Substance Abuse & Mental Health Services Administration  
Lincoln

Rhonda Seacrest  
Community Advocate  
Lincoln

Francine Sparby  
Vice President for Patient Care Services  
St. Francis Medical Center  
Grand Island

Brandi Holys Tumbleson  
Director of Program Services  
March of Dimes, Nebraska Chapter  
Omaha

* Janice Twiss, PhD  
Coordinator, Women’s Health Advanced Practice Graduate Nursing Program  
University of Nebraska Medical Center  
Omaha

Judy Ueda  
Infection Control Specialist  
Alegent Mercy Hospital  
Omaha

*Lori Vrtiska Seibel  
Executive Director  
Community Health Endowment  
Lincoln

* Member has left the Advisory Council
**MISSION**  
The mission of the Nebraska Health and Human Services System Office of Women’s Health is to help women of all ages in Nebraska lead healthier lives.

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

**PRIORITIES**  
Priorities of the Office of Women’s Health are Fitness and Access to Healthcare.

**ORGANIZATIONAL STRUCTURE**  
Organizational Chart for the Office of Women’s Health:
Appendix 1:  
Every Woman Matters Medical Advisory Committee

Karen Allen, SCT (ASCP)  
Omaha

Robert Faulk, MD  
Omaha

Clark Antonson, MD  
Lincoln

Maureen Fisher, PA  
Winnebago

Roberta Barber, RT  
Lincoln

J. Christopher Gallagher, MD  
Omaha

Larry Bragg, MD  
Kearney

Janet Grange, MD  
Papillion

Camille Brewer, APRN  
Omaha

Caron Gray, MD  
Omaha

Sheryl Buss, LPN  
Norfolk

David Hoelting, MD  
Pender

Jodi Chewanik, PA-C  
Lincoln

David Holdt, MD  
Scottsbluff

Carolyn Cody, MD  
Lincoln

Mark Hutchins, MD  
Lincoln

Priscilla Moran Correa, MD  
Omaha

Mia Hyde, PA-C  
Grand Island

Mary Ann Curtis, MD  
Lincoln

Stephanie Johnson, MD  
Scottsbluff

Katherine Davis, APRN  
Aurora

Sonja Kinney, MD  
Omaha

Charlene Dorcey, RD, LMNT, CDE  
York

Monique Kusler, MD  
Omaha

James Edney, MD  
Omaha

Lynn R. Mack-Shipman, MD  
Omaha

Heather Elton, RN  
Columbus

Tim McGuire, FCCP, Pharm.D.  
Omaha
Appendix 2
Breast & Cervical Cancer Advisory Committee

Janet Banks, LPN
Lincoln

Kimberly Dent
Saint Paul

Jennifer Dreibelbis
Omaha

Donna Hunt
Lincoln

Jill Jeffrey
Omaha

Barbara A. Larson
Palmer

Janice A. Larson
Omaha

Rita McClure, RN
Lincoln

Lynne Olson
Seward

Carna Pfeil, CCM
Lincoln

Lucy M. Schwerdtfeger
Lincoln