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With sadness we report that Vince L. Hutchins, M.D., M.P.H., MCHB director from 1977-1992, died on January 15, 2001. To honor his life, many accomplishments, and leadership in Maternal and Child Health, we will devote the next issue of Title V Today to Dr. Hutchins.

MCHB

Increasing Focus on Women's Health

by Peter C. van Dyck, M.D., M.P.H.
Associate Administrator for Maternal and Child Health

MCHB is strengthening its focus on women's health across the lifespan. As part of this commitment, MCHB continues to address the elimination of health disparities among the populations we serve. Our mission is to ensure that all women have access to quality health care services, including prenatal care, clinical preventive services, oral health care, mental health care, and substance abuse prevention.

The recent addition of HRSA's Office of Women's Health (OWH) to the MCHB family has reinforced our dedication to women's health activities. As the principal office for HRSA-supported women's health policy issues, OWH coordinates women's health activities across more than 80 HRSA programs. This cross-cutting and unifying role will strengthen MCHB's efforts in women's health, and help carry our message to women's health task forces and steering committees at the Department, regional, State, and local level, as well as in private sector forums.

Women's Health Coordinating Committee

One mechanism for integrating women's health across HRSA programs is the HRSA Women's Health Coordinating Committee. Chaired by the HRSA OWH Director, the Committee is made up of representatives from each of HRSA's four bureaus, nine offices, and three centers. During monthly meetings, representatives work together to help shape women's health priorities, develop program strategies, and share new information about women's health-related activities in their respective offices. Invited guest speakers have recently raised awareness of lesbian health issues, the Girl Neighborhood Power! program, and domestic violence assessment at HRSA Bureau of Primary Health Care-funded community health centers. The Committee has published "*Healthy Women in the*

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Eliminating Health Disparities—How Far Have We Come in Women's Health

by Deborah R. Maiese, M.P.A., Director, HRSA Office of Women's Health

"The overall breast cancer death rate (18.8 per 100,000) surpassed the year 2000 target of 20.6 and the death rate for black females decreased from 27.5 per 100,000 to 25.3 per 100,000."

The beginning of year 2001 is a fitting time to look back at how far we have come over the past decade in meeting the *Healthy People 2000* targets in women's health. At the 1998 Healthy People progress review on women's health, 60 of the 319 objectives were identified as relevant to women's health. Focusing on a sentinel set of *Healthy People 2000* objectives on subjects that broadly encompass women's health across the lifespan, we can examine the extent to which the gap among racial, ethnic, and socio-economic groups has changed.

Breast Cancer

The biggest successes were in screening for breast cancer. Mammography screening rates for women ages 50 and over reached 64 percent, thus exceeding the year 2000 target of 60 percent. For all racial and ethnic groups the rates of mammography increased and the disparities were narrowed for Blacks, Hispanics, low income women, and for women with less than a high school education. This accomplishment in early detection is mirrored in declining breast cancer mortality. The overall breast cancer death rate (18.8 per 100,000) surpassed the year 2000 target of 20.6 and the death rate for black females decreased from 27.5 per 100,000 to 25.3 per 100,000. Still the gap between black women and white women remains as a result of slower race-specific rate declines in comparison to overall death rate declines. The ongoing disparity in mortality for black women demonstrates the need for continued public education and provider counseling to reach more women and reach them at earlier ages to emphasize the benefits of early breast cancer detection. To educate 70 percent of women ages 40 and over about mammography by the year 2010 requires continued work by all providers of women's services.

Uterine Cancer

Increasing numbers of women have also had Pap smears. Some 93 percent of women ages 18 and over have had a Pap smear, while only 79 percent of women ages 18 and over had received a Pap smear at the recommended interval—in the past 3 years. As for the disparities, the gaps were narrowed for older women (ages 70+), Hispanics, low income women, and women with less than a high school education. Although we fell short of achieving both targets (95 percent ever having been screened and 85 percent having had a Pap smear in the past 3 years), *Healthy People 2010* sets more challenging targets—97 percent and 90 percent respectively.

Overall Health

The overall health of women improved in some key areas. Fewer women are smoking. Among women ages 18 and older, smoking declined from 27 percent to 22 percent. While short of the year 2000 target of 15 percent smoking prevalence, the cessation success for women in the 1990's needs to be tempered by the fact that 35 percent of female high school students were current tobacco users. Cholesterol levels for women were reduced, declining from 215 to 204 mean serum level (mg/dl). Among females ages 20 to 74, high blood cholesterol was reduced to the 20 percent target.

Amid this good news about women's healthier hearts, one threat emerges from the past decade's trends that is a cause for great concern. Some 37 percent of women were measured as being overweight, with the disparity narrowing for Blacks, Hispanics, and low income females. Among overweight females, the percent who were taking action to adopt sound

dietary practices and exercise moved away from the 50 percent target, dropping from 30 percent to 18 percent. This makes the increasing prevalence of obesity one of the biggest threats to women's health.

Reproductive Health

In the area of reproductive health, there is much progress. Unintended pregnancies declined from 56 percent to 49 percent of all births to women ages 15–44. More adolescent girls (ages 15–17) were sexually abstinent (27 percent); contraception use at first intercourse increased to 76 percent among women, and first trimester prenatal care increased to 82.8 percent. Clouding this good news is the fact that maternal mortality rose. While the numbers of women dying from causes related to childbirth in the United States are small (7.1 per 100,000 live births), the death rates for black women increased to 17.1 per 100,000 live births, which widened the disparity. For *Healthy People 2010*, the target for maternal death (3.3 per 100,000 live births) applies to all women.

Another good outcome of increased contraceptive use by both women and men is evidenced by the decreased rates of many sexually transmitted diseases (STD's). Chlamydia rates were cut in half. Pelvic inflammatory disease (PID) hospitalizations dropped to 153 per 100,000 women and the gap for black women narrowed. However, AIDS incidence increased among females from 3.5 to 8.8 per 100,000 population over age 18.

Data Gaps

Some important subjects in women's health were not sufficiently documented in *Healthy People 2000*. For example, prevalence of depression was measured only once in the 1990's. Other mental health and substance abuse objectives did not have gender breakouts. Clinician counseling could not be tracked due to insufficient response rates among physicians. Some objectives relevant to older women (for example influenza and pneumococcal vaccinations) did not separately track females.

Looking Forward

Healthy People 2010 provides gender breakouts on all measurable objectives. This means that throughout this first decade of the 21st century, the Nation can monitor health behaviors such as physical activity and dietary patterns of both women and men, as well as insurance coverage and other measures of access to care. *Healthy People 2010* also covers new subjects of great importance to women. These include vision and hearing impairment, arthritis, osteoporosis, chronic back conditions, and chronic kidney disease. Some 235 of the 467 objectives are significant for women's health. As developmental objectives are measured, they will provide greater insight into trends in women's health.

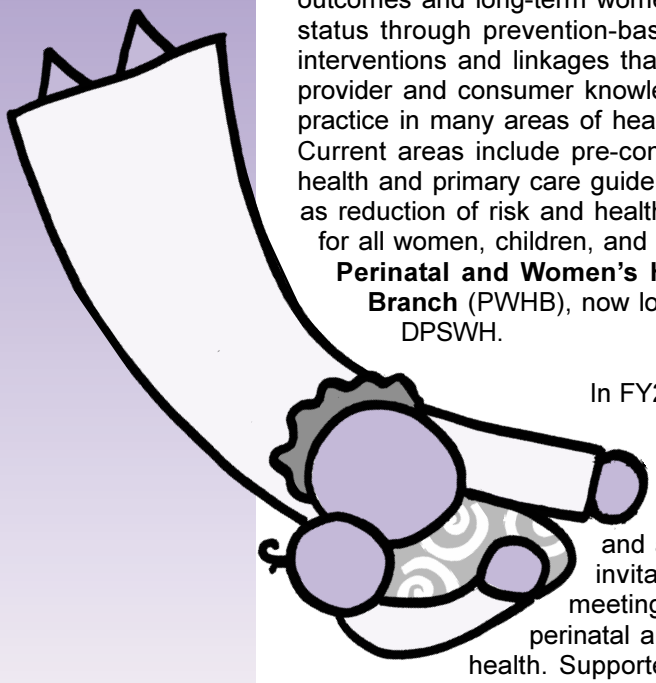
The final assessment of the *Healthy People 2000* objective shows some impressive accomplishments in cancer prevention, family planning, STD reduction, and reproductive health. The widening disparities in maternal mortality and the increasing overweight population provide an agenda for action for education, outreach, research, and service delivery. Title V providers have the opportunity to promote women's health in many domains. *Healthy People 2010* provides one scorecard for keeping track of trends as they are developing.

"The widening disparities in maternal mortality and the increasing overweight population provide an agenda for action for education, outreach, research, and service delivery."

Strengthening the Linkage Between Perinatal and Women's Health

by Ellen Hutchins, ScD, MSW
Director, Perinatal and Women's Health Branch

"A lifespan and holistic, multi-role approach is necessary in that the overall health of women includes pregnancy and reproductive health; and pregnancy and prenatal care provide important windows of opportunity to build upon the foundation of knowledge and practice of positive health behaviors for women and their families."



MCHB's focus on reproductive and women's health has evolved over time from workforce-related issues that originated in the Department of Labor's Children's Bureau of 1912 to the authorization of Title V in 1935, with a focus on reproductive health services for poor and underserved pregnant women and medical and support services for their children. In 1990, National programs funded by the Bureau emphasized the reduction of maternal and infant mortality but remained concentrated on the perinatal period. In 1993, MCHB began developing a framework to address women's health activities through special initiatives.

In 1999, MCHB renamed the existing Division of Healthy Start to the **Division of Perinatal Systems and Women's Health** (DPSWH). In so doing, MCHB revitalized its commitment to directly explore and provide for broader aspects of women's health. The revitalization presented a more pro-active opportunity to improve both birth outcomes and long-term women's health status through prevention-based interventions and linkages that expanded provider and consumer knowledge and practice in many areas of health promotion. Current areas include pre-conceptional health and primary care guidelines as well as reduction of risk and health disparities for all women, children, and families. The **Perinatal and Women's Health Branch** (PWHB), now located within DPSWH.

In FY2000, PWHB administered two new grant programs and an expert invitational meeting around perinatal and women's health. Supported by MCHB's Special Projects of Regional and National Significance (SPRANS) appropriations, three 3-year grants were funded in New York, Arizona, and Massachusetts under the Innovative Approaches to Promoting Positive Health Behaviors in Women Demonstration Program.

The Healthy Start program supported four 3-year grants in Maryland, New York, Illinois, and Washington under the Improving Systems of Care for Pregnant Women Experiencing Domestic Violence Demonstration Program. The goal of this demonstration program is to enhance prenatal provider screening for domestic violence in order to provide appropriate information, referrals, and linkages to ongoing community-based interventions within an identifiable system of care.

Other women's health activities coordinated by DPSWH and PWHB include:

- Development of a DPSWH **Women's Health 5-Year Strategic Plan**;
- Administration of **Improving Screening for Alcohol Use During Pregnancy Among Providers**;
- Responsibility for two **MCH Providers Partnership Cooperative Agreements**. The MCH Providers Partnership program funds the American College of Nurse Midwives and the American College of Obstetricians and Gynecologists to promote cooperative efforts between MCHB, its grantees (e.g., State Title V agencies), private and public providers, and other provider organizations;
- Coordination of **Perinatal Substance Abuse Prevention** technical assistance to a number of Healthy Start sites around screening and prevention of perinatal substance abuse. This technical assistance provides needs assessment and on-site training;

- Continuation of Mortality/Morbidity Review Programs: Three initiatives are currently funded: 1) a State Fetal and Infant Mortality Review (FIMR) Support Program; 2) a State Mortality/Morbidity Review Program; and 3) a FIMR National Resource Center; and

- Administration of the **Perinatal and Women's Health Policy Center**. Located at Johns Hopkins University, the Center identifies, develops, and analyzes information that assists policymakers at the national, State, and local levels in their efforts to enhance the health status of women of reproductive age.

The PWHB staff work closely with the HRSA Office of Women's Health as well as other agencies, States, and programs addressing women's health. Future PWHB activities will further expand on the principles that: 1) A lifespan and holistic, multi-role approach is necessary in that the overall health of women includes pregnancy and reproductive health; and 2) Pregnancy and prenatal care provide important windows of opportunity to build upon the foundation of knowledge and practice of positive health behaviors for women and their families. However, systems of care for women must be such that they effectively reach and engage in care for women who will not become pregnant or who do not have access to prenatal care. Building on MCHB's experiences over the last decade as well as the four-tiered conceptual framework for MCH services, the Perinatal and Women's Health Branch has proven to be a vital contributor to strengthening the linkages between perinatal and women's health.

Increasing Focus . . . (Continued from page 1)

21st Century – Improving Quality of Life and Access to Quality Care Information," which references HRSA programs that target major health issues for women.

The Committee has made major contributions to HRSA's submission to a Congressional report on women's health activities across the U.S. Department of Health and Human Services and is also assisting with the enhancement of the OWH website and other communication tools.

Bright Futures for Women

In broadening its focus on women's health across the lifespan, MCHB has undertaken a new major initiative. In collaboration with the MCHB Division of Perinatal Systems and Women's Health, HRSA OWH is leading the organizational foundation for the Bright Futures for Women Initiative. The goal of this Initiative is to increase the use of clinical preventive services by repackaging existing evidence-based clinical guidelines into a series of provider educational resource products. Consumer products for women also will be integrated into the overall Initiative. The final assessment of *Healthy People 2000* (see "Eliminating Health Disparities—How Far Have We Come in Women's Health?" in this issue of *Title V Today*), which shows that there are many opportunities to combine efforts toward practicing prevention.

Early work on this Initiative began in the spring of FY2000, with the MCHB Women's Health Expert Invitational Meeting and the HRSA Postmenopausal Women's Health Federal Meeting. Summary reports from these meetings led to a decision to combine resources and focus on best practices for women's health across the lifespan. During FY2001, the organizational and conceptual groundwork for this project will be laid, including both communication and evaluation strategies. Over the course of 3–5 years, a variety of resource products will be developed, field-tested, and widely disseminated to providers and consumers.

". . . systems of care for women must be such that they effectively reach and engage in care for women who will not become pregnant or who do not have access to prenatal care."

Monitoring Women's Health Through Performance Measures

by Deborah R. Maiese, M.P.A., Director, HRSA Office of Women's Health

". . . Some 25 States track women's use of tobacco. . . . Other States focus on ensuring that women receive prenatal care and other pregnancy-related health services. Measures include folic acid intake, family planning, and pregnancy spacing. . . . First trimester prenatal care is a core performance indicator utilized by all States."

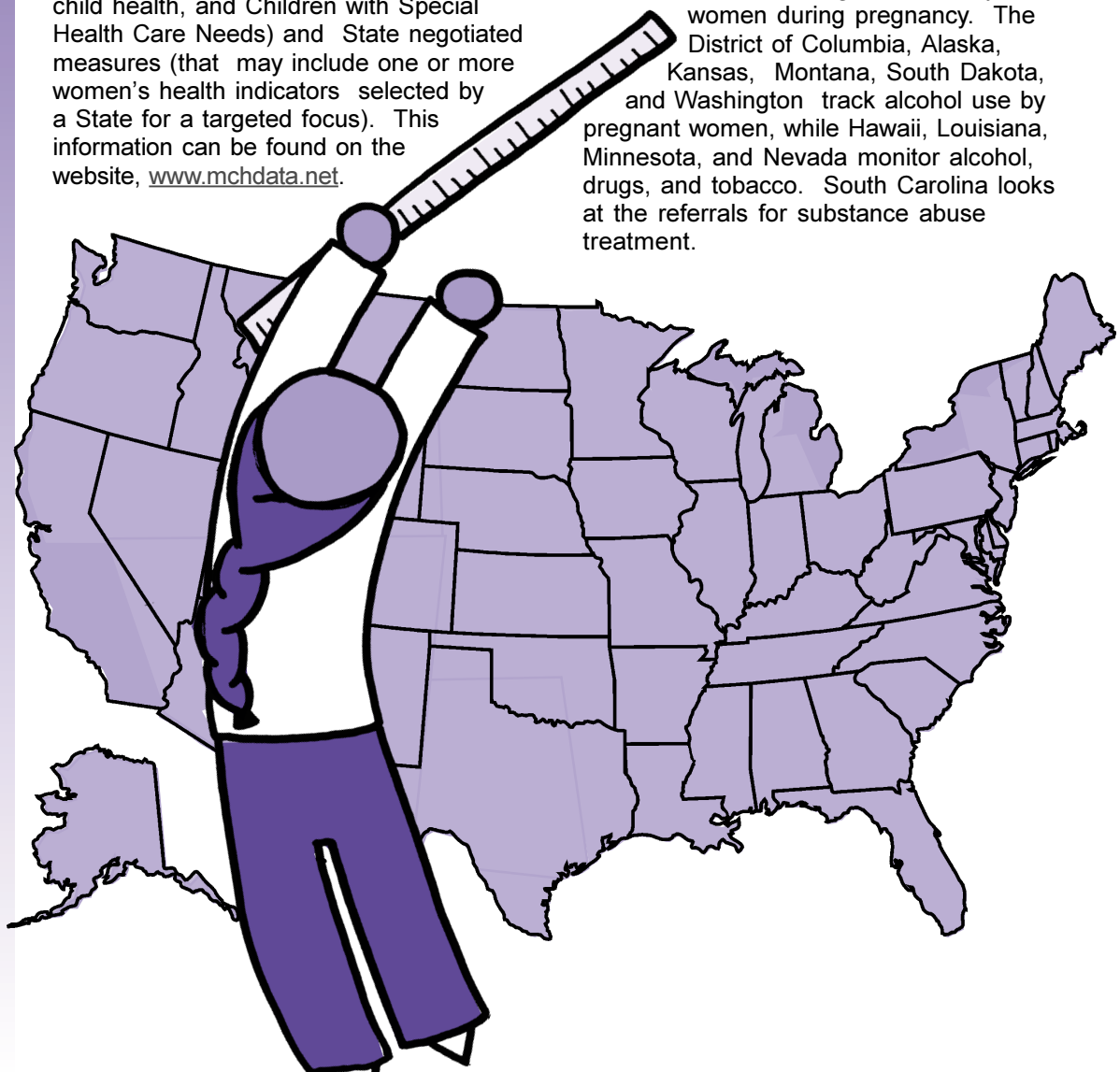
In 2000, new sources of State data on women's health emerged. State statistics reporting on women's health status, behaviors, and service utilization provide a framework for both policy and programmatic action to support women's health. Internet resources sponsored by the Health Resources and Services Administration (HRSA) and various publications that showcase State measures are described in this article.

To ensure the stewardship of Title V funding, HRSA's Maternal and Child Health Bureau entered into a partnership with all States to report data on a set of core measures (focused on birth outcomes, child health, and Children with Special Health Care Needs) and State negotiated measures (that may include one or more women's health indicators selected by a State for a targeted focus). This information can be found on the website, www.mchdata.net.

Search capability enables users to examine a particular State's data set or to search by subject matter. This makes www.mchdata.net a resource for other States to make comparisons or to use in expanding their performance indicator portfolio.

State Negotiated Measures

An analysis of these State-negotiated measures shows that smoking is a widely utilized indicator of women's health risk. Some 25 States track women's use of tobacco. Some States look at adolescent smoking prevalence; some monitor smoking during pregnancy; and some examine smoking cessation by women during pregnancy. The District of Columbia, Alaska, Kansas, Montana, South Dakota, and Washington track alcohol use by pregnant women, while Hawaii, Louisiana, Minnesota, and Nevada monitor alcohol, drugs, and tobacco. South Carolina looks at the referrals for substance abuse treatment.



Other States focus on ensuring that women receive prenatal care and other pregnancy-related health services. Measures include folic acid intake (Alabama, Arizona, and Kentucky); family planning (Arizona, Hawaii, Louisiana, the Marshall Islands, Massachusetts, Pennsylvania, and Wisconsin) and pregnancy spacing (Delaware and Illinois). Four States (Maine, Ohio, Oklahoma, and South Carolina) monitor unintended pregnancies. Four States (North Carolina, Oklahoma, Utah, and Washington) and the Virgin Islands track weight gain during pregnancy. Counseling for HIV testing is reported in Arkansas; HIV screening as part of prenatal care is tracked in New Hampshire; and HIV-positive women are monitored for treatment services in Puerto Rico. Washington tracks universal counseling, voluntary testing, and increasing the delivery of therapeutic interventions for pregnant women. Florida, Indiana, New Jersey, Tennessee, and the Virgin Islands track HIV-infected infants. Genetic services for women are reported in Illinois, Maine, Ohio, Rhode Island, Texas, and Washington. First trimester prenatal care is a core performance indicator utilized by all States.

The State-negotiated measures reach beyond women's reproductive health to encompass other dimensions of women's health. Seven States (Alaska, Florida, Louisiana, Montana, New Mexico, Oregon, and Washington) target domestic violence by monitoring physical abuse, rape, or reported incidents of assault. The Pacific territories monitor Pap smear utilization, as well as screening and vaccinations for Hepatitis B. Chlamydia infections are tracked in young women in Massachusetts, West Virginia, Guam, and the Northern Mariana Islands. A number of States have chosen information systems capacity measures, such as the integration of their data systems—a measure that when accomplished will broaden the quality and content of the performance indicators utilized.

Community Health Status Indicators Reports

Another HRSA resource is the Community Health Status Indicators Reports section at www.communityhealth.hrsa.gov/. Among the information available in these county-level reports are:

- population characteristics
- leading causes of death
- measures of birth and death
- preventive services use
- risk factors for premature death
- access to care

Additional women-focused measures may be added over time. Reports can be generated that compare any given State with others that are considered to be similar. This built-in comparative capability provides health officials with a tool that may be of assistance in targeting resources and setting priorities.

State By State Report Card

Making the Grade on Women's Health: A National and State by State Report Card was released in August 2000 by the National Women's Law Center, Focus/ University of Pennsylvania, and the Lewin Group. This report ranks State performance on 32 health status indicators and 32 policy measures. Major points include:

- Nearly one in seven women (14 percent) lack health insurance.
- Fewer than half the States require private insurers to cover Pap smears and cervical cancer screening.
- Only four States have parity between mental heath and physical health insurance coverage.

The report, which is available online at www.nwlc.org , also examines how well the States did in meeting select *Healthy People 2000* targets. Only mammography surpassed the target in all States.

These reports and web-based information systems provide a snapshot of women's health. Displaying national, State, and local data will help drive personal, policy, and programmatic action for the improvement of women's health.

***Making the Grade on Women's Health: A National and State by State Report Card* is available online at www.nwlc.org.**

FY2001 Budget: HRSA Gains $1.5 Billion; $52 Million Increase for MCHB

"MCHB's FY2001 budget will increase by $52 million to $924, up from $872 million in FY2000."

The Health Resources and Services Administration's Fiscal Year 2001 budget will total $6.2 billion, an increase of 32 percent over last year's funding. This latest increase means that the HRSA budget has grown nearly 50 percent in the past 2 years. The agency's appropriation for FY2000 was $4.7 billion.

MCHB's FY2001 budget will increase by $52 million to $924 million, up from $872 million in FY2000.

"This new budget suggests to MCHB and its partners that Congress and the Administration have great confidence in our mission and ability to meet it," said Associate Administrator for Maternal and Child Health Peter C. van Dyck, M.D., M.P.H. "It is a strong vote of support for our vision of a Nation where there is equal access to quality health care for all women, children, and families."

Budget highlights include:

- A $5 million increase for the MCH Services Block Grant to $714 million, up from $709 million in FY2000.
- Healthy Start funding remained level at $90 million. However, 84 of the current 94 Healthy Start grants will expire in FY2001. Funding has been redirected to four new grant competitions. Two are focused on eliminating racial disparities, one for the general population, and one for border health. Two additional grant programs will focus on perinatal depression and interconceptual health. All four competitions are now open for application.
- A $4 million increase for the Universal Newborn Hearing Screening program, which will be used for new State implementation grants.
- A $2 million increase for the Emergency Medical Services for Children Program, from $17 million to $19 million.
- The sum of $20 million was appropriated in the Poison Control Center Enhancement and Awareness Act. This program will assist poison prevention efforts and stabilize the funding of regional poison control centers.
  - — MCHB will fund about $15 million in grants directly to poison control centers.
  - — CDC will receive $2 million to support a national toll-free poison control number and media campaign.

Program	FY2000	FY2001
Maternal & Child Health Services Block Grant *	$708,990,000	$714,187,000
Healthy Start	89,982,000	89,996,000
Universal Newborn Hearing Screening	3,374,000	7,999,000
Emergency Medical Services for Children	16,997,000	18,986,000
Trauma EMS	—	3,000,000
Poison Control Centers	2,999,000	19,996,000
Abstinence (SPRANS) (Reappropriation)	—	20,000,000
Abstinence (MCH) Advance Appropriation (FY2002)	—	(30,000,000)
Abstinence Education Program	50,000,000	50,000,000
Total: Maternal and Child Health Bureau	**872,342,000**	**924,164,000**

*The Block Grant includes $5 million for the Traumatic Brain Injury Program.

- $3 million was provided for the recently reauthorized EMS/Trauma Program.
- Sec. 510 Abstinence Education Program funding to the States remained at $50 million.
- Language within the 2000 Supplemental Appropriations Bill appropriated an additional $20 million to MCHB for Abstinence Education Community Grants. The projects will target adolescents ages 12–18, in communities across the Nation.
- An advance appropriation of $30 million for FY2002 was included for SPRANS Abstinence Education Community Grants.

The chart on the opposite page summarizes the MCHB FY2000 and FY2001 budget appropriations.

Published Recently in MCH

Newborn Screening Guidelines: In the October 2000 supplement to the *Journal of Pediatrics,* newborn screening guidelines developed by four professional work groups supported, in part, by HRSA's Maternal and Child Health Bureau were published. *U.S. Newborn Screening System Guidelines II: Follow-Up of Children, Diagnosis, Management, and Evaluation, Statement of the Council of Regional Networks for Genetic Services* discusses follow-up, diagnosis, management, and evaluation of infants and children who have hematologic, endocrine, or metabolic disorders that are detected by population-based newborn screening systems. This comprehensive system provides a sturdy framework for discussing expanded genetic screening in relation to public health.

"Access to Genetic Services in the United States: A Challenge to Genetics in Public Health," co-authored by Michele Puryear, M.D., Ph.D., chief, Genetics Branch, HRSA's Maternal and Child Health Bureau, is a chapter in the book ***Genetics and Public Health in the 21st Century: Using Genetic Information to Improve Health and Prevent Disease,*** reviewed by the ***New England Journal of Medicine***, November 23 issue. The journal commends Dr. Puryear's chapter *as "one of the book's most thoughtful . . . "* in pointing out incongruities in the direct approach of public health's disease prevention and health promotion and the less direct approach of genetic counseling. The review is available on the Internet at www.nejm.org, Table of Contents, Book Reviews.

"The Prevalence of Employer Self-Insured Health Benefits: National and State Variation" by Christina H. Park, Ph.D., MCHB's Office of Data and Information Management, was published in the September 2000 edition of *Medical Care Research and Review.* This article describes the prevalence of employer self-insurance for the Nation and by State in 1993 and examines what factors, especially State policies, contribute to the National and State variation. Data from the National Employer Health Insurance Survey on private-sector establishments are analyzed, and variation in prevalence of self-insurance largely explained by firm size. While State premium taxation and benefits mandates are not associated with self-insurance, small-group reforms are significantly and positively associated with the probability of self-insurance.

Mary D. Overpeck, Dr.PH., MCHB/ODIM, co-authored "Stature, weight, and body mass among young U.S. children born at term with appropriate birth weights," appearing in the August 2000 issue of the *Journal of Pediatrics*. The study describes weight, stature, and body mass index changes occurring before age 7, which may influence the prevalence of overweight in adolescence and adulthood. Researchers conclude that size differences before age 7 may indeed influence later ethnic-specific overweight prevalence, independent of prenatal influences.

Navigating HRSA's Women's Health Website

by Sabrina Matoff, M.A., Public Health Analyst
HRSA Office of Women's Health

The Women's Health Website is at www.hrsa.gov/womenshealth . All resources on the site are in the public domain. Use them in your work to promote women's health and improve the quality of women's lives.

The HRSA Office of Women's Health (OWH) website is an online resource for professionals and consumers looking for information about women's health activities at HRSA. In addition to being the repository of information of cross-cutting programmatic activities, this site also serves as a gateway to other electronic information. According to the HRSA webmaster, the "women's health" website ranks among top 50 sites as measured by user sessions on the HRSA Internet site. Visitors can access the website from the HRSA homepage at www.hrsa.gov, or through a key word search "women's health." The direct URL is www.hrsa.gov/womenshealth

A "Who We Are" page provides an overview of the office and contact information. In addition, the site provides listings of individuals on the HRSA Women's Health Coordinating Committee, the PHS Women's Health Coordinating Committee, Regional Women's Health Coordinators, and State Women's Health Coordinators. A listing of major women's health-related organizations is also provided, with contact information and in most cases, links to Web addresses. Help us keep these resources up-to-date by sending us address changes so that these listings can be useful for all.

In addition, the homepage also includes linkages to announcements and publications. National health observances related to women's health are posted on a monthly basis with links to further topic-specific resources.

Graphics are used whenever possible to link users directly to new publications, such as the HIV/AIDS Bureau's "Guide to Clinical Care of Women with HIV." The site includes OWH policy statements and publications, such as the HRSA Women's Health Mission, and *Healthy Women in the 21st Century Improving Quality of Life and Access to Quality of Care*. All these resources are in the public domain, and we encourage you to use these materials in your work to promote women's health and improve the quality of women's lives.

The Women's Health Resources button provides links to the Bureau of Primary Health Care, Office of Minority and Women's Health, which focuses on the health disparities for underserved minority women; the HHS National Centers of Excellence in Women's Health; and the HHS National Community-Based Centers of Excellence in Women's Health. (The latter two both apply an innovative, comprehensive, and multidisciplinary integrative model of providing systems of women's health care.)

The homepage also includes a link to the National Women's Health Information Center (NWHIC), a service of the Office on Women's Health in the Department of Health and Human Services. NWHIC is a gateway to an array of women's health-related information, including the recently released *HHS Blueprint for Action on Breast Feeding* and the *Nation's Agenda to End Violence Against Women*.

The HRSA OWH website will continue to evolve. Planned changes include posting new policy documents, establishing additional program links, and developing a bibliography of women's health publications. We welcome Title V providers to submit comments and questions to us by clicking on the Feedback link on the HRSA OWH website homepage.

New Maternal and Child Health Publications Released

Check out these and other materials now available free of charge from the National Maternal and Child Health Clearinghouse (NMCHC).

New MCHB Fact Sheets are now available. An overview of the Bureau describes the seven major programs administered by MCHB, our vision, mission, and the three over-arching goals of the Bureau's strategic plan (1998-2003). Division and office fact sheets include basic information on primary programs and responsibilities within each division and office and how they play a major part in meeting the goals and objectives supported by the Bureau's strategic plan. Fact sheets are also available on our website at mchb.hrsa.gov.

New MCHB Graphic Standards have been released to guide all Bureau divisions, offices, contractors, grants/ cooperative agreements, and MCHB partners in the conception and creation of MCHB print or electronic materials. MCHB's new look includes our logo, color requirements, and graphic elements that include the pyramid/people, letterforms, and a large library of ready-to-use, hand-drawn illustrations. Standards and graphic elements are also available for download from our website at mchb.hrsa.gov.

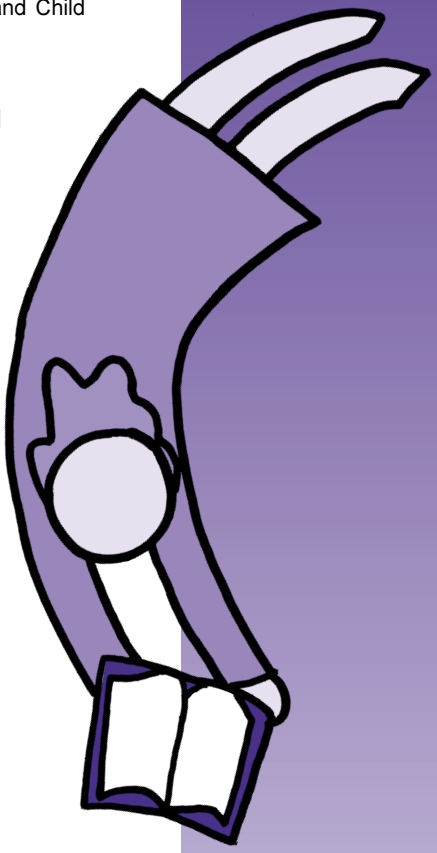
Understanding Title V of the Social Security Act is a guide to the provisions of the Federal Maternal and Child Health Block Grant. With the passing of the Social Security Act in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend health and welfare services for mothers and children. The result was the establishment of State Departments of health and public welfare in some States, and facilitating the efforts of existing agencies in others. This newly updated booklet provides an overview of Title V-supported projects for those new to the Block Grant program and a compact guide for those familiar with the Title V programs. For each portion of the law, a short synopsis is provided and relevant criteria explained. In addition, citations for the pertinent sections of Title V are included so that those interested in more detailed information can refer to the Title itself.

Two new fact sheets focus on oral health:

Preventing Tooth Decay and Saving Teeth With Dental Sealants describes how dental sealants are effective in preventing caries (tooth decay) and in arresting the progression of caries. In addition, cost effectiveness, access to care, barriers to care, and program success are discussed.

Inequalities in Access: Oral Health Services For Children and Adolescents With Special Health Care Needs addresses the oral health status of children and adolescents with special health care needs and discusses access to care. Programs such as Medicaid's Early and Periodic Screening, Diagnostic and Treatment Program and Massachusetts Special Olympics "Special Smiles" dental screening and education program are also discussed.

Check out these and other materials available free of charge from the National Maternal and Child Health Clearinghouse (NMCHC). Place orders through the website at www.nmchc.org or call toll free 1-888-434-4MCH (4624).



You may place orders for any of the materials on this page through the website at www.nmchc.org or call toll free 1-888-434-4MCH (4624).

Comings & Goings

During the last few months, several staff members have left the Bureau, and four have been assigned new positions. Though it's hard to say goodbye to old friends, the Bureau's strengths in serving our nation's mothers and children continue to grow.

Nutritionist **Carolyn Sharbaugh**, MS, RD, and **Dana Ways**, office automation clerk, have left the Division of Adolescent and Family Health to continue their careers in other States. Carolyn has moved to Texas and Dana to South Carolina.

Henry Spring, MD, JD, has left the Division of Perinatal Systems and Women's Health (DPSWH), and **Maribeth Badura**, RN, MSN, is acting director. **Carla Edwards**, DPSWH staff assistant, has joined HRSA's Office of Information Technology.

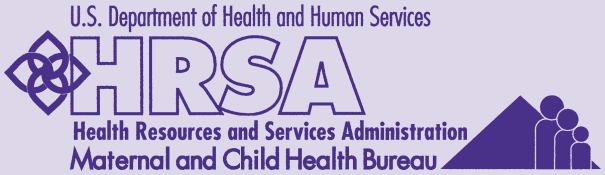
Congratulations to **Jose Belardo**, MSW, MS, who has been appointed as the new director of the Healthy Tomorrows Partnership for Children Program. CDR Belardo has served for the past 5 years as a program officer in the Division of Perinatal Systems and Women's Health and is now part of the Division of Research, Training and Education (DRTE).

Congratulations to **Gary Carpenter**, MPA, who has been appointed chief of the State and Community Partnership Branch, Division of State and Community Health (DSCH). Gary has served the past 5 years as a public health analyst in DSCH. There are three additions to the Abstinence Education Program staff in DSCH: **Donna Hutten**, MS, RN, former chief of the Western Healthy Start Branch, **Joe Leach**, from DSCH, and **Lola Oguntomilade**, MPH, a fellow from the Association of Schools of Public Health.

Awards

Merle G. McPherson, MD, MPH, director, Division of Services for Children with Special Health Needs (DSCSHN), has received the Distinguished Senior Executives Presidential Rank Award. Winners of this award are selected for their ability to lead in a government that delivers great service, fosters partnerships, and offers community solutions to achieve results and get the job done effectively.

The U.S. Department of Health and Human Services has honored **Diana Denboba** from DSCSHN with two Supporting Fatherhood Leadership Awards. One award is for "sustained commitment" and one is for "outstanding achievement" in "improving the well-being of children and families by strengthening the roles fathers play in their children's learning at school, at home, and in the community."



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