

Report to Congress

**HHS Activities to Improve Women’s Health
As Required by the Affordable Care Act**



2015

U.S. Department of Health and Human Services
Office of the Secretary
Office of the Assistant Secretary for Health
Office on Women’s Health

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I. EXECUTIVE SUMMARY

The Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), which are collectively known as the Affordable Care Act, included numerous provisions to improve the health of women. Specifically, section 3509, titled “Improving Women’s Health,” details requirements related to women’s health for various U.S. Department of Health and Human Services (HHS) agencies and offices. The Secretary of HHS, through the HHS Office on Women’s Health (OWH), is required to issue a report to Congress not later than one year after the date of enactment of this section and every second year thereafter, describing the activities carried out under section 229 of the Public Health Service Act (as amended). This report is the third that HHS has provided to Congress under this provision, and it fulfills the requirement for 2015.

The Affordable Care Act codifies the establishment of an Office on Women’s Health (OWH) within the Office of the Secretary of HHS as well as Offices of Women’s Health within six of its agencies:

- Agency for Healthcare Research and Quality (AHRQ);
- Centers for Disease Control and Prevention (CDC);
- Food and Drug Administration (FDA).
- Health Resources and Services Administration (HRSA);
- National Institutes of Health (NIH); and
- Substance Abuse and Mental Health Services Administration (SAMHSA).

While all of these offices were already in existence prior to the Affordable Care Act, the legislation gives them new authority, agency location, and protection from termination or reorganization without the direct approval of Congress.

Section 3509 requires these agencies and administrations to appoint senior leadership who are tasked with addressing women’s health issues within their agencies. The Offices of Women’s Health in CDC, FDA, and HRSA will be headed by a Director who reports to the appropriate authority.

- The HHS Office on Women’s Health will be led by a Deputy Assistant Secretary for Women’s Health who may report to the HHS Secretary.
- SAMHSA is required to appoint an Associate Administrator for Women’s Services who reports directly to the SAMHSA Administrator.
- The AHRQ Office of Women’s Health and Gender-Based Research will be led by a director who is appointed by the Director of AHRQ.
- The NIH Office of Research on Women’s Health must report directly to the NIH Director.

In addition to codifying the establishment of these offices, the law charges these HHS components with specific functions and tasks related to the promotion and protection of women’s health. These offices must report on the status of their activities related to women's

health, establish women's health-related goals and objectives, identify women's health projects to be conducted or supported, and consult with women's health professionals and other groups on policies. They will also serve as members of the HHS Coordinating Committee on Women's Health (CCWH), which was established by OWH.

The Affordable Care Act does not provide deadlines to complete these requirements, and it authorizes such sums as necessary for each fiscal year 2010 through 2014. As detailed in previous reports, HHS has undertaken a number of activities and initiatives to meet the requirements of section 3509 since 2010. This report provides a summary of activities carried out by HHS agencies and offices from March 23, 2013, to March 23, 2015. Since the last report in 2013, HHS has expanded on efforts previously reported and begun new initiatives to address the requirements of section 3509.

II. INTRODUCTION

The Patient Protection and Affordable Care Act of 2010 (P.L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (P.L. 111-152), which are collectively known as the Affordable Care Act, was enacted into law in March 2010. This landmark legislation has resulted in concrete changes towards the goals of improving the affordability, accessibility, and quality of health care nationwide.

Over the past five years, the Affordable Care Act has significantly increased Americans' access to health coverage and health care, and it has had a particular impact on women. Since the beginning of the open enrollment period in October 2013, an estimated 17.6 million adults have acquired health coverage, including 8.2 million women.¹ Under the Affordable Care Act, most private health insurance plans are now required to provide coverage for certain recommended preventive health services without cost sharing, such as a copayment, coinsurance, or a deductible. These services include well-woman visits; breastfeeding supplies, counseling, and support; vaccinations; contraceptive methods; domestic violence screening and counseling; and screenings for alcohol misuse, tobacco use, depression, and HIV as well as certain screenings for diabetes, cancer, sexually transmitted diseases, and other diseases and conditions that adversely affect women. The Affordable Care Act expanded access to certain recommended preventive health services for tens of millions of Americans, including 55.6 million women.²

In addition to improving the health of individual women through increased access to health care services and health insurance, the Affordable Care Act contains provisions designed to address women's health through improvements in health systems, policies, and programs. Section 3509 of the Act, "Improving Women's Health," directs HHS to take various steps to make women's health a priority. Specifically, section 3509 calls for the following:

- Greater prioritization of women's health issues within HHS federal agencies and offices;
- Greater coordination of efforts across HHS federal agencies and offices; and
- Greater access to women's health information, including areas in which differences between men and women exist.

HHS is the U.S. government's principal agency for protecting the health of all Americans and providing essential human services. HHS improves women's health through programs that cover a spectrum of activities that impact health, public health, and human services' outcomes throughout the lifespan, as well as through direct clinical service delivery and policy development. Improving the health of women has been one of HHS' strategic priorities for 30 years.

¹ HHS, The Office of the Assistant Secretary for Planning and Evaluation (ASPE). *Health Insurance Coverage and the Affordable Care Act, September 22, 2015*. <http://aspe.hhs.gov/health-insurance-coverage-and-affordable-care-act-aspe-issue-brief-september-2015>. Accessed 11/01/15.

² HHS, The Office of the Assistant Secretary for Planning and Evaluation (ASPE). *The Affordable Care Act is Improving Access to Preventive Services for Millions of Americans, 5/14/15*. <http://aspe.hhs.gov/pdf-document/affordable-care-act-improving-access-preventive-services-millions-americans>. Accessed 11/01/15.

Women are more likely than men to suffer from multiple chronic conditions, and women are in greater need of health care services across their lifespan. Women are also more likely than men to be victims of sexual assault, intimate partner violence (IPV), and stalking.

Women, particularly those in minority populations, face additional social and economic barriers affecting their health and well-being. Women are more likely than men to live in poverty, are less likely to be employed, and on average are more likely to earn less than men.³ With lower average incomes, women are also affected more by the rising costs of health care. Although more than a third of women have health insurance covered through their employers,⁴ women are nearly twice as likely as men to be covered as dependents. As a result, women are more vulnerable to losing their insurance coverage.⁵ At the same time, women are the primary caregivers in society, and their access to health care and health-related knowledge affects the health of families and communities.

HHS has taken numerous steps to address these concerns and disparities. For example, the increased participation of women in clinical trials research is one critical way to address gaps in knowledge about women's health. This report, required under section 3509 of the Affordable Care Act, details recent HHS activities focused on meeting the law's mandates and improving women's health.

OWH and the CCWH are the focal points for activities across HHS to safeguard and improve the health of all women. OWH provides national leadership and coordination to improve the health of women and girls through policy, education, and model programs in support of its vision that all women and girls achieve the best possible health. CCWH works strategically to provide guidance on women's health policy, programming, and evaluation efforts; increase collaboration with federal and non-federal partners; advance evidence-based programs and policies; support sex and gender-specific initiatives; and address gaps and disparities in women's health. Along with partners across HHS, OWH and CCWH are working every day to meet the requirements of the Affordable Care Act and better women's lives by improving their health. This report provides a snapshot of these activities from March 23, 2013, to March 23, 2015.

³ National Women's Law Center. *Insecure & Unequal: Poverty and Income Among Women and Families 2000-2013*. September 2014. http://www.nwlc.org/sites/default/files/pdfs/final_2014_nwlc_poverty_report.pdf. Accessed 12/19/14.

⁴ Kaiser Family Foundation, *Women's Health Insurance Coverage*, December 2014. <http://kff.org/womens-health-policy/fact-sheet/womens-health-insurance-coverage-fact-sheet/>. Accessed 12/23/14.

⁵ Kaiser Family Foundation, *Health Reform: Implications for Women's Access to Coverage and Care*, August 2013. <http://kff.org/report-section/health-reform-implications-for-womens-access-to-coverage-and-care-issue-brief/>. Accessed 12/23/14.

III. AGENCY/OFFICE-SPECIFIC REQUIREMENTS

Section 3509 of the Affordable Care Act, entitled “Improving Women’s Health,” has specific requirements for the following HHS components: OWH, AHRQ, CDC, FDA, HRSA, NIH, and SAMHSA.

The activities described below reflect the progress of each agency and office on their specific requirements in the reporting period (March 23, 2013–March 23, 2015). For reference, Appendix I contains OWH’s *Women and the Affordable Care Act* Infographic, and Appendix II contains a chart detailing preventive services for women covered by the Affordable Care Act. Appendix III contains a glossary of acronyms used within the report.

HHS Office on Women’s Health (OWH)

OWH was established in 1991 in the Office of the Assistant Secretary for Health (OASH), within the Office of the HHS Secretary. The mission of OWH is to provide national leadership and coordination to improve the health of women and girls through policy, education, and model programs. OWH informs and advances policies, educates the public and health professionals, and supports model programs for women that focus on preventing disease and promoting health and healthy behaviors. (See **Table 1.**)

OWH is the main point of contact for other federal agencies and non-federal partners on issues related to women’s health. It is committed to improving the health of women across the lifespan, with special attention to eliminating disparities in health status.

In addition to the national staff located in Washington, DC, OWH works with Regional Women’s Health Coordinators (RWHCs) who are located in the 10 HHS Regional Offices. The RWHCs cover the 50 states, the District of Columbia, the Commonwealth of Puerto Rico, the U.S. Virgin Islands, and the U.S. Pacific Island Jurisdictions.

The RWHCs coordinate and implement public health initiatives that promote a greater focus on women’s health issues at the regional, state, and local levels. They advance the mission of OWH and represent the Deputy Assistant Secretary for Health-Women’s Health (DASH-WH) by administering programs that improve the health of women in communities across the country. Through the RWHCs, OWH’s work is sensitive to local, state, and regional needs in women’s health as they identify high-priority health conditions in their geographic areas, establish networking relationships, and implement initiatives addressing regional women’s health concerns.

RWHCs work closely with state and territorial women’s health offices or their designated women’s health coordinators. By providing technical assistance and sharing resources with these non-federal women’s health leaders, the RWHCs built a nationwide network of connections. Thus, OWH has a ready infrastructure for rapidly disseminating health information and implementing HHS programs that benefit women and girls.

Region I* – Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II – New Jersey, New York, Commonwealth of Puerto Rico, and U.S. Virgin Islands (St. Thomas, St. Croix, and St. John)

Region III – Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV – Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V – Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI – Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII – Iowa, Kansas, Missouri, and Nebraska

Region VIII – Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX – Arizona, California, Hawaii, Nevada, and the U.S. Pacific Island Jurisdictions (American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of the Marshall Islands, and Republic of Palau)

Region X – Alaska, Idaho, Oregon, and Washington

* For the names and contact information for the RWHCs in each of the 10 regions, go to womenshealth.gov.

The following sections describe the specific requirements in section 3509 of the Affordable Care Act (amending Part A of Title II of the Public Health Service Act [42 U.S.C. 202 et seq.]) related to OWH. Each section describes progress on or completion of each requirement and, when appropriate, current activities and next steps.

Establishment of an Office

The requirements of section 229(a) of the Public Health Service Act (PHSA), [amending 42 U.S.C. 237a] have been fulfilled. OWH, in the OASH, within the Office of the Secretary, was established in 1991. In 2011, the office hired a new DASH-WH who reports to the ASH.

Women's Health-Related Goals and Objectives

OWH fulfilled the requirements of section 229(b)(1) of the Public Health Service Act, as amended by section 3509 of the Affordable Care Act, to “establish short-range and long-range

goals and objectives within HHS and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education, for issues of particular concern to women throughout their lifespan.”

OWH’s first five-year strategic plan, implemented in fiscal year 2009, was a model for other offices within OASH. In 2013, OWH updated its strategic plan and refined its vision, mission, and goals. (See **Table 1.**)

Table 1. HHS Office on Women’s Health Vision, Mission, and Goals	
<i>Vision</i>	All women and girls achieve the best possible health.
<i>Mission</i>	The Office on Women’s Health provides national leadership and coordination to improve the health of women and girls through policy, education, and model programs.
<i>Goals</i>	The Office on Women’s Health provides national leadership to <ol style="list-style-type: none"> 1) Inform and advance policies 2) Educate the public 3) Educate professionals 4) Support model programs

OWH’s current strategic plan aligns its goals on issues of particular concern to women and the means to address them through policy, programs, communication, collaboration, and performance measurement. Data have shown that OWH has routinely exceeded many of its targets. For example, OWH exceeded its target on the number of users of OWH communication resources. The FY 2015 target for this measure was 21.5 million users. However, the number of users of these resources increased to more than 30.6 million users. In addition, OWH has increased the number of girls aged 9–17 and women aged 18–85+ who participate in OWH-funded programs. The FY 2015 target was 770,461 women and girls, and the measurement showed more than a doubling of that number when 1.8 million women and girls participated.

The sections that follow describe in greater detail OWH’s progress on, and activities for, these goals.

Expert Advice and Consultation

OWH fulfilled the requirements of section 229(b)(2) to “provide expert advice and consultation to the Secretary concerning scientific, legal, ethical, and policy issues relating to women’s

health.” OWH also advises the OASH on issues related to the advancement of women’s health. OWH coordinates women’s health initiatives and programs for the entire Department. Thus, OWH is uniquely positioned to look at all these activities across HHS, encompassing research, regulation, quality improvements, health services, and prevention programs.

These activities are consistent with and reflect OWH’s commitment to providing national leadership to inform and advance policies on women’s and girls’ health. (See **Table 1**, OWH Goal 1.) Examples of these efforts follow.

➤ OWH is an HHS representative to the *White House Council on Women and Girls*. OWH collaborates with other federal partners in proposing actions that affect the lives of women and girls, especially related to their health and well-being. On March 11, 2009, President Obama signed an Executive Order creating this Council, stating that its purpose was to ensure that every federal agency “takes into account the needs of women and girls in the policies they draft, the programs they create, the legislation they support.”⁶ In 2014, OWH partnered with the Council to release a report entitled “Women and Girls of Color: Addressing Challenges and Expanding Opportunity.” In addition, OWH and the Council worked together to launch the *It’s On Us* campaign to address sexual assault on college campuses.

➤ OWH is represented on the White House Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities. President Obama released a Presidential Memorandum establishing this working group on March 30, 2012. He charged executive departments and agencies to further address these issues by improving data collection, research, intervention strategies, and training. Since then, OWH has worked extensively with representatives from other federal agencies in responding to the mandates outlined in the memorandum.⁷ In October 2014, the White House released a report providing an update on federal efforts to address these intersecting epidemics. The use of social media has helped raise awareness and reach at-risk women and girls.

➤ OWH is represented on the National HIV/AIDS Federal Action Plan as established by the White House’s release of “National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS)” and the Executive Order “Implementing the National HIV/AIDS Strategy for the U.S. for 2015 – 2020” in July 2015. The four goals of NHAS are reducing new HIV infections, increasing access to care and improving health outcomes for people living with HIV, reducing HIV-related disparities and health inequities, and achieving a more coordinated national response to the HIV epidemic. OWH’s RWHCs work closely with partners at the regional level to increase awareness of the NHAS.

➤ OWH is an HHS representative to the *Office of the Vice President’s Working Group on Violence Against Women*. The Working Group brings high-level attention to this issue and the

⁶ White House, The Administration, About the Council on Women and Girls. <http://www.whitehouse.gov/administration/eop/cwg/about>. Accessed 1/26/13.

⁷The White House. Office of the Press Secretary. Presidential Memorandum -- Establishing a Working Group on the Intersection of HIV/AIDS, Violence Against Women and Girls, and Gender-related Health Disparities. <http://www.whitehouse.gov/the-press-office/2012/03/30/presidential-memorandum-establishing-working-group-intersection-hiv aids>. Accessed 1/26/13.

profound consequences for those who experience family and intimate partner violence (IPV). The Working Group also focuses on strengthening policies and making programmatic changes.

➤ OWH sponsored an initiative called the *National Worksite Breastfeeding Support for Employers of Overtime Eligible (Hourly) Employees: Innovative Strategies for Success*. In it, OWH focused on worksites in non-office settings that were particularly challenging, both to the employers of hourly workers and to those mothers who sought to express milk for her child. In doing so, OWH developed a searchable online resource in 2014 that provides solutions to help employers in 22 industry sectors address time and space challenges in non-office, non-traditional settings. This resource also has 28 videos highlighting employer solutions from various industry groups, including manufacturing, retail, agriculture, education, health care, and information technology. (www.womenshealth.gov/breastfeeding/employer-solutions)

➤ OWH has representatives on the *Women and Trauma Federal Partners' Committee*. This Committee coordinates and promotes the development of policies and services among federal agencies that effectively support women and girls who have been affected by exposure to trauma. Other participating federal departments and agencies include the Departments of Labor (DOL), Justice (DOJ), Defense (DOD), State, Education (DOE), Agriculture (USDA), Veterans Affairs (VA), and Housing and Urban Development (HUD). As a result of their involvement with this Committee, the RWHCs in Regions II and V conducted trainings on the impact of trauma on women and girls and the principles of trauma-informed care for a diverse group of federal stakeholders.

➤ OWH continues to lead and manage the *Chronic Fatigue Syndrome Advisory Committee* (CFSAC). CFSAC provides science-based advice and recommendations to the HHS Secretary on a broad range of issues and topics pertaining to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) and other related health conditions. Research has shown that ME/CFS is three to four times more common in women than in men, a rate similar to that of autoimmune conditions such as multiple sclerosis and lupus. CFSAC focuses on policy, research, education, and access to care for those with this condition. The Committee includes ex-officio representatives from CDC, FDA, HRSA, NIH, AHRQ, Centers for Medicare & Medicaid Services (CMS), and Social Security Administration (SSA).

In 2014, CFSAC formed two new working groups: the Myalgic Encephalomyelitis/Chronic Fatigue Syndrome Centers of Excellence (COE) Working Group and the Patient Registry Working Group (PRWG). Since many patients with ME/CFS are undertreated, mistreated, or not treated, the COE group is working to identify the components of a comprehensive center for the treatment of ME/CFS patients. The PRWG is documenting the needs for a patient registry and its parameters.

Monitoring HHS Activities

OWH fulfilled the requirements of PHSA section 229(b)(3) to “monitor the Department of Health and Human Services’ offices, agencies, and regional activities regarding women’s health and identify needs regarding the coordination of activities, including intramural and extramural multidisciplinary activities.”

The DASH-WH, who also serves as the Director of OWH, chairs the HHS Coordinating Committee on Women's Health (CCWH). OWH identifies ways to coordinate and expand the Committee's efforts throughout the Department, thus maximizing HHS resources and outcomes for women and girls.

➤ On December 9, 2013, CCWH hosted an historic research symposium designed to help health care providers serve women who have experienced IPV. The *Intimate Partner Violence Screening & Counseling Research Symposium* was an HHS-wide effort co-hosted by ACF, OWH, and NIH. CCWH members facilitated an examination of the current state of science, pinpointed best practices, and identified gaps in existing research that experts need to address to advance the health sector's response to IPV. More than 270 of the country's top clinical researchers, medical practitioners, domestic violence experts, and policy makers attended the symposium. An additional 100 individuals participated online via NIH's videocast, and the symposium is available online for viewing. (<http://www.acf.hhs.gov/programs/fysb/news/nih-ipv-conference>)

➤ OWH has a representative on the *HHS Oral Health Coordinating Committee (OHCC)*. The Committee works to improve the nation's oral health by coordinating and integrating activities among HHS programs. The Chief Dental Officer of the U.S. Public Health Service leads the OHCC, which was established in 1990.

➤ OWH is a representative to the *HHS LGBT Issues Coordinating Committee*. The committee coordinates LGBT (lesbian, gay, bisexual, and transgender)-related policies across the Department and recommends future actions that HHS can take to improve the health and well-being of LGBT individuals. The Committee reports to the Secretary and has carried out 10 priority actions each year to improve LGBT policy, research, and equitable health care.

In 2012, OWH proposed that a two-year study entitled *Healthy Weight for Lesbian and Bisexual Women* be selected by the Committee as one of the 10 priority actions undertaken by HHS that year. The Committee did choose OWH's project to be one of the 10 HHS priority actions to begin in 2012. The study is the final stage of evaluation. Recent data from the National Health Interview Survey show that lesbians and bisexual women are significantly more likely to be overweight and obese than heterosexual women. OWH has funded intervention research to develop model programs to address this issue in California, Missouri, New York, and Washington, DC.

➤ OWH leads the *Federal Women's Health Web Council*, which was established in 2011. Its members represent agencies and offices across the federal government that create and maintain digital women's health information. OWH's leadership of the Council provides opportunities for improving the quality and accessibility of women's digital health information across federal sources.

➤ OWH co-leads the *HHS-Wide Working Group on Human Trafficking* with ACF. The Working Group informed the development of the *Federal Strategic Action Plan on Services to Victims of Human Trafficking in the United States (2013-2017)*. It continues to meet on a

quarterly basis to discuss agency activities that relate to the goals of the plan, share information, and discuss other intra-agency collaborative efforts that cut across the Department. In 2014, ACF and OWH collaborated to develop a training program on human trafficking awareness and identification. As a result, OWH and ACF piloted the SOAR (*Stop. Observe. Ask and Respond.*) Health and Wellness Human Trafficking Training for clinicians and health providers in five sites across the United States.

➤ OWH is an active member of the *Federal Interagency Workgroup on Women and Reentry*. Established in 2012, this Workgroup focuses specifically on incarcerated women who are re-entering communities. OWH has played an integral role in this workgroup by developing a database of federal, state, and local governments, advocates, and service providers committed to improving services to, and outcomes for, incarcerated women. The Workgroup has representation across the agencies of HHS and from HUD, DOJ, DOL, the White House Office of National Drug Control Policy, and the Court Services and Offender Supervision Agency for the District of Columbia.

➤ The Region V RWHC recently completed a multiyear contract designed to foster the development and enhancement of trauma-informed and gender-responsive efforts on behalf of incarcerated women reentering their community following their release. It emphasizes the need to get women enrolled in the Affordable Care Act's Marketplaces upon their release. The resulting document is entitled "Helping Women Reenter: A Guide for Those Helping Women Transition after Incarceration." It will be available in the near future.

➤ OWH co-leads the *HHS Steering Committee on Violence Against Women (VAW)* with ACF. Its mission is to lead HHS in developing a blueprint for a world free from violence against women and girls, integrating the work of each agency into its implementation. This Committee is composed of experts on VAW from agencies and offices within HHS that meet bimonthly to collaborate on VAW issues, identify gaps in program initiatives, and propose strategies and solutions to address these gaps. The Committee also produces an annual report on HHS's VAW programs and activities. Committee members also provide critical guidance as public health experts for the National Advisory Committee on Violence Against Women, which is chartered by DOJ and co-chaired by the U.S. Attorney General and the HHS Secretary.

➤ The Region IX RWHC serves as an active member of the *HHS Workgroup on Asian, Native Hawaiian, and Pacific Islanders Issues (WANHP II)*. The Workgroup was established in 1997 to improve communication, coordination, agency policies, programs, and evaluations that impact the health, health care, human services, and well-being of Asian American, Native Hawaiian, and Pacific Islander communities. In response to a Presidential Executive Order, Workgroup members developed a strategic plan to help increase the participation of these communities in HHS programs and their access to these programs.

➤ In May 2014, Region IX OWH, Office of Minority Health, and Office of Pacific Health compiled and finalized a *Catalogue of Promising Practices which Address Non-Communicable Diseases in the U.S.-Affiliated Pacific Islands*. It highlighted 308 culturally competent campaigns, programs, projects, and initiatives focused on mitigating the epidemic of unhealthy eating, sedentary lifestyles, tobacco use, and binge drinking in women and their families in the

Outer Pacific. The catalogue meets the HHS strategic plan's goal of improving health conditions and access to health care services for Native Hawaiians and Pacific Islanders.

➤ The RWHCs in Regions VI and IX collaborated on an initiative entitled the *Border Women's Health Leadership Institute (BWHLI)*. Its goal was to equip experienced *promotoras de salud* (community health workers) working on both sides of the U.S.-Mexico border to gain the leadership skills needed to achieve their *Healthy Borders 2010* goals. Already trained in public health prevention and education, the BWHLI trained these experienced *promotoras* to take a public health systems approach to chronic diseases and health disparities in their communities. For example, one promotora reduced the injury rate of children in her poor county in a unique way. She obtained and donated child safety seats and partnered with police. Officers installed the seats in vehicles for parents and caregivers who couldn't afford to purchase a safety seat, instead of the police issuing citations to the driver.

In FY 2012, the BWHLI became the *Women's Health Leadership Institute* as the project went national in scope and was no longer limited to the U.S.-Mexico border. In FY 2014, the Institute held two special trainings for community health workers (CHWs) in the Outer Pacific and for community health representatives in Indian country. From FY 2012 to FY 2014, many of the 388 CHWs trained under the WHLI have changed the community systems as a result of their training. For example, some have developed farmers' markets in areas where women had no access to fresh produce or they have converted vacant lots into parks and playgrounds in locations where women had no access to safe places for physical activity.

Coordinating Committee on Women's Health

As noted, OWH has fulfilled the requirements of section 229(b)(4) to "establish a Department of Health and Human Services Coordinating Committee on Women's Health, which shall be chaired by the Deputy Assistant Secretary for Health- Women's Health and composed of senior level representatives from each of the agencies and offices of the Department of Health and Human Services."

In 1983, almost eight years before OWH was established, the ASH appointed the first-ever *Public Health Service (PHS) Task Force on Women's Health Issues* to "identify those women's health issues that are important in our society today and to lay out a blueprint for meshing those issues with the priorities of the Public Health Service." This **Task Force** was the precursor to the CCWH.

After much study, the Public Health Service Task Force issued Volume I of *Women's Health: Report of the Public Health Service Task Force on Women's Health Issues*. It included the Task Force's findings and a series of recommendations for addressing women's health. In response to those recommendations, the Department created the HHS CCWH to facilitate intradepartmental communication. (See **Table 2.**)

Table 2. HHS Coordinating Committee on Women’s Health (CCWH): Vision, Mission, and Objectives	
<i>Vision</i>	All women and girls lead safe and healthy lives.
<i>Mission</i>	Provide Department-wide leadership to address the health, safety, and quality of life of women and girls.
<i>Objectives</i>	<ul style="list-style-type: none"> • Recommend and provide guidance on women’s health policy, programming, and evaluation efforts • Collaborate and coordinate initiatives with federal and non-federal partners • Deliver science-based and culturally competent health information and resources • Identify and develop a coordinated response to emerging issues that affect women’s and girls’ health and well-being

Since the establishment of the predecessor to CCWH in 1984, significant advances have been made that improve the physical and mental health of women in the United States. Along with the U.S. Congress, the White House, and millions of women, health care providers, and researchers, the HHS agencies and offices represented on the Committee have played a key role in these achievements. By working together, access to health care has improved, new programs implemented, new treatments and screening techniques developed or funded, key policy changes executed, lifesaving vaccines approved, landmark reports issued, and much more.

In honor of its 30th anniversary in 2014, the Committee compiled dozens of HHS achievements in women’s health between the years of 1984 and 2014 and highlighted 30 of the most noteworthy in an online interactive timeline. Achievements included improvements in breast cancer screenings, the inclusion of women in clinical trials, the human papillomavirus (HPV) vaccine, and the enactment of the Affordable Care Act. To view this comprehensive list of milestones in women’s health over the last 30 years, see the timeline housed on OWH’s website, where it is available as a PDF and in an interactive web-based format. (<http://womenshealth.gov/about-us/government-in-action/achievements/>)

National Women’s Health Information Center

OWH fulfilled the requirements of PHSA section 229(b)(5) to establish a National Women’s Health Information Center (NWHIC) to “facilitate the exchange of information regarding matters relating to health information, health promotion, preventive health services, research advances, and education in the appropriate use of health care.”

OWH began planning for NWHIC in 1994, when the Internet was still new to people’s homes, and launched the website in 1998. Today OWH offers a comprehensive suite of communication tools under its Digital Strategy to ensure that women and girls have the health information they need on the platforms they are most likely to use.⁸

OWH’s health content is evidence-based, comprehensive, and in plain language, primarily written at the 6th to 8th grade reading level. OWH offers this health content through:

- Two flagship websites: *www.womenshealth.gov* and *www.girlshealth.gov*;
- Social media channels on Twitter and Facebook with over a million followers combined;
- A women’s health information and referral helpline (1-800-994-9662);
- The only national breastfeeding telephone helpline (1-800-994-9662); and
- Consumer health publications in PDF and other print-friendly formats.

The *womenshealth.gov* website is the foundation that anchors OWH’s digital communication efforts. The website provides in-depth, plain-language consumer health information on more than 100 women’s health topics. The Pew Internet & American Life Project⁹ found that a large majority, 86 percent, of women who use the Internet look for health information. In calendar year 2014, there were more than 27 million user sessions on *womenshealth.gov*, and the most popular topics were yeast infections, polycystic ovary syndrome (PCOS), and the menstrual cycle.

Through the *girlshealth.gov* website, OWH addresses the needs of girls, their parents, and teachers. Information on the website helps motivate girls ages 10–16 to choose healthy behaviors by providing them with information on fitness, nutrition, drugs, stress management, relationships, self-esteem, self-harm, peer pressure, and bullying. The website uses an interactive, user-friendly format to keep girls engaged and interested in learning more about their health. *Girlshealth.gov* is the number one Google return when searching for “girls’ health,” and during calendar year 2014, there were more than 1.2 million user sessions.

OWH constantly monitors the performance of *womenshealth.gov* and *girlshealth.gov* through a robust combination of evaluation tools, including Google Analytics and the Foresee American Customer Satisfaction Index (ACSI) survey. The average user satisfaction for the ACSI survey score in 2014 for *womenshealth.gov* and *girlshealth.gov* was 83 (on a scale of 1–100). In 2014, the Foresee ACSI survey also showed that 86 percent of *womenshealth.gov* users were likely to recommend the site to another person. Finally, OWH uses the data from Google Analytics, the Foresee ACSI survey, user feedback, and federal partners to create a feedback loop for continual improvement and refinement for OWH’s websites and digital media.

The next primary component of NWHIC is OWH’s social media channels. OWH was an HHS pioneer in using social media, and specifically Twitter in 2007 and 2008 to communicate

⁸ Digital Government: Building a 21st-century Platform to Better Serve the American People. (<http://www.whitehouse.gov/sites/default/files/omb/egov/digital-government/digital-government.html>). Accessed 1/26/13.

⁹ Pew Internet & American Life Project. Profiles of Health Information Seekers. <http://pewinternet.org/Reports/2011/HealthTopics/Part-2/Women.aspx>. Accessed 2/18/13.

important health messages to women. As a result, OWH enjoys a robust following on Twitter today. At the end of 2014, OWH had more than 840,000 followers of the @womenshealth Twitter channel and more than 513,000 followers of the @girlshealth Twitter channel. They are the second and third most popular Twitter channels, respectively, among all HHS Twitter channels, behind the @CDCemergency channel. OWH is also building an audience on Twitter of Spanish-speakers and bilingual people who are interested in women’s health information. OWH’s @SaludDLaMujer Twitter channel, launched in September 2010, has over 2,300 followers. The number of followers on all OWH social media channels continues to increase, indicating that the content continues to be useful.

In addition to these Twitter channels, OWH has a presence on Facebook with more than 25,000 “likes” on the women’s health Facebook page. Facebook allows for engagement and discussion with the American public, increasing OWH’s ability to positively affect women’s and girls’ health.

In 2014 OWH also launched a new channel on the social network Pinterest. The large majority of Pinterest users are women, and Pinterest allows OWH to share visual and graphic-based content. At present, OWH has almost 300 followers on Pinterest, and OWH shares the visual materials created for both Twitter and Facebook on Pinterest. The government’s *Digital Strategy* discussed the need to meet people wherever they are online, which OWH does by actively participating in these popular social media platforms.

The other major component of NWHIC is the *Information and Referral Helpline* and the *National Breastfeeding Helpline*. The *Information and Referral Helpline* offers a toll-free telephone number for callers at 1-800-994-9662, Monday through Friday, 9 a.m. to 6 p.m., Eastern Standard Time. Trained information and referral specialists answer questions on women’s and girls’ health in English or Spanish. Assistance includes person-to-person responses and referrals to other information or helpful resources. During 2014, the helpline received an average of 1,774 calls per month.

Feedback on womenshealth.gov

“Excellent website, I found exactly what I needed!”

“This website is very user friendly and contains great, easy to read infographics and other resources pertaining to women's health.”

“The public needs to know about this incredible resource! Get the word out!”

“..It has the best explanation of what has been happening to me I have found so far, and that is a tremendous relief. Again, thank you.”

OWH provides the American public with the only national breastfeeding helpline as part of the *Information and Referral Helpline*. All information and referral specialists are also trained breastfeeding peer counselors who provide information, support, and answers to basic breastfeeding questions in English or Spanish. On average, roughly one-third of the telephone calls to the *Information and Referral Helpline* are about breastfeeding.

OWH meets the requirements of PHSA section 229(b)(5)(D) on NWHIC to “provide technical assistance with respect to the exchange of information (including facilitating the development of materials for such technical assistance).”

Feedback on womenshealth.gov: On Breastfeeding

“I love the 'Your Guide to Breastfeeding' booklet. It is excellent, accurate and complete.”

“Excellent and great information for women on breastfeeding!!!!”

“Incredible facts about babies, breast milk, and breastfeeding”

Begun in 2006, *BodyWorks* helps parents and caregivers of girls and boys (ages 9–14) improve family eating and activity habits. *BodyWorks: A Toolkit for Healthy Teens & Strong Families* focuses on the family as the most important environment in which adolescents can learn how to prevent obesity. The program uses a train-the-trainer model to distribute *BodyWorks* toolkits through community-based organizations, state health agencies, non-profit organizations, health clinics, hospitals, and health care systems. At present, OWH provides technical assistance to community health educators who teach the 8-week *BodyWorks* program. OWH’s technical assistance to these educators consists of ongoing webinars; online videos; electronic materials; and person-to-person assistance via email, telephone, and regional advisors. In addition, OWH provides the trainers of the *BodyWorks* toolkits with evaluation data and connects them with more experienced trainers in their geographic area.

More than 3,500 trainers and 3,000 families throughout the country have participated in the program. OWH released the Spanish version of the *BodyWorks* toolkit in the summer of 2009, and 400 Spanish-speaking trainers with at least 400 families have participated in the program. In 2013, OWH funded a comprehensive, multisite program evaluation of *BodyWorks*. Results indicated that program participants showed small but significant increases in physical activity and healthy eating at the end of the eight-week program. Further, changes were largely maintained two months after the program’s conclusion. Data also demonstrated that parents who participated in *BodyWorks* felt more confident about making healthy food choices, exercising, and talking about nutrition and physical activity with their families than the control group of parents who did not participate in the program.

Private-Sector Efforts

OWH has fulfilled the requirements set forth in section 229(b)(6) to “coordinate efforts to promote women’s health programs and policies with the private sector.” As noted above, many of OWH’s efforts include significant collaborations with the public and private sectors to improve the reach, sustainability, and effectiveness of OWH’s efforts, consistent with OWH’s strategic plan. These initiatives highlight OWH’s central convening function between public and private entities. This section describes some of OWH’s outreach to, and partnerships with, the private sector.

➤ In conjunction with the CCWH, OWH developed resources for health care providers on the screening, counseling, and referring of victims of intimate partner violence (IPV). For most private health insurance plans, the Affordable Care Act requires coverage of IPV screening and counseling as a recommended U.S. Preventive Services Task Force (USPSTF) preventive service- with no copayment, no coinsurance, and no deductible.

➤ Because of OWH’s previous and current work promoting the benefits of breastfeeding, DOL sought and received expert advice from OWH on implementing section 4207 of the Affordable Care Act. The “*Nursing Mother’s Breaks Law*” called for an amendment to the Fair Labor Standard Act of 1938. This provision required employers to provide “reasonable” time and space for an employee to express milk for her nursing child, and a private place, other than a bathroom, that is free from intrusion.

To address many of the questions and concerns experienced by employers, in their attempts to implement these time and space provisions, OWH developed a solutions-oriented website, *Supporting Nursing Mothers at Work*, which is accessed through www.womenshealth.gov. Through this website, OWH has compiled a compendium of successful model programs that demonstrate how employers in more than 22 industry groups use innovative methods and strategies to overcome time and space challenges.

➤ OWH developed “*It’s Only Natural, Mother’s Love, Mother’s Milk*,” a national campaign developed to address disparities in breastfeeding, specifically, low rates for African American mothers. OWH is encouraging the campaign’s promotion through its partners, including federal and non-federal organizations such as the U.S. Breastfeeding Committee and Early Head Start. OWH determined the need to promote a more focused campaign in three states with very low rates for all women, but extremely low for African American women. These states are Alabama, Louisiana, and Mississippi. Year one of a two-year contract focused on outreach, which included group interventions, the dissemination of campaign materials and resources, and the training on those tools. Targeted audiences are mothers and families, health care providers, Women and Infant Children (WIC) Clinics, faith leaders, African American fathers’ groups, and traditional and non-traditional community partners. Pilot testing of the program and its evaluation will occur in year two of the contract.

➤ OWH funded the *Health and Wellness Initiative for Women Attending Minority Institutions* program from August 2010 to August 2013. This three-year pilot initiative promoted women’s health programs at eight minority institutions. The initiative comprised two Hispanic-

Serving Institutions, four Historically Black Colleges and Universities, and two Tribal Colleges and Universities. Through the program, these institutions gained the capacity to conduct health promotion activities that were gender-responsive, culturally and linguistically appropriate, and age-appropriate. In these academic environments, the institutions created or expanded policies related to violence, HIV prevention, health services, nutrition, and physical activity.

➤ In 2014, OWH launched *The Affordable Care Act Health Insurance Marketplaces Outreach Initiative*. OWH funded nine grantees who worked with their current coalitions and partners to develop and implement strategies to identify, recruit, and educate hard-to-reach and vulnerable women about the Affordable Care Act, the Marketplaces, and the application and enrollment process. During this one-year effort, the grantees also helped women find an insurance plan that met their needs and the needs of their families. During the Marketplaces' enrollment period that began November 15, 2014, these grantees enrolled approximately 11,600 African American, American Indian, Latina, and homeless women as well as women who had been recently released from the justice system.

➤ OWH continues to collaborate in a public-private partnership with *text4baby*, which was launched in 2010 by the *National Healthy Mothers, Healthy Babies Coalition*. The Coalition created this free mobile information service that provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start in life. OWH is a partner with other HHS agencies in this educational service. OWH offers moms additional healthy pregnancy and breastfeeding information and support through its *womenshealth.gov* website and *National Breastfeeding Helpline*.

➤ The *Healthy Babies, Healthy Moms, Healthy Communities (H3) Coalition* is composed of various organizations that want a coordinated and community-driven approach to reducing infant mortality in the Fort Worth, Texas area. Coordinated by the Region VI RWHC, member organizations include representatives from state and local government, clergy, service agencies, academia and education, public health, health care systems, and business. Among other goals, H3 works to build collaborations between existing and new stakeholders; assess the awareness and understanding of infant mortality among the most severely affected community residents; establish methods of communicating with residents; and establish plans to identify, create, and implement steps to reduce infant mortality rates. This coalition's work is ongoing, and the Region VI RWHC continues to support efforts to reduce infant mortality.

➤ Throughout the Affordable Care Act's first enrollment period in 2013-2014, the Region II RWHC participated in the *Affordable Care Act New Jersey Healthcare Marketplaces Workgroup*. This Workgroup, which included CMS, developed strategies for outreach, education, and enrollment activities targeting key stakeholders. In this case, stakeholders included women, college students, and racially and ethnically diverse communities of New Jersey.

➤ The Region III RWHC co-leads with CDC the *Regional Interagency Taskforce on Human Trafficking*, which was established in 2014 by ACF. Its mission is to educate the public to recognize the signs of human trafficking and avoid becoming a victim themselves. Taskforce partners are HHS Office of Population Affairs, ACF's Regional Office, HRSA's Regional

Office, HRSA's Maternal Child Health Bureau, Department of Education (DOE), and the Federal Bureau of Investigation (FBI). During 2014, the Taskforce partnered with the City of Philadelphia's Department of Public Health's (PDPH) STD screening program for high school students. This program conducts gonorrhea and chlamydia screenings in most of the public high schools in Philadelphia.

Since the beginning of the 2014/2015 school year, students were given information on sex trafficking following their STD screening. More than 3,000 students have participated. At present, the Taskforce is in discussions with the Washington, DC, and Baltimore health departments to educate high school students on sex trafficking at the same time they screen students for STDs or through the distribution of educational materials in the health department's health centers.

➤ The Region VI RWHC collaborated with DOL's Women's Bureau in support of two *Older Women's Coalitions* being formed, one in Dallas County and the other in Tarrant County. Members of the coalitions include community-based organizations that will serve women over 50 years of age through employment opportunities, training, and other social services. The RWHC provides the coalitions with information regarding the Affordable Care Act and other health-related topics. The coalitions provide a forum for discussion, offer resources, share information, and explore opportunities to affect policy. This partnership between DOL's Women's Bureau and the Region VI RWHC will be ongoing.

➤ The Region VII RWHC awarded 49 grants to faith- and community-based organizations and universities to promote girls and women's health throughout that region. Awardees will use the contracts to promote breastfeeding; raise awareness about women's risk for heart disease, HIV/AIDS, and violence; encourage attendance at events during *National Women's Health Week*; and focus on the health of older women.

➤ Region II and CMS partnered to conduct a webinar entitled *The Affordable Care Act and Health Insurance Marketplaces: What Health & Human Service Organizations Need to Know*. The Region II RWHC served as a lead planner for the webinar and provided an overview of the Affordable Care Act and the Health Insurance Marketplaces. Included in her presentation was information on the impact of the Affordable Care Act and the Health Insurance Marketplaces on state and community partners that were addressing issues in women's health, family planning, minority health, and HIV/AIDS.

➤ The Region VII RWHC hosted meetings with the Kansas City Health Department and faith- and community-based organizations to discuss how they could collaborate to encourage churches to change their policies on health and nutrition. Participants included the HIV/AIDS Regional Resource Network, the University of Missouri-Kansas City, the American Heart Association, and Memorial International Church. As a result of these meetings, several churches and community organizations are offering healthier food options at their events. These efforts are ongoing.

➤ The Region VII RWHC collaborated with 18 area floral shops and two churches to distribute 3” x 5” cards printed with health messages for the *2014 National Women’s Health Week*. The cards encouraged women to eat nine fruits and vegetables per day; incorporate 30 to 90 minutes of physical activity into their daily routines; know their blood pressure, glucose, and cholesterol levels as well as body mass index (BMI); decrease the amount of salt and fat in their diets; and get annual medical, dental, and vision screenings as well as mammograms and Pap smears.

➤ The Region X RWHC collaborated with a local community-based organization—the Hope Heart Institute—to display *Red Dresses* from the HHS Heart Truth campaign. The *Red Dress* is the national symbol for women and heart disease awareness, and it serves to remind them of the campaign’s message: "Heart Disease Doesn't Care What You Wear—It's the #1 Killer of Women." Two Seattle-area shopping malls as well as nine locations of a local beauty salon chain displayed the dresses during the *2013 National Women’s Health Week*. The collaboration also organized four separate special events to display the dresses and educate women on ways to reduce their risk for heart disease. The displays and events reached approximately 500 people.

Exchange of Information

As previously noted, OWH fulfilled the requirements of section 229(b)(7) “through publications and any other means appropriate, provide for the exchange of information between the Office and recipients of grants, contracts, and agreements...and between the Office and health professionals and the general public.” This exchange of information supports OWH’s goals two and three.

➤ In 2013, OWH worked with CMS to target women, particularly mothers of young, uninsured adults, to encourage their families and other loved ones to enroll in health insurance under the Affordable Care Act. To help raise awareness about the Health Insurance Marketplaces, OWH and CMS created and promoted a television advertisement targeting moms of these young uninsured adults. This population of young adults, particularly males, views their moms, wives, girlfriends, and sisters as trusted sources of health information. In the winter of 2014, the advertisement aired on national cable networks that target women ages 35–64.

➤ In 2014, OWH targeted its outreach to uninsured, young women (ages 18-34) to encourage them to enroll in health insurance under the Affordable Care Act. OWH and CMS worked together to develop a *Young Women’s Preventive Benefits Campaign*. It educated young women about the certain recommended preventive services available without cost sharing through most health insurance plans or insurance policies. The campaign encouraged them to enroll in a plan, so they could take advantage of these benefits. The campaign used online paid media advertisements on Google and Facebook, online video such as Hulu and YouTube, and online magazines. In addition, the campaign used earned media in women’s magazines, websites, daily newsletters, and ethnic publications to garner coverage in the form of blog posts, feature articles, and op-eds. The campaign encouraged ads were complementary to CMS’ larger outreach effort.

► Heart disease is the leading cause of death for American women. OWH launched the *Make the Call, Don't Miss a Beat* campaign in February 2011 to inform women of the seven symptoms of a heart attack and the need to call 9-1-1 immediately. The three-year campaign included circulating television, radio, print, internet, and outdoor Public Service Announcements (PSAs) in both Spanish and English nationwide. The total campaign earned more than \$43 million of donated media. The campaign ended in 2013.

In 2014–2015, OWH evaluated the campaign. For the first time, the National Emergency Medical Services Information System will provide data for this purpose. OWH will use their information in the evaluation and analysis that is currently underway. Heart attack symptoms reported by callers to 9-1-1 and emergency medical technicians (EMTs) was tracked before the campaign (2009-2010), during the campaign (2011-2013), and after the campaign (2014).

Make the Call, Don't Miss a Beat Campaign

A year after the *Make the Call* campaign launched, an American Heart Association survey showed awareness of atypical signs of a heart attack such as nausea was greater in 2012 compared with 1997.

When asked what they would do **first** if they thought they were experiencing signs of a heart attack, 65 percent of women in 2012 reported they would call 9-1-1, compared with 53 percent in 2009. (This question was not asked in 1997.)

When asked what they would do **first** if they thought someone else was experiencing signs of a heart attack, 81 percent of women reported they would call 9-1-1.

(Source: *Circulation*. 2013; 127: 1254-1263)

► The Region III RWHC convened a webinar on *Environmental Preconception Health* in March 2014. HRSA, the Environmental Protection Agency (EPA), and CDC were partners in this effort. The webinar provided the latest information about the environment's influence on reproductive health outcomes and how to identify common health risks to primary care and reproductive clinicians. It also helped participants develop practical strategies for addressing these health issues with their patients.

► The Region V RWHC hosted the *Healthier Pregnancy: Tools and Techniques to Best Provide Affordable Care Act- Covered Preventive Services* event in partnership with HRSA, SAMHSA, and the Ohio State University College of Public Health. This 2014 event reached 2,761 registered participants both in person and via webcast. The event targeted health care providers and administrators working in pre- and perinatal care settings, which included integrated care teams, behavioral health centers, community-based and social service organizations, case managers, and providers of the Special Supplemental Nutrition Program for WIC.

➤ The Region III RWHC convened a two-day workshop for HHS-funded training and technical assistance centers (TTACs) throughout the region: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. The workshop was entitled *Affordable Care Act Outreach and Enrollment: Training of Trainers*. It provided participants with the skills necessary to develop their own training tools and resources, which they would then use when they trained their own constituents. Participants included community health centers, health departments, hospitals, and community-based organizations. In collaboration with HRSA Region III, the Region III RWHC hosted the workshop, which Enroll America facilitated.

➤ The Region V RWHC and SAMHSA led the *Everyone Plays a Role in Suicide Prevention* digital event in the summer of 2013. This innovative event, organized in collaboration with ACF, HRSA, ACL, and CMS, supported the formation of echo sites, or community-organized gatherings. Following the model of a relay race, the live, interactive webcast transitioned between national experts and individuals with lived experience. After the webcast, host organizations led discussions on how to develop action plans specific to participants' work setting. One hundred thirty-three simultaneously running echo sites hosted more than 1,400 in-person participants and thousands more via webcast. Social media was a critical part of the event's efforts. In recognition of its innovative format and significant reach, collaborators for this digital event received the HHS Secretary's *Innovates People's Choice Award*.

➤ The Region X RWHC coordinated events in FY 2013 and in FY 2014 that promoted the health of Latinas. *Improving the Health and Well-being of Latinas: Tools and Resources for Public Health and Social Service Providers* was held in Washington. Approximately 275 participants listened to presentations on the Affordable Care Act and Health Insurance Marketplaces, specific health conditions and diseases, the impact of health disparities on Latinas, Culturally & Linguistically Appropriate Standards (CLAS), and resources available in these communities. The audience consisted of public health and social service providers who work with Hispanic women/Latinas, including CHWs, lay health workers, case managers, and community health educators.

➤ The Region X RWHC, in partnership with CMS Region X, collaborated with AARP, the Heart Health Institute, and the Washington Dental Service Foundation to host a tele-town hall event on older women's health during the 2013 *National Women's Health Week*. The tele-town hall reached 13,000 older women in Washington State and addressed topics such as the Affordable Care Act, heart disease in women, and oral health.

➤ The Region IV RWHC convened the *Women's Health Across the Lifespan: An Agenda-Setting Workshop* in 2014. The Regional Director of HHS Region IV presented on the Affordable Care Act's implementation in that region. Representatives from the region's state health department presented comprehensive overviews of women's health programming in their states. This interagency event included the VA; Nashville Area Indian Health Services; DOL's Women's Bureau; CMS; CDC's Office of Women's Health and Division of Nutrition, Physical Activity and Obesity; and ACF.

➤ In March 2014, the Region VIII RWHC partnered with the Mountain Plains Region of USDA's Food and Nutrition Service to present three webinars targeting WIC programs and

Maternal and Child Health programs across the nation. These webinars focused on the important role of these programs in reducing the spread of HIV in women and girls as well as in supporting and caring for those who are HIV-positive. Approximately 450 representatives from WIC offices across the country participated in these events.

➤ The Region I RWHC led and presented on a panel session entitled *Domestic Violence and Elder Abuse: Educating and Engaging Dental Professionals* at the American Dental Education Association's meeting in March 2014. The panel addressed oral health professionals' role in screening and referring patients for intimate partner violence, which is one of the covered recommended preventive services with no cost sharing authorized by the Affordable Care Act, and the importance of trauma-informed care. Panelists included dental faculty presenting on elder abuse, states' legal requirements for screening and referral, and implementing a residency-based dental program to provide dental services in a domestic violence shelter. Partners were the Boston University School of Dentistry - Geriatric Program, the University of Nevada Las Vegas School of Dentistry, the Indiana University School of Dentistry, and the University of Buffalo School of Dentistry.

➤ In September 2013 and 2014, the Region VIII RWHC supported the *Colorado Women Veterans Conference*. Approximately 500 women veterans attended. The RWHC provided information on women's health, the Affordable Care Act, and the recommended preventive services for women.

Translating Research and Best Practices

Programs developed by OWH translate research and best practices into usable actions that improve the health of women and girls. This credible, non-biased, accurate information reaches the general public, academicians, health professionals, state and local agencies, and others through various avenues. Examples of current projects that support this objective follow.

➤ OWH's *Coalition for a Healthier Community (CHC)* provides support to communities to implement evidence-based, gender-specific programs that address health issues identified by the community. Phase 1, or the planning phase, of this cooperative agreement began in 2010. Sixteen coalitions of local, regional, and national organizations; academic institutions; and public health departments across the country were selected. They were required to 1) conduct an assessment by the community to determine which health issues have a major adverse impact on the health of women and girls; and 2) to develop a strategic action plan that addressed the identified issues.

Phase 2 began in September 2011 and continues to date. Ten of the original 16 grantees were selected to implement their five-year strategic plans, which have goals and objectives linked to *Healthy People 2020*. By 2014, three years into the program, CHC grantees have achieved important successes in developing and influencing policies and in sustaining their interventions. They have facilitated roughly 40 policy changes at the local and state level. For example, Drexel University created the Office of Urban Health, Equity, Education and Research. It promotes gender equity in medical evaluation and supports those programs for health professional students and physicians at Hahnemann Hospital and throughout the region.

In 2015, OWH's CHC initiative was featured in a special issue of the international journal *Evaluation and Program Planning*. It focused on the role that gender-based approaches in public health policies play in addressing barriers to women's health in the U.S. Using the CHC initiative as a basis for analysis, the publication addressed how community health policies can be improved by implementing gender-based health care programs. Articles in the special issue presented findings on coalition forming, gender-based analyses, health outcomes, and program development and implementation.¹⁰

➤ OWH launched Phase 1 of *Project Connect: A Coordinated Public Health Initiative to Prevent Domestic and Sexual Violence* in 2010. Project Connect is a national initiative that focuses on training health care providers working in adolescent health, reproductive health, and other public health settings, so they can better respond to sexual and intimate partner violence. OWH identified and partnered with statewide and tribal teams to identify, respond to, and prevent these types of violence against women and children. The project has trained more than 3,000 adolescent, reproductive, and perinatal health providers in eight states and two tribes. Collaborating with OWH were ACF and Futures Without Violence, the national technical assistance provider.

Phase 2 of *Project Connect* began in 2012 and continues to date. The project expanded into six new states and five new health sites operated by and serving Native Americans/Alaskan Natives and Asian Pacific Islanders. Both phases of Project Connect have trained more than 7,000 health care providers to assess for, and respond to, sexual and intimate partner violence in more than 80 clinical settings serving more than 400,000 patients. Project Connect funding stems from health provisions in the Violence Against Women Reauthorization Act of 2005.

➤ OWH developed the *National Survey of Primary Care Physicians on Oral Health*, in consultation with an Oral Health Advisory Committee. It was mailed to approximately 1,000 internal medicine and family medicine physicians between February and June 2013. The survey solicited information on physician knowledge, attitudes, professional experience, and referrals regarding oral health. Focus areas included how physicians' training in oral health is associated with their knowledge of oral health as well as primary care physicians' perception of their role in identifying signs of oral disease. OWH received descriptive data generated by the survey.

➤ In 2013, OWH provided funds to the Administration for Community Living (ACL) for a three-year project entitled *Creating the Foundation for National Replication of Community-Based Oral Health Programs for Older Adults*. Nearly one-third of older adults have untreated tooth decay and many have severe gum disease. Severe gum disease is associated with chronic and serious health conditions, including diabetes, heart disease, stroke, and respiratory disease. The purpose of the initiative is to identify and promote vetted, low-cost, community-based oral health services for older adults. OWH and ACL will assess the existing fragmentation across federal programs, which results in a lack of oral health prevention and treatment services for older adults. In addition, a "how-to" *Community Guide to Adult Dental Program*

¹⁰ Walker, E. M. and Alexander, S. (2015). Gender-based health interventions in the United States: Issues in evaluation and program planning. *Evaluation and Program Planning*. Vol. 51, 1–88.

Implementation for communities interested in starting an oral health program for older adults will be developed and disseminated.

➤ OWH provided funds to ACL on another oral health initiative for older adults. The initiative, completed in 2014, supported the promotion of an electronic *Oral Health Mapping Tool*. This tool highlights referral sources for oral health care providers who can serve as a safety net. This cross-federal initiative involved ACL, HRSA, National Institute of Dental and Craniofacial Research (NIDCR), and OWH. OWH's support funded the development of select educational materials for older adults and caregivers, which will be pre-tested and, once approved, will be available mid-2015. The initiative will widely promote and disseminate the educational materials to senior centers, Area Aging and Disability Resource Centers, congregate meal sites, ombudsman programs, National Family Caregiver Support Programs, and long-term care facilities.

➤ The RWHCs for Regions IV, VI, and VII convened a two-day training for their specific geographic areas, which was entitled *A Public Health Response to Trauma: Creating Conditions, Connection and Community for Women and their Children*. OWH developed the curriculum in conjunction with experts in the field of trauma-informed care, a national working group, and an advisory board. It provided information, tools, and strategies for training the staffs of community-service agencies on how to recognize and facilitate healing from trauma. Participants developed action plans for implementing trauma-informed care strategies for their organizations.

➤ The RWHCs continued their work through 2014 on the project *Incarcerated Women and Girls: Piloting a Framework of Model Recommendations for Transitioning and Reentry into the Community*. Region V's RWHC led the initiative to develop a best-practices model and then a set of recommendations for providing gender-specific services that met the unique needs of women re-entering the community after release from prison and jail. The recommendations are targeted toward health and social services providers and address the social, emotional, psychological, and physical challenges often impeding a woman's transition back into the community. Incarcerated women are one of the most marginalized and at-risk group of individuals due to exposure to violence, substance abuse, high-risk sexual behavior, and exposure to trauma, among other factors.

➤ The Region V RWHC has completed the first year of a four-year project to produce and implement *Trauma-Informed Care Training for Healthcare Providers: Online Clinical Cases*. The online interactive clinical cases will assist physicians, advanced practice nurses, and physician assistants in acquiring the knowledge and skills required to interact effectively with patients with both disclosed and undisclosed trauma, particularly women and girls. Expected results include improved patient-provider relationships, patients' engagement in care, and preventing re-traumatization. Completed online clinical cases result in continuing medical education (CME) credits and will reach a large audience of health care providers. They include content relevant to the Affordable Care Act, including the recommendations made by the USPSTF on clinical preventive services.

➤ The Region V RWHC began training the following groups on the impact of traumatic exposure and the principles of trauma-informed care: HRSA's *Healthy Start* project officers,

division staff, and the Maternal and Child Health Bureau's (MCHB) Division of Home Visiting and Early Childhood Systems. The *Healthy Start* initiative works to prevent infant mortality in 87 communities with infant mortality rates at least 1.5 times the national average and with high rates of low birthweight, preterm birth, maternal mortality, and maternal morbidity (serious medical conditions resulting from or aggravated by pregnancy and delivery). *Healthy Start* communities are among the nation's poorest, and *Healthy Start* families frequently struggle to meet their most basic needs.¹¹

➤ Recognizing the critical role that health care providers play in the early diagnosis of lupus, Congress directed OWH and the Office of Minority Health (OMH) in 2009 to develop a curriculum to help ensure that health care providers recognize and understand this complex and difficult-to-diagnose illness. OMH and OWH launched this curriculum in May 2013 in partnership with the American College of Rheumatology and Office of the Surgeon General (OSG).

➤ In September 2014, OWH completed its *National Training Initiative on Trauma Informed Care for Community-Based Providers from Diverse Service Systems*. Through a two-day training, the initiative educated service providers from diverse sectors on how to recognize the impact of traumatic experiences on their patients and clients. The initiative also assisted service providers in assessing trauma, recognizing the impact of gender on the trauma experience. OWH also provided post-training technical assistance to support community-based organizations in four OWH Regions. The training and technical assistance reached 103 participants across 22 organizations. Participants in each region included between four to six organizations represented by up to five staff that held diverse roles within the organization ranging from direct practice to leadership positions.

➤ Led by the Region V RWHC, more than 75 presentations on *Exposure to Traumatic Events: What You Need to Know to Improve Patient Care* have been given across HHS Region V. These educational sessions emphasize the importance of understanding the gender-specific aspects of women's experience of, and response to, traumatic events. These presentations have reached more than 2,500 health and social service providers. Content includes the prevalence of traumatic events in society; the physical, psychological, and social consequences associated with traumatic events; and the effect of interactions with health care personnel on survivors.

➤ OWH is funding the *Coordinating Center for Healthy Weight in Lesbian and Bisexual (LB) Women: Striving for a Healthy Community* from 2013 to 2015. Its purpose is to combine and evaluate intervention data across eight cities. The 12- to 16-week group interventions reached more than 450 women. Trainers have focused on active learning related to nutrition, physical activity and movement, mindfulness, and stress reduction. Preliminary results from the intervention data show a significant decrease in patients' waist circumference and indicators of increased physical activity. After the final results are published, model interventions for best dealing with overweight and obesity issues in LB women will be disseminated to community-based health programs nationwide.

¹¹ *Healthy Start*, HRSA – Maternal and Child Health (MCHB), <http://mchb.hrsa.gov/programs/healthystart/>, accessed Nov. 24, 2014.

In two of the sites, OWH conducted community-level interventions. These sessions trained family practitioners, nurses, obstetricians, gynecologists, internists, and nurse practitioners in culturally competent ways to approach LB clients who are overweight or obese. Based on the findings, OWH will develop and distribute a joint curriculum nationwide, including to LGBT clinical centers and members of the Gay and Lesbian Medical Association.

Public Awareness Activities

OWH works closely with other offices and agencies to highlight the needs of specific populations through public awareness activities that focus on designated days or weeks in the year.

➤ *National Women's Health Week* (NWHW) is an annual health observance held every May and led by OWH. The goal is to empower women to make their health a priority. NWHW emphasizes five prevention steps to improve one's physical and mental health:

1. Visit a health care professional to receive regular checkups and preventive screenings.
2. Get active.
3. Eat healthy.
4. Pay attention to mental health, including getting enough sleep and managing stress.
5. Avoid unhealthy behaviors, such as smoking, texting while driving, and not wearing a seatbelt or bicycle helmet.

In honor of the 2013 *National Women's Health Week*:

- The President issued the fourth Presidential Proclamation for NWHW.
- Nearly 800 stories about NWHW appeared.
- The infographic entitled *The Affordable Care Act: Addressing the unique health needs of women* was the #1 piece of content OWH shared on Facebook in 2013. The infographic was clicked on 30,064 times to view it and shared 2,069 times. (See the infographic in Appendix I.)
- Former Secretary Sebelius issued a statement on NWHW, which included OWH's infographic. She recorded a special message to moms, in partnership with MomsRising, an organization of more than one million persons working to achieve security for all U.S. moms, women, and families. The Secretary also wrote a blog for *Women's Health* magazine and participated in her first Twitterchat, hosted by OWH's @womenshealth.
- From May 1–18, a total of 14,839 Tweets about NWHW were sent from 8,182 users. These Tweets reached 14,130,372 people, for a total of 156,821,919 impressions. (*Impressions* signify how many people are reached by these tweets, including the number of times the tweets are being “retweeted,” or shared.)

In honor of the 2014 *National Women's Health Week*:

- The President issued the fifth Presidential Proclamation for NWHW.
- Nearly 800 media stories about NWHW appeared.
- OWH posted a series of infographics on its website for NWHW that covered the five prevention steps highlighted above.
- Former Secretary Sebelius published a statement on NWHW.
- More than 1,800 women pledged to be a well woman, which is a commitment to being as healthy as they can and taking steps to improve their physical and mental health.
- 354 people and organizations supported OWH's Thunderclap, which reached nearly 1.5 million people through social media. (*Thunderclap* is a web-based platform that sends synchronized social media posts on Facebook, Twitter, and Tumblr.)
- More than 13,000 unique Twitter accounts contributed more than 28,000 tweets in support of NWHW.

In honor of the 2015 *National Women's Health Week*:

- The President issued the sixth Presidential Proclamation for NWHW.
- About 52,000 visits to the website were made by approximately 40,500 unique visitors.
- 25 national organizations helped support and promote NWHW.
- 14 ambassadors – celebrities, athletes, and entrepreneurs who are champions for women's health issues – helped promote NWHW and its messages to a wide range of fans.
- Newspapers, magazines, television and radio stations, websites, blogs, and wire services across the country ran stories, generating a total of 1,012,925,265 media impressions.
- From April 15, 2015 – May 31, 2015, a total of 34,689 tweets about NWHW were sent from 20,298 users, reaching 63,942,846 people for a total of 486,382,907 impressions.

➤ *National Women's and Girls' HIV/AIDS Awareness Day* (NWGHAAD) is observed across the country every March 10. This event raises awareness of the disease's impact on women and girls, shares facts about HIV/AIDS, and asks participants to take action in various ways, including getting tested and providing services to those living with the disease. OWH coordinates NWGHAAD, and its partners promote the observance in communities across the nation. The RWHCs promote NWGHAAD at the regional and state level by coordinating events with community- and faith-based organizations, thus increasing awareness of the disease among high-risk populations. In 2015 OWH partnered with the Surgeon General and the DC Mayor's Office to establish an awareness walk and rally to celebrate NWGHAAD.

National Women's and Girls' HIV/AIDS Awareness Day

*"Thanks for social media campaign ideas and resources for Women & Girls HIV/AIDS Awareness Day. Very clear messaging that we can pass on to our patients and population"---
A comment from a visitor to OWH's womenshealth.gov website, 2014*

Reporting

OWH has fulfilled the requirements set forth in PHSA section 229(d) that “the Secretary shall prepare and submit to the appropriate committees of Congress a report describing the activities carried out under this section during the period for which the report is being prepared.” OWH has assisted the Secretary in preparing and submitting this report to the appropriate committees of Congress not later than three years after the date of enactment of the Affordable Care Act.

Transfer of Functions

OWH has fulfilled the requirements set forth in PHSA section 229(e)(2): “There are transferred to the Office on Women’s Health (established under section 229 of the Public Health Service Act, as added by this section), all functions exercised by the Office on Women’s Health of the Public Health Service prior to the date of enactment of this section.”

Agency for Healthcare Research and Quality (AHRQ) **Office of Women’s Health and Gender-Based Research**

The following sections describe the specific requirements in section 3509 of the Affordable Care Act related to the Agency for Healthcare Research and Quality (AHRQ) (amending Title IX of the Public Health Service Act [42 U.S.C.299 et seq.]).

Establishment of an Office (Sec. 925(a))

AHRQ continues to fulfill the requirements set forth in section 925(a) of the Public Health Service Act, which mandates the establishment of an Office of Women’s Health and Gender-Based Research, headed by a Director who is appointed by the Director of AHRQ. AHRQ’s Office of Women’s Health and Gender Research is housed in the Office of Priority Populations, which was originally established through the Agency’s authorizing legislation in 1999. The Office of Priority Populations is responsible for maintaining the Agency’s focus on the health care of all priority populations, including women and minorities; inner-city, rural and frontier areas; low- income groups; children; the elderly; and individuals with special health care needs, including those with disabilities and in need of chronic or end-of-life health care.

Report on Current Level of Activities

In fulfillment of the requirements of section 925(b)(1), publications during the reporting period have included the annual *National Healthcare Disparities Report*, *National Healthcare Quality Report*, and an annual budgeting report, all of which contained information specific to women’s health.

Two individual research grants were funded by AHRQ focused on

- 1) “Eliminating Preventable Perinatal Injuries and Reducing Malpractice Claims and Complications,” an R18 funding mechanism; and
- 2) “Safety in Childbirth: Estimating Benefits of Risk Appropriate Obstetrical Care,” an R01 funding mechanism.

Furthermore, the Patient-Centered Outcomes Research Institute (PCORI) and AHRQ are collaborating on a multi-institutional, five-year, \$20-million project to evaluate the effectiveness of different treatment strategies for women with uterine fibroids.

Women’s Health-Related Goals and Objectives

AHRQ continues to fulfill the requirements of section 925(b)(2) to establish short-range and long-range goals and objectives within the Agency and to coordinate with other appropriate agencies and offices on activities for issues of particular concern to women. The Priority Populations staff has established networks within the Agency in order to more frequently communicate across the Agency’s offices and centers regarding activities related to women’s health.

AHRQ has fulfilled the requirements of section 925(b)(3). The Office of Women’s Health and Gender Research regularly networks and collaborates with agency research portfolios to maximize women’s health and gender research perspectives. Examples follow.

Women’s Health Projects

- The Medical Expenditure Panel Survey (MEPS) is a nationally representative survey managed by AHRQ that is designed to provide annual national estimates of the health care use, medical expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. In addition to collecting data to support annual estimates for a variety of measures related to health care use and expenditures, the MEPS provides estimates of measures related to health status, demographic characteristics, employment, and access to health care.

All of the standard MEPS tables and nearly all of the empirical analyses conducted using the data use sex as a primary control variable. Thus, most MEPS-based analyses are related at least to some extent to women’s health issues. A direct example is the 2014 MEPS statistical brief titled “Changes in Osteoporosis Medication Use and Expenditures among Women (Age ≥ 50), United States, 2000 to 2011.” Other examples of MEPS statistical briefs, datasets, summary data tables, and research papers, along with more detailed information about the survey, can be accessed through the MEPS website at www.meps.ahrq.gov.

AHRQ’s Office of Women’s Health and Gender Research is co-leading a multiyear, \$3-million project with the Center for Quality Improvement and Patient Safety that is focused on perinatal safety. The goal of the *Safety Program for Perinatal Care* (SPPC) is to decrease maternal and neonatal adverse events and improve patient safety, team communication, and quality of care within labor and delivery (L&D) units. At present, these units have been recruited and the program is currently being implemented. Data collection and technical assistance is ongoing through 2016.

The program is based on the AHRQ Comprehensive Unit-based Safety Program (CUSP) Framework (<http://www.ahrq.gov/professionals/education/curriculum-tools/cusptoolkit/index.html>). CUSP is designed to improve the foundation of how physicians, nurses, and other clinical team members at the unit level work together by building the capacity to address safety issues and combining clinical best practices and the science of safety. In addition, a federal partner workgroup was established and conveyed to support AHRQ’s perinatal safety project, which included CDC, NICHD, HRSA’s MCHB, and CMS, among others.

Consultation with Women’s Health Professionals

- In 2015, the Office for Women’s Health and Gender Research consulted with workgroups that support the *National Healthcare Quality and Disparities Reports*, the USPSTF, and the AcademyHealth Gender and Health Special Interest Group.

- The office is serving as an expert on HRSA's *Alliance for Innovation on Maternal Health: Improving Maternal Health and Safety*. The office is collaborating with the National Council on Patient Safety in Women's Health Care to coordinate and enhance initiatives to improve perinatal safety.
- AHRQ has also provided technical consultation to the March of Dimes, the American College of Obstetricians and Gynecologists, the American Nurses Association, HRSA's Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality, HRSA's Healthy Start initiative, the Secretary's Advisory Committee on Infant Mortality, the Office of Communications and Knowledge Transfer, and individual contractors and grantees. Collectively, these collaborations allow for targeted dissemination and outreach efforts to key stakeholders.

CCWH Membership

AHRQ's Office of Women's Health and Gender Research has fulfilled the requirements set forth in section 925(b)(5) by serving as an active and responsive representative on CCWH.

Centers for Disease Control and Prevention (CDC) **Office of Women’s Health**

The following sections describe the specific requirements in section 3509 of the Affordable Care Act related to the Centers for Disease Control and Prevention (amending Part A of Title III of the Public Health Service Act [42 U.S.C. §241 et seq.]).

Establishment of an Office

CDC’s Office of Women’s Health was established in 1994 within the Office of the Director as a free-standing office. CDC thereby already had fulfilled the requirement in section 310A(a) under section 3509 [amending 42 U.S.C. §242(s)] by having an existing Office on Women’s Health. CDC relocated the Office of Women’s Health within the Office of the Associate Director for Program in the Office of the Director. In 2013, CDC relocated the Office of Women’s Health within the Office of Minority Health and Health Equity within the Office of the Director.

Report on Current Level of Activities

CDC OWH continues to monitor the agency’s activities that focus on the health and safety of women and girls at every stage of life. Updates are provided to the agency and to external audiences through meetings, documents, and online.

Women’s Health-Related Goals and Objectives

With the Office of Minority Health and Health Equity, CDC OWH developed a strategic plan which includes a goal and three objectives (preventive services for women, six priority public health issues to improve health outcomes for women, and promoting STEM careers for women and girls). CDC programs and agency short- and long-range goals and objectives also support the health and safety of women and girls, and selected subpopulations of women and girls. The goals and objectives focus on disease-specific issues, research, disease surveillance, training, preventive screenings and services, health education/promotion, health policies, and disease prevention guidelines and recommendations.

ADOLESCENT HEALTH

Girls’ Health

A cadre of initiatives, including Community Transformation Grants, Racial and Ethnic Approaches to Community Health, and Partnerships to Improve Community Health, are implementing community-level strategies to improve women’s and girls’ health.

Teen Pregnancy

CDC works with communities, states, and national organizations to identify underserved populations at risk for teen pregnancy, identify teen pregnancy risk factors, and advance strategies based on applied research to reduce teen pregnancy. As part of the President's Teen Pregnancy Prevention Initiative, and in collaboration with other HHS operating divisions, CDC provides scientific and programmatic assistance to nine state- and community-based organizations to evaluate the impact of a multi-component, community-level effort to reduce teen birth rates in 10 targeted communities.

Youth Risk Behavior Surveillance System (YRBSS)

The YRBSS collects and analyzes data of six types of health-risk behaviors among youth in order to assist states/territories/tribes—as well as the nation—monitor their prevalence as well the effect of public health and health care interventions. The risk behaviors contribute to the leading causes of death and disability among youth and adults, including those that contribute to unintentional injuries and violence; unintended pregnancy and sexually transmitted diseases (including HIV); alcohol, tobacco, and other drug use; unhealthy dietary behaviors; and inadequate physical activity. YRBS is conducted biennially and includes representative samples of students by sex in grades 9–12.

Improving Sexual Health

Girls and women are at disproportionate risk for nearly all sexually related diseases as well as the negative consequences of having children before physical and cognitive maturity. Through a five-year cooperative agreement (FY 2013–2018), CDC supports the education agencies of 19 states and 17 districts (including Washington, DC) to prevent STDs and teen pregnancy by improving their sexual health education programs and increasing access to sexual health services recommended by the USPSTF.

BIRTH DEFECTS AND DISABILITIES

National Birth Defects Prevention Study: Identifying Modifiable Risk Factors for Adverse Reproductive Outcomes

The National Birth Defects Prevention Study (NBDPS) examines potential risk factors for adverse reproductive outcomes. Interviewing began on October 1, 1997, and was completed for births through 2011, and researchers continue to analyze this rich source of information on birth defects. Understanding the risks and causes of birth defects can help us prevent them. This study provides important clues to help us in our journey to ensure that every child is born in the best possible health.

Birth Defects Study to Evaluate Pregnancy Exposures (BD-STEPS)

BD-STEPS builds upon the foundation of birth defects research from the NBDPS. This new study examines findings from the NBDPS and follows up on leads to understand more about what causes birth defects and how to prevent them. BD-STEPS began collecting data on children born on or after January 1, 2014. Results from BD-STEPS will provide women and their health care providers with information on risk factors that a woman may be able to change and the impact of prevention efforts.

Treating for Two: Safe Medication Use in Pregnancy

CDC launched the Treating for Two: Safer Medication Use in Pregnancy initiative in January 2012, which aims to prevent birth defects and improve the health of women by identifying the safest treatment options for managing common conditions before and during pregnancy and during the childbearing years. Approximately 90 percent of all women take at least one medication while pregnant, yet only 9 percent of those medications approved by the Food and Drug Administration from 1980–2010 had sufficient scientific evidence to determine their risk for birth defects when used during pregnancy. The initiative includes three focus areas that align with three key drivers of safer medication use in pregnancy: expand research to fill knowledge gaps, evaluate evidence to develop reliable guidance, and deliver information to support decision-making among clinicians, pharmacists, and women. Through this initiative, CDC has increased awareness of safer medication use during pregnancy through its website and media activities, and established an interagency coalition of federal partners: CDC, FDA, AHRQ, NIH, HRSA, OWH, CMS, DOD, VA, and EPA.

Development of Folic Acid Educational Materials for Pregnancy Planners and Pregnancy Non-Planners

Although the rates of neural tube defects have decreased in the U.S. since folic acid fortification of cereal grain products labeled as enriched, an estimated 3,000 pregnancies are affected by neural tube defects every year. Many women still do not know about the benefits of folic acid, or consume folic acid until after they become pregnant. By the time a woman learns she is pregnant, it is often too late to prevent neural tube defects. In 2013, CDC developed educational materials to inform women of childbearing age about the importance of daily intake of folic acid. CDC disseminates these materials free of charge to health care providers, public health professionals, and the lay public.

Show Your Love

In 2013, CDC worked in collaboration with the National Preconception Health and Health Care Initiative Consumer Workgroup to launch the “Show Your Love” campaign. The campaign targets women of childbearing age (18–44 years) and includes tailored materials for women who are planning a pregnancy in the next couple of years and women who are not planning a pregnancy. The campaign’s main goal is to increase the number of women who plan their pregnancies and engage in healthy behaviors before becoming pregnant. For women who do not want to start a family in the near future or at all, the campaign encourages them to choose healthy behaviors. Several years of campaign development, including significant partner input, extensive audience research, and consultation with social marketing experts, led up to creation and launch of the campaign. Between February and May of 2013, 20 national, local, and state-based women’s health organizations actively promoted the campaign to partners and women by using social media (hashtag: #SYLtoday) along with more traditional ways of distributing campaign materials.

The National Preconception/Interconception Care Clinical Toolkit

A CDC report in the *Morbidity and Mortality Weekly Report* (62(03);136–138) published in 2013 found that approximately one third of all infant deaths in the U.S. are related to preterm birth.

The 2010 preterm rate for black infants was 17.1 percent and approximately 60 percent higher than that for white infants at 10.8 percent, and also higher than AI/AN infants at 13.6 percent and Hispanic infants at 11.8 percent. The Clinical Work Group of the National Initiative on Preconception Health and Health Care (a public-private partnership) launched the National Preconception/Interconception Clinical Toolkit in July 2014 to improve health care of women and girls of color and improve pregnancy outcomes. The goal is to help clinicians reach every woman of reproductive capacity every time she presents for routine primary care with efficient, evidence-based strategies and resources to help her achieve healthier short- and long-term health outcomes; increased likelihood that future pregnancies are by choice rather than chance; and decreased likelihood of complications in future pregnancies.

CHOICES: A Program for Women about Choosing Healthy Behaviors

The CHOICES intervention is an evidence-based program for non-pregnant women designed to reduce their risk for an alcohol-exposed pregnancy by reducing alcohol use, using effective contraception, or changing both behaviors. This intervention has been tested in a variety of community-based settings and has successfully reached a diverse population of women. In 2013, tools, training, and approaches to facilitate wider dissemination/adoption continued to be refined, including the development of a CHOICES Train the Trainer curriculum, web-based training for interventionists, and a free sustainable data management and tracking system. Development of a CHOICES web-based training for interventionists is underway and expected to be piloted in 2015. To address the need for targeted prevention approaches for certain high-risk groups, CDC currently supports two projects to advance alcohol screening and brief intervention and CHOICES in American Indian and Alaska Native populations.

New Resource to Support Implementation of Alcohol Screening and Brief Intervention in Primary Care

The USPSTF, multiple federal agencies, and other health organizations recommend that alcohol screening and brief intervention (SBI) be provided to all adults in primary care settings, including pregnant women. In 2014, CDC released *Planning and Implementing Screening and Brief Intervention for Risky Alcohol Use: A Step-by-Step Guide for Primary Care Practices* to help support implementation efforts. This guide provides detailed steps and resources to help staff in any primary care practice implement alcohol SBI, an effective strategy in reducing excessive alcohol use.

Prevention of Alcohol Use during Pregnancy

In 2014, CDC developed new, free materials for women of reproductive age on preventing alcohol use during pregnancy and fetal alcohol spectrum disorders based on formative research findings. The materials target pregnant women and women who are trying to get pregnant. The set of materials includes print products and several social media tools, such as banners, badges, and e-cards.

Women with Disabilities and Breast Cancer Screening

CDC supports 18 state-based disability and health programs to promote equity in health, prevent chronic disease, and increase the quality of life for people with disabilities. A large focus of these efforts with state partners includes working to improve mammography use among women with

disabilities. Health promotion campaigns and messages about breast cancer screening that are specifically designed to include women with disabilities are intended to reduce disparities in mammography use. In December 2013, CDC released its “Women with Disabilities and Breast Cancer Screening” website to highlight key health disparity information and state successes.

Tools for Improving Clinical Preventive Services Among Women with Disabilities

CDC partnered with the Association of Maternal and Child Health Program (AMCHP) stakeholders to improve clinical preventive services (CPS) receipt among women of childbearing ages who have disabilities. The project involved identifying CPS data and reviewing reported barriers and strategies to address those barriers as well as existing tools. CDC and AMCHP developed a one-stop online *Toolbox* to make these tools easier to locate. The *Toolbox* highlights four strategies to improve CPS receipt among women with disabilities (1) increase knowledge and use of recommended services; (2) identify service gaps and monitor data; (3) map communities; and (4) empower interactions between clinicians and women with disabilities. AMCHP launched the CPS Toolbox in May 2013.

BREASTFEEDING

CDC Breastfeeding Report Card

Mothers who receive quality maternity care that includes support for breastfeeding are more likely to initiate breastfeeding, to exclusively breastfeed, and to breastfeed for a longer duration. The *2014 CDC Breastfeeding Report Card* shows that 49.4 percent of U.S. infants are breastfed at six months, compared to 43.5 percent in 2006. Increases in breastfeeding duration at six months, though modest, are moving towards the *Healthy People 2020* objective of 60.6 percent.

Best Fed Beginnings

To further support efforts to increase breastfeeding initiation, exclusivity, and duration, CDC funded a cooperative agreement with the National Initiative for Children’s Healthcare Quality (NICHQ) to lead the Best Fed Beginnings (BFB) project. During 2014, NICHQ continued its work with 89 hospitals nationwide to use quality improvement methods to improve maternity care practices to fully support breastfeeding. These hospitals are committed to implementing the *Ten Steps to Successful Breastfeeding* and attaining Baby-Friendly designation by March 2015. By October 2014, 8 BFB hospitals had achieved Baby-Friendly designation and 81 were in the final phase to designation.

State and Local Public Health Funding and Support for Breastfeeding

In 2013, CDC initiated a 5-year program, the “State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health.” It funds 32 states to support breastfeeding activities to improve maternity care practices, worksite support, and peer and professional support for breastfeeding. CDC also launched funding through the Association of State and Territorial Health Officials (ASTHO) to support these activities in the remaining 18 states and the District of Columbia. In 2014, CDC launched new funding aimed at increasing breastfeeding duration through community-based peer and professional support. Funds were awarded to the National Association of County and City Health

Officials (NACCHO) to provide resources and support to 70 community-based organizations or local health departments serving low-income or minority populations to implement or improve activities that support mothers in continuing to breastfeed after hospital discharge.

Resources and Guidance to Improve Breastfeeding

CDC works to improve breastfeeding-related practices in maternity care centers and workplaces to support mothers who are or who intend to breastfeed. CDC provides support and assistance to states, communities, hospital learning collaboratives, and community-based organizations to provide resources to breastfeeding mothers. CDC monitors breastfeeding rates and practices and develops and disseminates evidence-based practice guidance for improving breastfeeding initiation and duration. These resources include the *Surgeon General's Call to Action to Support Breastfeeding*, *CDC Guide to Breastfeeding Interventions*, Maternity Practices in Infant Nutrition and Care (mPINC) customized benchmark reports to nearly 2,700 U.S. maternity care facilities and state reports to all states, and the *CDC Breastfeeding Report Card*.

CANCER

Inside Knowledge: Get the Facts About Gynecologic Cancer

In FY 2015 CDC continues to support a communications campaign "*Inside Knowledge: Get the Facts About Gynecologic Cancer*" to raise awareness of the five main types of gynecologic cancer: cervical, ovarian, uterine, vaginal, and vulvar. It encourages women to pay attention to their bodies and know what is normal for them, so they can recognize the warning signs of gynecologic cancers and seek medical care.

Breast Cancer in Young Women

In FY 2015 CDC continues to work with public, non-profit, and private partners to address breast cancer in women by conducting research, convening the Advisory Committee on Breast Cancer in Young Women, funding education and survivorship programs, and educating young women and medical providers about breast cancer and breast health.

National Breast and Cervical Cancer Early Detection Program

Through the National Breast and Cervical Cancer Early Detection Program (NBCCEDP), CDC provides low-income, uninsured, and underserved women access to timely breast and cervical cancer screening and diagnostic services. NBCCEDP funds all 50 states, the District of Columbia, 5 U.S. territories, and 11 American Indian/Alaska Native tribes or tribal organizations to provide screening services for breast and cervical cancer.

Using Small Media to Increase Breast and Cervical Cancer Population-Based Prevention Activities

In 2013 and 2014, the Prevention Research Center in St. Louis created the nation's first online system to help public health and cancer control organizations promote breast and cervical cancer screening among low-income and underserved women. This tool will help grantees and their partners in the NBCCEDP increase screening in vulnerable populations. Researchers will use *Make It Your Own (MIYO)*, a web-based platform, which will help users create their own health communication materials to encourage breast and cervical cancer screening. MIYO has been

used to successfully promote HPV vaccination, colon cancer screening, and enrollment in cancer clinical trials.

KNOW: BRCA Initiative

The *Know*: BRCA education initiative aims to build awareness about how BRCA gene mutations affect risk for breast and ovarian cancer. It was authorized by the Education and Awareness Requires Learning Young (EARLY) Act, section 10413 of the Affordable Care Act. The EARLY Act authorizes CDC to develop initiatives to increase knowledge of breast health and breast cancer among women, particularly among those under age 40 and those at higher risk for developing the disease.

COMMUNITY HEALTH

Community-Based Initiatives

Through a cadre of past and current community health initiatives, communities across America have been able to implement population-level strategies that have led to improvements for women's and girls' health. Several projects specific to women work to increase the use of quality clinical preventive services for breast cancer and cervical cancer screenings; increase access to tobacco-use cessation services for women, pregnant women, and young mothers; increase use of quality clinical preventive services for women with gestational diabetes or with a risk or history of gestational diabetes, or for overweight pregnant women; increase access to medical services for pregnant or postpartum and parenting women experiencing depression, substance abuse, and domestic violence; improve practices to support breastfeeding and/or increase access to baby-friendly hospitals; and enhance usability of WIC food vouchers or Supplemental Nutrition Assistance Program (SNAP) benefits at healthier food retailers.

DIABETES

States and Gestational Diabetes Mellitus (GDM)

CDC provides over \$940,000 to the National Association of Chronic Disease Directors through a five-year cooperative agreement (2010 – 2015). The project's nine collaborative states (Arkansas, Florida, Idaho, Missouri, North Carolina, Ohio, Oklahoma, Utah, and West Virginia) and four tribes (Choctaw, Chickasaw, and Navajo Nations, and Alaskan Natives) developed strategies to improve GDM surveillance and improve prenatal care and postpartum follow-up. Outcomes from state projects demonstrate the impact that public health collaborations can have on surveillance and quality of care for women with GDM, and prevention of type 2 diabetes.

GLOBAL HEALTH

CDC supports multiple global efforts to improve women's and girls' health, including early childhood and maternal nutrition, maternal and perinatal mortality and morbidity surveillance, prevention of birth defects through food fortification with folic acid, congenital syphilis elimination, promotion of cookstoves, and prevention of unintentional injuries and violence. Most countries with a CDC office work on the elimination of mother-to-child-transmission of

HIV; prevention of malaria during pregnancy; and programs related to vaccine-preventable diseases, which are conducted through partnerships with the WHO regional and country office.

- **Prevention of Mother-to-Child Transmission of HIV:** As a key partner in the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC works with Ministries of Health and other partners to develop and rapidly scale up services to prevent mother-to-child HIV transmission (PMTCT), promote testing for early infant HIV diagnosis, and improve coverage of care and treatment for HIV-infected children. In FY 2015, CDC allocated approximately \$109 million for PMTCT programming to 126 grantees in 24 countries.
- **Prevention of Malaria during Pregnancy:** CDC conducts surveillance, monitoring and evaluation, and research to optimize the effectiveness of malaria interventions, including those to address malaria in pregnancy. For example, CDC in collaboration with the Kenya Medical Research Institute (KEMRI) and with funding from the Bill and Melinda Gates Foundation, led a large, randomized controlled trial to assess a new drug, dihydroartemisinin-piperaquine (DP), as a possibility to replace the current standard, sulfadoxine-pyrimethamine (SP), for the prevention of malaria in pregnancy, the results of which have recently been published in the *Lancet*.

CDC, KEMRI and Liverpool School of Tropical Medicine, with funding from the President's Malaria Initiative (PMI), also conducted an evaluation of the feasibility of replacing the current SP regimen with DP. In addition, CDC worked with KEMRI on studies assessing provider knowledge of and adherence to guidelines for the management of malaria in pregnancy as well as the safety of antimalarial treatments in early pregnancy. As an active member of the Roll Back Malaria/Malaria in Pregnancy Working Group, CDC contributes to global policy guidance. CDC also co-implements with USAID the President's Malaria Initiative to scale up effective interventions—long-lasting insecticide-treated nets (ITNs), rapid tests to diagnose malaria and *artemisinin-based combination therapies to treat malaria patients, intermittent preventive treatment for pregnant women (IPTp)*, and indoor residual house spraying (IRS)—to 19 African countries and 6 countries in the Greater Mekong Subregion.

- **Early Childhood and Maternal Nutrition:** CDC annually monitors vitamin and mineral intake nationally. CDC also works with global partners such as UNICEF and the Food Fortification Initiative to help developing countries implement mass food fortification and supplementation programs to eliminate vitamin and mineral deficiencies in iron, vitamin A, iodine, folate, and zinc among vulnerable populations, especially pregnant women, infants, and children.
- **Congenital Syphilis Elimination:** This effort focuses on the burden of disease and progress made since CDC launched the initiative in 2007. Congenital syphilis elimination will be included in the (not-yet-released) WHO *Global Health Sector Strategic Plan for Sexually Transmitted Infections (STIs), 2016-2021*, and the WHO *Global Health Sector Strategic Plan for HIV, 2016-2020*.

HEART DISEASE AND STROKE PREVENTION

WISEWOMAN

WISEWOMAN provides screening for heart disease and stroke risk factors for low-income, uninsured, or under-insured women aged 40–64 years who are enrolled in the NBCCEDP. The initiative improves the management and control of hypertension by integrating innovative health system-based approaches, partnering with pharmacists, and working with community-based organizations. In 2013, WISEWOMAN funded 20 states and 2 Alaska Native programs in Alaska and launched a new program design. In addition to providing cardiovascular screening to eligible women, it emphasizes evidence-based lifestyle programs provided by community organizations such as the YMCA, Weight Watchers, and organizations that provide Diabetes Primary Prevention programs. From July 2008 to June 2013, the WISEWOMAN program provided 217,415 cardiovascular screenings to 149,767 low-income women.

HIV/AIDS

HIV Testing for Pregnant Women

In 2015, CDC and the Research Triangle Institute are developing a new cost-effectiveness analysis of repeat HIV testing of women during pregnancy. This project will use the methods developed by Sansom SL et al. Human Immunodeficiency Virus Retesting During Pregnancy: Costs and Effectiveness in Prevention Perinatal Transmission. *Obstetrics & Gynecology*. 2003; 102: 782-790. This model compared the outcomes of universal, voluntary repeat testing during the third trimester with those associated with no retesting in the third trimester. The original study found that a second HIV test during pregnancy could be an important tool for preventing perinatal transmission in high-risk populations of women and might be a cost-effective intervention nationwide. Data inputs used to estimate HIV incidence and other key assumptions in the original study have changed since that time. Thus, an analysis using more recent data should generate a new threshold for recommending jurisdiction-wide repeat screening and enable jurisdictions to revise policies and procedures on repeat HIV testing.

Female Sex Worker Systematic Review

CDC conducted a systematic review of published literature of female sex workers in the U.S. Fourteen publications met the review criteria. HIV prevalence data from the studies were pooled using random-effects meta-analysis. A manuscript of the meta-analysis may be published in 2016.

Real AIDS Prevention Project (RAPP)

This community-level intervention engaged low-income women who lived in high HIV-prevalence neighborhoods and housing projects and supported their community-level efforts to prevent HIV. Strategies include using peer advocates to distribute stories showed women at risk for HIV moving through the stages of change to adopt HIV protective behaviors. The materials have been updated to include high-impact prevention activities to support condom use, knowing one's HIV status, linkages to medical care, and medication adherence for HIV-positive women.

Sister to Sister

The Sister to Sister was a gender-specific, one-on-one, skills-based, safer sex intervention for sexually active heterosexual women who were 18–45 years old. It was an effective, brief, 20- to 30-minute intervention that nurses and other professional clinic staff can easily integrate into their standard clinical practice in primary health care settings. It was designed to provide women with the knowledge, motivation, confidence and skills necessary to decrease their risk for STDs, especially HIV.

Systematic Review of Behavioral STI Intervention for Female Sex Workers

The lives of female sex workers (FSW) in the US are typically marked by substance abuse, violence, trauma, and poverty. These factors place FSW at risk for acquiring and transmitting HIV and other sexually transmitted infections (STIs), specifically HIV and sexually transmitted diseases (STD). The purpose of this systematic review is to examine STI interventions conducted in the US that aim to reduce sexual- or drug-related risk behavior among FSW. Eighteen studies describing 19 unique interventions met our selection criteria: five exclusively targeted FSW, two reported stratified data for FSW, and 12 included at least 50 percent FSW. Results indicate that 15 interventions provided STI information, 13 provided substance abuse prevention information, and few included content tailored to specific needs of FSW. Findings suggest that current STI prevention efforts in the US do not adequately address the needs of FSW. Interventions are needed to address issues facing FSW in order to reduce HIV/STI transmission in this high-risk group. Data were published in 2015.

Recent Temporal Trends and Their Role in STI Transmissions in the U.S

Data from the National Survey of Family Growth was used to examine the demographic characteristics of FSW and their male clients, the recent sexual behaviors of the two groups, and receipt of STI services and self-reported gonorrhea by the two groups. Recent temporal trends in reported sale and purchase of sexual services in the U.S. general population were also examined. The project was suspended due to Ebola activities and is anticipated to restart in early 2016.

Rapid Ethnographic Assessment of Provider and Community Member Perspectives on Factors Contributing to Congenital Syphilis Increases in Caddo Parish, Louisiana

In response to persistent high rates of congenital syphilis in Louisiana, CDC worked with the state to conduct a rapid ethnographic assessment of potentially contributing factors. The assessment report was finalized in 2012. In 2013, the Louisiana Office of Public Health STD/HIV Program, in partnership with the CDC and its regional partners, developed a Syphilis Plan of Action based on the report findings and recommendations. Action steps include intensifying syphilis outreach and education to priority community providers; working with the state Medicaid program to remove insurance barriers that impede syphilis treatment for women; facilitating access to benzathine penicillin for prenatal and primary care providers; advocating for strengthened state statutes requiring screening for syphilis at three intervals during pregnancy; and forming a local task force made up of key stakeholders to monitor activities and plan progress.

Get Yourself Tested Campaign

The Get Yourself Tested (GYT) is an ongoing campaign developed in 2009 to address and correct misconceptions, minimize perceived barriers, and facilitate access to STD testing and treatment services among sexually active women and their sexual partners, ages 25 and under, through a youthful, empowering social movement. The low-cost campaign is operated in collaboration with public and private sector healthcare organizations. It is supported by state and local partners through their own media, marketing, advocacy, events, promotions, and outreach efforts. Data show that GYT campaign awareness is associated with increased STD testing (usually for chlamydial infection), and healthy communication with partners, friends, and health care providers. CDC typically participates in April, STD Awareness Month, and early fall for Back to School Activities.

IMMUNIZATIONS

Increasing Human Papillomavirus (HPV) Vaccination Coverage among Adolescents

Using 2013 and 2014 Prevention and Public Health Funds, respectively, CDC awarded \$17.4 million to 22 immunization program awardees to increase HPV vaccination coverage among adolescents. During the 15-month project period, awardees are conducting activities in five project areas including: developing a joint initiative with immunization stakeholders; implementing a comprehensive communication campaign targeted to the public; implementing Immunization Information System (IIS)-based reminder recall; using assessment and feedback to evaluate and improve immunization providers' performance; and implementing strategies to improve immunization providers' adherence to current Advisory Committee on Immunization Practices (ACIP) recommendations for HPV vaccination of adolescents.

Vaccination of Obstetrical and Gynecological Patients

CDC provided support for a cooperative agreement (2011-2014) to the University of Colorado at Denver to evaluate the effectiveness of an intervention to promote a vaccination program in the obstetrical and gynecological setting. The project's aim is to help guide future public health efforts to achieve high rates of vaccination in women of reproductive age. This randomized clinical trial will develop, implement, and evaluate a vaccination program designed to improve the ability of obstetricians-gynecologists to deliver combined tetanus, diphtheria and pertussis (Tdap), HPV, and influenza vaccines and ensure that their patients are fully vaccinated as recommended by ACIP.

Identification of Pregnant Women with Hepatitis B Infection through Laboratory–Health Department Collaboration

An estimated 25,000 infants each year are at risk for perinatal transmission of hepatitis B virus (HBV) infection, the most important cause of chronic HBV infection, with 25 percent risk of premature death from liver failure or liver cancer. Most perinatal and infant HBV infections are preventable when prophylaxis starts at birth. CDC collaborated with the four largest U.S. commercial laboratories, health departments, and professional societies and organizations. By 2014, all four laboratories had implemented the reporting of positive HBV tests with improved identification of tests from pregnant women to state and local health departments. CDC plans to

evaluate the effectiveness of these new lab reporting mechanisms on the identification of pregnant HBsAg-positive women by PHBPPs in 2015. Additional activities include developing a CDC/ACOG prenatal test guide for physicians to increase uptake of these designated prenatal HBsAg tests and to recruit hospitals and smaller laboratories to develop similar methods to report pregnancy status.

Internet Panel Survey of Pregnant Women

The Internet Panel Survey of pregnant women has been conducted since the 2010-11 influenza season. The objective is to provide rapid estimates of national influenza vaccination coverage, estimates of receipt of tetanus, diphtheria and acellular pertussis vaccine (Tdap), and information on knowledge, attitudes, and beliefs related to vaccination among pregnant women. For each influenza season, an early-season survey (conducted in November) and late season survey (conducted in April) are conducted.

Vaccination Coverage Questions in the National Health Interview Survey (NHIS)

Starting with the 2012 NHIS, new questions were added regarding pregnancy status and timing of receiving influenza vaccination to better determine whether a woman was pregnant during the influenza vaccination period and received influenza vaccine as recommended.

Tdap Vaccine during Pregnancy

Every year since 2010 between 10,000 and 50,000 cases of pertussis have been reported in the U.S., with cases reported in every state. In recent years, up to 1,450 infants have been hospitalized due to pertussis and about 10 to 20 have died each year. Since January 2013, the tetanus, diphtheria and acellular pertussis (whooping cough) vaccine (Tdap) has been recommended for pregnant women during each pregnancy to protect infants until they are old enough to receive pertussis vaccines. Recent data from CDC's Vaccine Safety Datalink and a CDC internet survey suggest that only 10 to 15 percent of pregnant women receive Tdap. In 2014, CDC conducted research with obstetric providers and pregnant women on barriers and motivators to administering and receiving Tdap. This research will inform campaigns to promote Tdap during pregnancy.

Preteen/Adolescent Vaccine Communication Campaign

The ongoing goals of CDC's adolescent vaccine campaign include efforts to raise awareness among parents that adolescents need vaccinations; educate parents about adolescent vaccines and the diseases they prevent; educate health care providers about the adolescent immunization recommendations, especially the HPV recommendation for children between 11 and 12 years of age, including awareness of how current recommendations for HPV vaccine may lag behind other recommendations for adolescent vaccines; provide communication tools for public health professionals, immunization programs and immunization providers to improve awareness and knowledge of adolescent vaccines, especially HPV vaccine; and communicate the importance of improving initiation and completion rates for the HPV vaccine 3-dose series.

CDC Pregnancy Flu Line Evaluation and Summary

CDC provided support for research on the unique impact of influenza among pregnant women and their infants. During the 2009 H1N1 Pandemic and through 2011, CDC established the CDC Pregnancy Flu Line (Flu Line) to provide clarification on CDC guidance for health care providers who were caring for critically ill pregnant or postpartum women. In December 2013, *Maternal and Child Health Journal* published a CDC evaluation and summary of the Flu Line surveillance activity, “CDC Pregnancy Flu Line: Monitoring Severe Illness among Pregnant Women with Influenza.” The article also presents feedback from state partners that suggest similar efforts for monitoring disease in pregnant women might be easily implemented and useful in future emergency response situations.

Influenza Vaccine Protecting Expecting Mothers and Their Newborns

CDC recommends that health care providers encourage pregnant women to get an annual flu vaccine, especially during an H1N1 predominant season, as was seen during 2013-2014. During the 2013-2014 influenza season, CDC reported the overall coverage of rate of vaccination for pregnant women was 52.2 percent.

From *MMWR* it was determined to be a decrease in rates in 2014-15 season when compared with 2013-14 <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6436a2.htm>.

Born with Protection against Whooping Cough

Most of the pertussis deaths each year in the United States are in babies younger than 3 months of age. In fact, since 2010, about 10 to 20 babies die from it each year in the United States. CDC recommends that pregnant women receive the Tdap vaccine between their 27th and 36th week of pregnancy to create and pass some protective antibodies to their babies before birth, providing them with some short-term protection against whooping cough in early life. Because this maternal vaccination is fairly new, and CDC would like to increase Tdap vaccination rates, CDC, in partnership with the American Academy of Family Physicians (AAFP), the American Academy of Pediatrics (AAP), the American College of Nurse-Midwives (ACNM), and the American College of Obstetricians and Gynecologists (ACOG), launched a new health education campaign to pregnant women about the importance of Tdap vaccine during pregnancy. The campaign, called “Born with Protect against Whooping Cough” is based on mixed method research with pregnant women and prenatal care providers. The suite of materials can be found at www.cdc.gov/pertussis/pregnant and includes fact sheets for prenatal care providers highlighting both the importance of prenatal Tdap vaccination and tips on how to make a strong referral if an office does not stock the vaccine, as well as fact sheets, posters, podcasts, and videos to help educate pregnant women (most are available in both English and Spanish).

MONITORING HEALTH THROUGH SURVEILLANCE

U.S. 2010 Assisted Reproductive Technology Surveillance

Released in December 2013, the *U.S. 2010 Assisted Reproductive Technology Surveillance Summary* (*MMWR* 2013; 62 (ss09); 1-24) provides state-specific information on ART use and outcomes. For each U.S. state and territory, data is provided on embryo transfer practices, and contribution of ART to all infants born in the state, including multiple deliveries, as well as low birthweight and prematurity.

Abortion Surveillance – United States, 2010

CDC has conducted abortion surveillance since 1969 to document the number and characteristics of women obtaining legal induced abortions in the United States. The most recent abortion surveillance report, which was published in 2013, shows that the total number and rate of reported abortions for 2010 decreased 3 percent and the abortion ratio decrease remained relatively stable, decreasing 0.4 percent compared with 2009. (Centers for Disease Control and Prevention. Abortion Surveillance – United States, 2010. *MMWR* 2013;62 (No. SS-8):1-44.) Because unintended pregnancy is the major contributor to abortion, CDC’s abortion surveillance reports can help program planners and policy makers identify groups of women at greatest risk for unintended pregnancy and help guide and evaluate prevention efforts. Unintended pregnancies are rare among women who use the most effective methods of reversible contraception; thus, increasing access to and use of the most effective methods can help further reduce the number of abortions performed in the United States.

http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6208a1.htm?s_cid=ss6208a1_w

Pregnancy Risk Assessment Monitoring System

CDC supports the Pregnancy Risk Assessment Monitoring System (PRAMS) across 40 states and New York City to collect state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy. These data are routinely used by CDC and state public health agencies to monitor changes in maternal and child health indicators, and to plan and review state maternal and infant health programs. PRAMS provides data not available from other sources about pregnancy and the first few months after birth and allows comparisons among participating states because the same data collection methods are used in all participating states. In 2014, the first descriptive, state-level summary of core state preconception health indicators available in PRAMS and the Behavioral Risk Factor Surveillance System data was released. It provided prevalence estimates overall, stratified by age group and race/ethnicity.

Pregnancy Mortality Surveillance System

Since 1986, CDC’s Pregnancy Mortality Surveillance System (PMSS) is ongoing and uses data from 52 U.S. reporting areas (50 states, New York City, and Washington, DC) to identify and describe rates and causes of pregnancy-related death. Extending maternal health surveillance to include the identification and review of severe pregnancy complications and the factors that are associated with them has the potential to improve maternal health and health care by providing information to influence the delivery of health services and health policy. Efforts to better understand both morbidity and mortality will address reasons for disparities and inform appropriate preventive interventions. Social determinants play an important role in the risk for maternal morbidity and CDC supports states in maternal mortality reviews and linked data systems. CDC is also working with selected states to develop best practices for identifying and reviewing maternal deaths so that evidence-based actions can be taken to improve systems of care for pregnant women.

Sudden Unexpected Infant Death Case Registry

The Sudden Unexpected Infant Death (SUID) Case Registry, a state-based surveillance system in nine states, supplements current vital statistics-based surveillance methods, builds on existing child death review programs to conduct population-based surveillance of SUID at the state level,

and identifies at-risk populations to target prevention activities. Grantees have improved data completeness, improved relationships with medical examiner/coroner and state vital statistics offices, established new local and state protocols and policies for infant death investigations, and implemented community-based infant death prevention recommendations, such as safe sleep messages. In 2014, five states/jurisdictions were added to the current nine states in the SUID-Case Registry through the Sudden Death in the Young Registry, a cooperative agreement funded by NIH and CDC that focuses on sudden death among infants, children, and young adults up to 24 years of age, depending on a state's mandate.

National Health Interview Survey (NHIS)

NHIS monitors the health of the U.S. population through the collection and analysis of data on a broad range of health topics. NHIS covers the civilian noninstitutionalized population of the United States with a sample of between 35,000 to 42,000 households per year. A major strength of this survey lies in the ability to analyze health measures by many demographic and socioeconomic characteristics. Sex is one of the demographics that can be analyzed in the NHIS data and CDC does this in all general reports from this data source. The current NHIS sample design continues the oversampling of Black persons, Hispanic persons, and Asian persons. Furthermore, starting in 2011, the sample was expanded to allow for an increased number of states for which reliable estimates can be made. This annual survey obtains information, during in-person household interviews, on illnesses, injuries, activity limitation, chronic conditions, health insurance coverage, utilization of health care, and other health topics. NHIS data are used widely throughout HHS to monitor trends in illness and disability and to track progress toward achieving national health objectives. These data are also used by the public health research community for epidemiologic and policy analysis of such timely issues as characterizing those with various health problems, determining barriers to accessing and using appropriate health care, and evaluating federal health programs.

National Health and Nutrition Examination Survey (NHANES)

NHANES is a nationally representative health examination survey that combines an in-home interview and a standardized physical examination at a mobile examination center (MEC). Approximately 5,000 persons per year are sampled to be included in this annual survey. Information obtained from this survey can be analyzed and disseminated by sex and CDC does this in its reports. NHANES has collected data on chronic disease prevalence and conditions (including undiagnosed conditions) and risk factors such as obesity and smoking, serum cholesterol levels, hypertension, diet and nutritional status, immunization status, infectious disease prevalence, health insurance, and measures of environmental exposures. Findings from this survey are used to determine the prevalence of major diseases and risk factors for diseases. Information is also used to assess nutritional status and its association with health promotion and disease prevention.

National Survey of Family Growth (NSFG)

NSFG provides national data on factors affecting birth and pregnancy rates, adoption, and maternal and infant health. This annual survey includes approximately 5,000 men and women 15–44 years of age in the household population of the United States each year. Information obtained from this survey should be analyzed separately by sex due to the way the sample is

designed and the interview is created, which CDC does in its reports. Data elements include sexual activity, marriage, divorce and remarriage, unmarried cohabitation, forced sexual intercourse, contraception and sterilization, infertility, breastfeeding, pregnancy loss, low birthweight, and use of medical care for family planning and infertility. The NSFG is used to study marriage, divorce, fertility, and family life, as well as reproductive, maternal and infant health topics.

National Vital Statistics System (NVSS)

NVSS collects and publishes official national statistics on births, deaths, and fetal deaths occurring in the United States. These data are provided through vital registration systems, which are maintained and operated by the individual states and territories where the original certificates are filed. Fetal deaths are classified and tabulated separately from other deaths. There are five vital statistics files—Birth, Mortality, Multiple Cause-of-Death, Linked Birth/Infant Death, and Compressed Mortality. The birth data are a fundamental source of demographic, geographic, and medical and health information on all births occurring in the United States. The mortality data are a fundamental source of demographic, geographic, and cause-of-death information. Multiple cause-of-death data reflect all medical information reported on death certificates and complement traditional underlying cause-of-death data. Multiple-cause data give information on diseases that are a factor in death, whether or not they are the underlying cause of death; on associations among diseases; and on injuries leading to death. National linked files of live births and infant deaths are used for research on infant mortality. The compressed mortality file is a county-level national mortality and population database. NVSS collects and presents U.S. resident data for the aggregate of 50 states, New York City, and DC, as well as for each individual state and DC. Mortality data can be analyzed and disseminated by sex and CDC does this in its reports.

National Ambulatory Medical Care Survey (NAMCS)

NAMCS is a national survey designed to provide information about the provision and use of medical care services in office-based physician practices in the United States. The target universe of NAMCS physicians comprises those classified as providing direct patient care in office-based practices, including additional clinicians in community health centers. Data are collected from medical records for approximately 30,500 to 130,000 visits per year on type of providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests ordered or performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of physician practices. The survey provides statistics on the demographic characteristics of patients and services provided, including information on diagnostic procedures, patient management, and planned future treatment. Information obtained from this survey can be analyzed and disseminated by patient sex and CDC does this in its reports.

National Hospital Ambulatory Medical Care Survey (NHAMCS)

NHAMCS collects data on the utilization and provision of medical care services provided in hospital emergency and outpatient departments. The survey selects a representative sample of 100,000 patient visits per year to emergency departments and outpatient departments of non-federal, short-stay, or general hospitals. Telephone contacts are excluded. Data are collected

from medical records on types of providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit. Information obtained from this survey can be analyzed and disseminated by patient sex and CDC does this in our reports.

National Hospital Care Survey (NHCS)

One of CDC's newest surveys, the NHCS will collect data to produce national estimates on characteristics of hospital care, inpatient care, and care delivered in emergency departments, and out-patient departments. Estimates for 2015 are expected in 2016. As of 2014, NHCS has integrated data collected from the National Hospital Discharge Survey (NHDS) and the National Hospital Ambulatory Medical Care Survey. A new sample of hospitals is being recruited for this survey. Hospitals are providing data on all inpatients from their administrative claims database or electronic health record. Data on hospital characteristics is also being collected. CDC will allow for linkages to the National Death Index as well as CMS data. Patient demographic information collected will include patient sex and CDC will disseminate results by sex in the general reports from this survey, once data are ready for analysis.

The Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of telephone surveys that collect state data about health risk behaviors, chronic health conditions, and use of preventive services among US residents. For more than 30 years, CDC, all 50 states, DC, and participating US territories have used the BRFSS to collect uniform, state-specific information about a wide range of behaviors that affect the health of US adults. BRFSS completes more than 400,000 interviews each year, making it the largest continuously conducted health survey system in the world. State data related to women's health include mammograms and Pap tests.

State and Local Area Integrated Telephone Survey

The State and Local Area Integrated Telephone Survey (SLAITS) collects important health care data at State and local levels. This data collection mechanism was developed by CDC. It supplements current national data collection strategies by providing in-depth State and local area data to meet various program and policy needs in an ever-changing health care system. Much data exists at national and regional levels but are not available at State and local levels. National data are useful for establishing public health priorities for the country; however, much demographic and geographic diversity exists throughout the Nation. SLAITS provides a mechanism to collect data quickly on a broad range of topics at the national, State, and local levels. A partial list of examples of research areas include health insurance coverage, access to care, perceived health status, utilization of services, and measurement of child well-being. Information obtained from this survey can be analyzed and disseminated by sex and CDC does this in our reports.

REPRODUCTIVE HEALTH

Group B Strep Prevention during Pregnancy

Group B *Streptococcus* disease (GBS, group B strep) remains the leading cause of early-onset neonatal sepsis in the U.S. To prevent and improve maternal and neonatal management for GBS at the point-of-care, in September 2013 CDC developed a free smartphone application, *Prevent Group B Strep* for obstetric and neonatal providers. It currently has 28,412 downloads.

Maternal and Child Health Epidemiology Program

Through the Maternal and Child Health Epidemiology Program (MCHEP), CDC, in collaboration with HRSA, assigns senior CDC MCH epidemiologists and fellows to public health agencies. In 2014, CDC placed 13 MCH epidemiologists in 13 states and 11 Council of State and Territorial Epidemiologists fellows in 11 states. MCHEP supports diverse training opportunities in epidemiology, biostatistics, program evaluation, and scientific writing to improve the data and analytic skills of staff from state and local public health agencies through year-long training courses, professional continuing education, short courses, and professional conferences in partnership with AMCHP and the University of Nebraska Medical Center.

Maternal Death Review Committees

State and local Maternal Death Review Committees play an important role in identifying opportunities to prevent maternal morbidities and mortality associated with pregnancy. However, a barrier for reviews has been the lack of a standardized data system to strengthen the uses of the review committee's data. CDC worked with AMCHP, state and local maternal death review committees, and subject matter experts to develop a Maternal Mortality Review Data System (MMRDS). The MMRDS supports reviews in standardized case abstraction, recording of committee decisions/recommendations, and analysis. The pilot testing of MMRDS is complete and the first release version will be available to committees in states and localities in 2015.

Perinatal Quality Collaboratives (PQCs)

CDC funds six state-based Perinatal Quality Collaboratives (PQCs), in New York, Ohio, California, Illinois, Massachusetts, and North Carolina for three years (FY2014 – FY2016) to improve the quality of perinatal care in their states, including efforts to reduce maternal morbidity and mortality, reduce scheduled births without a medical indication, improve breastfeeding rates, and reduce hospital-acquired neonatal infections and neonatal morbidity. PQCs are networks of perinatal care providers and public health professionals working to improve pregnancy outcomes for women and newborns by advancing evidence-based clinical practices and processes. PQCs include hospitals, pediatricians and neonatologists, obstetricians and perinatologists, midwives, nurses, and state health department staff. In FY 2011, CDC funded three states (Ohio, California, New York) for 3 years (FY11–FY13) at a total funding level of \$1.2 million per year. In FY 2014, CDC expanded to six states--- Ohio, California, New York, Illinois, North Carolina, and Massachusetts---for three years (FY14–FY16) at total funding of \$1.2 million per year.

Medicaid Expansion among Women of Reproductive Age Project

CDC funds Oregon State University for five years (FY2013 – FY2017) to study the use of medical services and health outcomes among low-income women of reproductive age (15-44 years) and their infants, before and after expansions in Medicaid eligibility due to the Affordable Care Act being implemented in Oregon. Oregon State University is currently linking Medicaid

administrative data to vital records and hospital discharge data, starting with 2008 data and through 2016, as it becomes available.

National Public Health Action Plan for the Detection, Prevention and Management of Infertility

CDC, in consultation with governmental and nongovernmental partners, developed the *National Public Health Action Plan for the Detection, Prevention and Management of Infertility*, in response to interest from Congress and stakeholders. Released in July 2014, it highlights the need to better understand and address issues, at a population level, that contribute to and are caused by infertility in women and men and that may affect the health of the pregnancy.

U.S. Selected Practice Recommendations for Contraceptive Use, 2013

The *U.S. Selected Practice Recommendations (SPR) for Contraceptive Use, 2013* (US SPR) provides guidance on how contraceptive methods can be used once they are deemed medically appropriate for an individual and on how to remove unnecessary barriers for patients in accessing and successfully using contraceptive methods. The US SPR includes recommendations on when women can start contraceptive methods, what exams and tests are needed before starting a method, what follow up is appropriate, and how to address side effects and other problems with contraceptive method use. It is updated regularly as new evidence emerges and is a companion document to the U.S. MEC.

Tobacco Use Before, During, and After Pregnancy

CDC released a new surveillance report in November 2013 entitled “Trends in smoking before, during, and after pregnancy—Pregnancy Risk Assessment Monitoring System, United States, 40 sites, 2000-2010” (*MMWR Surveillance Summary 2013*, Nov 8;62(6):1-19). Overall, small declines were observed in the prevalence of smoking during pregnancy from 2000-2010. However, high or increasing rates of smoking during pregnancy were observed among some states during the study period. Nearly 11 percent of women smoked during the last trimester of pregnancy. An estimated 220,000 infants were exposed to tobacco in utero based on data available for 27 PRAMS sites in 2010.

Balance after Baby: Working to Decrease Gestational Diabetes Mellitus (GDM)

Women diagnosed with GDM are at greater risk of developing Type 2 diabetes later in life compared to women who do not have GDM. To address this public health problem, CDC funded the development of a web-based intervention in 2009, *Balance after Baby*, tailored for postpartum women who had GDM in their last pregnancy. In a pilot study, women either received care in this intervention or regular clinical care. After one year, women who participated in the Balance after Baby intervention had more weight loss at one-year postpartum compared with women who had received regular clinical care only. In addition, more women in the intervention group returned to their pre-pregnancy weight by one-year postpartum compared to the control group. In 2014, CDC funded a larger randomized controlled trial of Balance after Baby in two study sites with racially and ethnically diverse populations. Building on lessons learned in the pilot study, the intervention will be enhanced to include Spanish-language

materials, be viewable on a Smartphone or Tablet, and have improved website interaction capability.

Emergency Preparedness and Response (EPR) Activity

CDC collaborated with external partners to develop preparedness tools for state and local public health use, including:

- “*When There is an Emergency: Estimating the Number of Pregnant Women in a Geographical Area*,” to guide users through the process of estimating the number of pregnant women in a United States jurisdiction at any given point in time, so as to inform local preparedness and response efforts.
- “*Health Indicators for Disaster-Affected Pregnant Women, Postpartum Women and Infants: A Guide for Assessment and Surveillance of the Health of Disaster-Affected Pregnant and Postpartum Women and Infants*,” in collaboration with 23 nationwide partners.
- Guidance for anthrax prophylaxis and treatment for pregnant and postpartum women, and authored a manuscript, “Workgroup on Anthrax in Pregnant and Postpartum Women. Special Considerations for Treatment of Anthrax in Pregnant and Postpartum Women.” [*Emerging Infectious Diseases*, (Internet), February 2014.]
- The *Reproductive Health Assessment After Disaster Toolkit* to assess post-disaster needs of women of reproductive age.

RURAL HEALTH

Promoting HPV Vaccination Among Rural Appalachians

Appalachian Kentucky has some of the nation’s highest incidence rates of invasive cervical cancer (ICC). The human papillomavirus (HPV) is the major cause of ICC, and the HPV vaccine can prevent 70 percent of ICC. However, many women in this region are unaware of the benefits of immunization. From 2009–2014, CDC’s Prevention Research Centers (PRC) Program funded researchers from the University of Kentucky Prevention Research Center (PRC) to lead efforts to understand and address cancer-related disparities in this underserved region. Researchers from the University of Kentucky PRC developed and piloted a DVD entitled “1-2-3 Pap” that encourages rural Appalachian women to complete the HPV series, a primary strategy to prevent cervical cancer. Women who watched the DVD were more than twice as likely to complete the series as women who received standard care. The PRC worked with its partners to adapt this program, so it could be repeated in other underserved areas with high rates of cervical cancer. The program was eventually distributed throughout Kentucky, which led to requests for help from North Carolina and West Virginia to develop versions tailored to their states.

Addressing the Seeds of HOPE (Health, Opportunities, Partnerships, Employment) - Obesity Prevention and Economic Development Program Model for Women in Rural Eastern North Carolina

Researchers are implementing and evaluating the dissemination of HOPE Works, a stress management, obesity prevention, and economic development program designed for women in rural eastern North Carolina (Sampson, Duplin, Robeson, and Lenoir counties). Seeds of HOPE, addresses the need to reduce obesity and recognizes the context of economic and social factors that may affect weight control. An expanded model addresses health-related goals (healthy

eating, physical activity, and weight management) as well as hope-related goals (such as education, job skills training, financial literacy, and business development). It emphasizes on grassroots economic improvement responds to the community's expressed need for economic stability as a basis for health.

TOBACCO

The Health Consequences of Smoking - Fifty Years of Progress: A Report of the Surgeon General

Changes in patterns of smoking prevalence in women and the corresponding increases in smoking-related diseases and deaths in women were noted throughout the *Surgeon General's Report on Smoking and Health* released in January of 2014, marking the 50th anniversary of the first report on the health consequences of smoking. The report provided updated or new data specific to women on smoking trends, chronic obstructive pulmonary disease, reproductive outcomes, and breast cancer.

Tips from Former Smokers

The impact of smoking on women and benefits of quitting is a major focus of the *Tips From Former Smokers* campaign. Since 2012, the Tips campaign has featured 14 women telling their stories about preterm birth, cancer, gum disease, asthma, and cardiovascular disease. Smoking remains the leading cause of preventable death and disease in the United States, killing more than 480,000 Americans each year. The *Tips* campaign, which profiles real people—not actors—who are living with serious long-term health effects from smoking and secondhand smoke exposure has continued through 2013 and 2014. Since its launch, the *Tips* campaign has featured compelling stories of former smokers living with smoking-related diseases and disabilities and the toll that smoking-related illnesses have taken on them.

VIOLENCE

CDC Report on Intimate Partner and Sexual Violence in the U.S. Explores Victimization and Impact

In September 2014, CDC released “Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization - National Intimate Partner and Sexual Violence Survey, United States,” using 2011 data from the National Intimate Partner and Sexual Violence Survey (NISVS). NISVS provides data essential to informing intimate partner violence prevention efforts and providing services and resources to those victimized. These findings emphasize that sexual violence, stalking, and intimate partner violence are major public health problems in the U.S. On average, nearly 20 people per minute are victims of physical violence by an intimate partner, which equates to more than 10 million women and men. Nearly 2 million women are raped each year and more than 7 million women and men are victims of stalking each year.

CDC Advances Research on Sexual Violence Prevention

In September 2014, CDC announced that two new awardees will rigorously evaluate the effectiveness of programs to prevent sexual violence through “Evaluating Promising Strategies to Build the Evidence Base for Sexual Violence Prevention.” The two studies focus on engaging young men in prevention and partner with their CDC-funded state Rape Prevention Education program.

WOMEN OF COLOR

Helping Latina Teens Avoid Pregnancy

From 2009 – 2014, researchers developed an intervention with Latino communities in Minneapolis and St. Paul to help local teens reduce their risk for pregnancy. During the first two years of the project, the researchers and community partners collaborated to determine the intervention’s scope and activities. The collaborative process included interviews with health, education, and social-service providers; focus groups with Latino adolescent girls, boys, and parents; and guidance from Latino youth and adult members of the community. The researchers studied Latino culture, perceptions of pregnancy in Latino communities, and important points in a Latino or Latina child’s life.

Increasing Breast and Cervical Cancer Screening Among Muslim Women

In FY 2015, a new round of funding was awarded to support a three-year study, entitled *Muslim Americans Reaching for Health and Building Alliances (MARHABA)*, to evaluate the effectiveness of a culturally adapted lay health worker (LHW) intervention designed for Muslim women to increase breast and cervical cancer screening participation. The specific aims of this study are: to utilize a community-based participatory research approach to expand upon an existing collaboration between academic institutions, health providers, religious institutions, and community-based organizations to implement a breast and cervical cancer research initiative among the Muslim population in New York City; and to develop, implement, and evaluate the efficacy of a two-arm, randomized control trial designed to increase receipt of breast and cervical cancer screening among Muslim women aged 40 and over in New York City. The proposed intervention builds upon the evidence base of effectiveness of small media, one-on-one education, and LHW approaches by proposing a culturally adapted intervention for a growing community that faces disparities in breast and cervical cancer screening and unique barriers to care. The study represents a unique contribution to the literature and will culminate in the dissemination of culturally appropriate materials and strategies for this community.

Weight Loss and Smoking Cessation Intervention for American Indian and Alaska Native Women

This 4-year project (2010-2014) was a collaboration among CDC, the University of Washington, the Seattle Indian Health Board, and the Oglala Sioux Tribe. It tested the efficacy of a culturally tailored Contingency Management intervention to promote cigarette abstinence and weight loss among American Indian and Alaska Native women of reproductive age. Follow up of study participants is complete and results are forthcoming.

An Assessment of the Determinants of HIV Risk Factors for African American & Hispanic Women at Risk for HIV Infection in the Southern US.

To improve the public's health by reducing the number of persons at high risk of acquiring or transmitting HIV infection, the project sought to: increase the proportion of HIV-infected minority women who know they are infected; increase the number of HIV-infected women who are linked to appropriate medical care, prevention services, and other services as needed; and strengthen the capacity nationwide to monitor the HIV epidemic and understand the factors that place minority women at risk for HIV infection. This project supports the CDC Health Protection goal: Healthy People in Every Stage of Life. Although this project can potentially impact people in all life stages, the focus of the project was on improving the health of adults. A cross-sectional, multi-site study of African American women from North Carolina and Alabama, and Hispanic women from Florida at risk for HIV infection seeks to identify and understand the behavioral, psychological, interpersonal, and socio-cultural factors associated with HIV infection in these populations.

Take Charge. Take the Test.™

As part of its comprehensive efforts to address the HIV prevention needs of African American women and support the National HIV/AIDS Strategy, CDC launched Take Charge. Take the Test.™ (TCTT) in March 2012. This national, social marketing campaign focuses on the overarching goal of increasing HIV testing and decreasing HIV infections among African American women ages 18–34, who have unprotected sex with men. To reach black women where they live, work, play, worship, and learn, CDC updated activities for the 2014–2015 campaign year, relying primarily on strategic multisector partnerships, digital and social media tactics, and community events.

For Sisters Only (FSO) Expo Partnership

CDC works alongside national and local partners such as V-103/WAOK, through events such as For Sisters Only to reach at-risk populations, including women, men, youth, MSM, and LGBT. This annual one-day marketing event attracts thousands of mostly African American families to Atlanta, GA. CDC's participation helps bring attention to HIV/AIDS in the African American community by exhibiting and disseminating HIV/AIDS education information, discussing prevention methods, facilitating testing with local partners, and establishing linkages to care and treatment.

Listeria in Queso Fresco-Learn the Facts; Lower the Risks Webinar

A Listeria Educational Outreach Webinar was held in September 2014, which focused on increasing awareness about lowering the risk of Listeria infection among pregnant Latinas. They are 24 times more likely than non-Latinas to contract it, due to the cultural practice of eating *queso fresco*. Complications can occur during pregnancy, including miscarriage, stillbirth, premature labor, and illness and death in infants. The webinar previewed new educational materials on Listeria that were written in both Spanish and English, including a *fotonovela* in Spanish and English.

Consultation with Women's Health Professionals

CDC collaborates with local, state, and national governmental and nongovernmental agencies and organizations, professional organizations, academia, health providers, ministries of health, individuals, and others to advance women's and girls' health.

CCWH Membership

CDC OWH is a member of the HHS Coordinating Committee on Women's Health.

Food And Drug Administration (FDA) **Office of Women’s Health**

Establishment of an Office

In 1994, FDA’s Office of Women’s Health (OWH) was established in response to a Congressional mandate.

Report on Current Level of Activities

The *Women’s Health Research Roadmap* will revolutionize the future strategic direction for FDA OWH’s research program, provide a mechanism to maximize the leveraging of resources and the impact of FDA OWH research funding, and better align these efforts with FDA priorities. The *Research Roadmap* will assist FDA in addressing regulatory research questions in women’s health while ensuring flexibility to respond to emerging issues and concerns identified from external medical and scientific stakeholders.

Women in Clinical Trials and Sex Analyses

FDA OWH conducts assessments of women’s participation in clinical trials using data submitted to FDA in support of product applications.

FDA OWH published a manuscript, “Participation of Women and Sex Analyses in Late-Phase Clinical Trials of New Molecular Entity Drugs and Biologics Approved by the FDA in 2007–2009,” in the *Journal of Women’s Health* 2013; 22(7): 604-616. This study found that women’s participation in trials to support drug and biologic applications is in the range of 40-50 percent and that participation varies across disease areas for which the medical product is intended. The presentation of sex analyses in FDA reviews has stayed consistent at 72 percent since the U.S. Government Accountability Office (GAO) released its 2001 report. It has increased for biologics from 37 percent to 64 percent, according to a report from FDA’s Center for Biologics Evaluation and Research (CBER). An update to this research has been accepted for publication in the *American Journal of Therapeutics*.

At present, FDA OWH is conducting a study to assess the demographics of study participants and the conduct of sex analyses for clinical trials for drugs and biologics approved by FDA from January 2013 to December 2014. This project aims to track the participation of women and ethnic/racial groups in all phases of clinical trials as well as the analyses of the effects of sex on efficacy and safety for FDA-approved New Drug Applications (NDAs) and Biologics License Applications (BLAs) from 2013 to 2014.

Research into Sex Differences

In FY 2014, FDA OWH funded four projects in the area of sex differences research. From March 2013–September 2014, several articles were produced as a result of FDA OWH-funded sex differences research. Examples follow.

- Some studies have shown that women may benefit more than men from cardiac resynchronization therapy (CRT), a pacemaker therapy for patients with heart failure. However, women may have been underrepresented in some of the CRT trials, making it difficult to thoroughly examine sex differences. FDA OWH funded a study that combined individual patient data from multiple clinical trials to increase the number of women in the analysis for a more comprehensive exploration of sex difference for CRT. The study found that women benefit from CRT significantly more than men do.

This study was FDA’s first individual-patient-level data analysis involving medical devices from multiple companies. It shows the potential public health and regulatory science benefit of combining data from multiple clinical trials submitted to FDA. The results of this study were published under the title “Cardiac Resynchronization Therapy in Women US Food and Drug Administration Meta-Analysis of Patient-Level Data,” in *JAMA* 2014 Aug;174(8):1340-8.

- Related studies using Medicare records and the National Cardiovascular Data Registry were published in the *Journal of American College of Cardiology Heart Failure* 2013 Jun;1(3):237-44 and the *Journal of American College of Cardiology* 2014 Sep 2;64(9):887-94. Analysis of data from patients undergoing percutaneous coronary intervention (PCI) for myocardial infarction from a large observational study (TRANSLATE-ACS) revealed sex-based differences in PCI outcomes. Higher adjusted bleeding risk was observed in women, which could not be explained by differences in demographic, clinical, and treatment profiles. This and additional findings were published under the title, “Sex-based differences in outcomes after percutaneous coronary intervention for acute myocardial infarction: a report from TRANSLATE-ACS,” in the *Journal of the American Heart Association* 2014 Feb 7;3(1):e000523.

Title IX. The Food and Drug Administration Safety and Innovation Act Section 907 Action Plan

Section 907 of the Food and Drug Administration Safety and Innovation Act of 2012 (FDASIA) directed FDA to publish and provide to Congress a report “addressing the extent to which clinical trial participation and the inclusion of safety and effectiveness data by demographic subgroups, including sex, age, race, and ethnicity, is included in applications submitted to the Food and Drug Administration.” Section 907 also directed FDA to publish and provide to Congress an action plan outlining “recommendations...to improve the completeness and quality of analyses of data on demographic subgroups in summaries of product safety and effectiveness data and in labeling; [and] on the inclusion of such data, or the lack of availability of such data, in labeling; and to improve the public availability of such data to patients, healthcare providers, and researchers” and to indicate the applicability of these recommendations to the types of medical products addressed in section 907.

The report, entitled *Collection, Analysis, and Availability of Demographic Subgroup Data for FDA-Approved Medical Products*, was published in August 2013. Following its publication, FDA OWH brought strategic direction and solutions towards the development and issuance of the FDASIA section 907 Action Plan. FDA OWH and a cross-agency working group identified stakeholder concerns and recommendations about demographic subgroup representation, outcome analysis, and public communications around this topic.

The *FDA Action Plan to Enhance the Collection and Availability of Subgroup Data* was released on August 20, 2014. The *Action Plan* reflects FDA's commitment to encouraging the inclusion of a diverse patient population (with reference to sex, age, race and ethnicity) in biomedical research that supports applications for FDA-regulated medical products. Encouraging diversity in clinical trial populations is essential for ensuring improved therapeutic outcomes for women across the demographic spectrum. Although today women are more adequately represented in the majority of clinical trials and analysis for sex differences more broadly conducted, underrepresentation of women belonging to racial and ethnic minorities as well as older women remains a concern.

The *Action Plan* outlines 27 specific actions FDA plans to implement in three priority areas:

1. **Quality:** Improve the completeness and quality of demographic subgroup data collection, reporting, and analysis.
2. **Participation:** Identify barriers to subgroup enrollment in clinical trials and employ strategies to encourage greater participation.
3. **Transparency:** Make demographic subgroup data more available and transparent.

Implementation of the FDASIA section 907 Action Plan is ongoing. To support priority one, FDA issued final guidance to industry through the *Evaluation of Sex-Specific Data in Medical Device Clinical Studies*. Released in August 2014, this guidance provides a framework regarding subpopulation analysis and communication of these data medical device clinical trials. In addition, FDA OWH is providing support for a priority three transparency action item 3.1 to post demographic composition and analyses by subgroup in pivotal clinical studies for FDA-approved medical products. FDA OWH is supporting a research fellow to assist the Center for Drug Evaluation and Research (CDER) in the compilation of data for this transparency project.

Women's Health-Related Goals and Objectives

FDA Research and Development Program

FDA OWH has established a strategic priority to support research that informs FDA's regulatory decision-making regarding the safety, effectiveness, or impact of FDA-regulated products for women. In 2014, FDA OWH's Intramural Science Program funded 13 new research projects and continued 33 existing research projects that addressed topics such as sex-based differences in drug-induced heart arrhythmias, digital breast imaging, and toxic shock syndrome. FDA OWH also launched a long-term project to develop a women's health research roadmap that will address research questions important for regulatory decision making. The goal of the research

roadmap is to develop a FDA-wide women's health research strategic plan that will align research priorities and leverage resources across the agency as well as remain flexible enough to respond to emerging issues.

Medication Use During Pregnancy

More than 64 percent of women are prescribed medicines during pregnancy. Many women take medicines for chronic conditions like diabetes, hypertension, and depression, which may start or get worse during pregnancy. FDA has established research, policy, and educational initiatives on the use of medications during pregnancy and lactation.

- An FDA OWH-funded research project further refined a pre-clinical model to predict the disposition of drugs in pregnant woman in each trimester. Physiologically based pharmacokinetic (PBPK) modeling was used, which can incorporate the physiological changes of pregnancy to make predictions on drug-dosing for pregnant women who are often excluded from clinical trials. This research was published in *Drug Metabolism and Disposition* 2013 Apr; 41(4):801-13 and the *British Journal of Clinical Pharmacology* 2014 Mar; 77(3):554-7.
- Resources for You and Your Baby: Consumer Education Initiative with text4baby. FDA OWH partnered with the text4baby program to develop a 4-minute video novella to educate pregnant women and new mothers about medication use. The English and Spanish-language videos were launched for Mother's Day in May 2013. FDA OWH also established a special order form on USA.gov to disseminate FDA consumer publications on medication use during pregnancy. Over 900,000 publications were disseminated free of charge to health professionals and other community-based groups, including WIC Agencies and state and local text4baby partners.

Take Time to Care Education Program

In alignment with FDA's Strategic Priority to promote better informed decisions about the use of FDA-regulated products, FDA OWH conducted consumer outreach and education initiatives to provide print and digital resources to women and women's health professionals in FY2014. Topics included safe medication use, menopause hormone therapy, and chronic disease management. The program disseminated over 6 million fact sheets, brochures, and other materials through partnerships with government and private partners, including USA.gov; National Healthy Mothers, Health Babies Coalition; American Hospital Association (AHA); and National Consumers League.

College Women's Campaign

FDA OWH continued its collaboration with more than 160 colleges and universities to distribute educational materials at their campus health centers and health programs. In March 2014, FDA OWH launched a new webpage and web-based promotions to connect college-age women and health professionals to FDA's health information.

Medication Safety Video Collaboration with the American Hospital Association

In April 2014, FDA OWH provided a DVD of educational videos and Spanish-language video novellas for distribution through AHA's membership. These videos showcased the dangers of medication misuse and important tips for using medicines wisely. They are now being shown in over 5,000 AHA-affiliated hospital waiting rooms, physicians' offices and clinics, and through websites.

Pink Ribbon Sunday Mammography Awareness Program

The Pink Ribbon Sunday Mammography Awareness Program works to reduce breast cancer health disparities by providing community leaders with free, mammography educational materials from FDA that they can use to inform African American and Hispanic women about early detection through mammography. The program also helps raise awareness among minority women about FDA's role in ensuring quality standards for mammography facilities in the U.S. In FY13 and FY14, the program disseminated over 600,000 free outreach planning guides, mammography fact sheets in English and Spanish, and mammography outreach cards that direct women to a FDA website where they can search for certified mammography facilities in their area.

New Safe Medication Use Project for Women with Disabilities

FDA OWH conducted a two-year project with the HHS Administration on Intellectual and Developmental Disabilities (AIDD) to adapt FDA OWH medication messages for women with intellectual disabilities and sensory impairments. The project, between May 2013 and September 2014, developed adapted versions of the FDA OWH "Use Medicines Wisely" brochure for women with intellectual and developmental disabilities and self-advocates. Large-print and Braille versions of the publication were also developed. FDA OWH also partnered with AIDD and the Association of University Centers on Disability (AUCD) to conduct two webinars for health professionals that serve women with disabilities to raise awareness about FDA medication safety resources.

Dear Abby Promotion: OWH "Friends and Family Health Kit"

In May 2013, FDA OWH's consumer health publication kit was promoted by the nationally syndicated *Dear Abby* column during National Women's Health Week. The promotion resulted in over 909,440 publications ordered and 27,623 downloads.

Consultation with Women's Health Professionals

FDA OWH does not consult directly with outside organizations or regulated industry. However, FDA OWH does facilitate dialogue between FDA and external stakeholders on issues related to women's health.

Training and Education for Health Care Professionals

Women's Health Curriculum for Pharmacists

FDA OWH partnered with the American Association of Colleges of Pharmacy (AACCP) to develop a *Women's Health Curriculum and Toolkit* that will be made available to all U.S.

Schools of Pharmacy. The curriculum, officially launched by AACP at its annual meeting in July 2014, outlines core competencies and resources for addressing women's health issues in pharmacy training and practice.

<http://www.aacp.org/resources/education/whc/Pages/default.aspx>

Sex Differences Continuing Education Course

A new online course entitled *The Influence of Sex and Gender on Disease Expression and Treatment* was released in July 2014. The course provides training for physicians, nurses, pharmacists, and researchers on sex differences. Continuing education credit is available for medicine (CME), nursing (CNE), and pharmacy (CPE) in metabolic bone disorders; cardiovascular disease; pulmonary function and health; pain; and substance abuse and treatment. It is the third course offering in the *Science of Sex and Gender in Human Health* series developed by the National Institutes of Health (NIH) Office of Research on Women's Health (ORWH), in collaboration with FDA OWH. The series is available to the public for free at <http://sexandgendercourse.od.nih.gov/index.aspx>.

Stakeholder Outreach and Collaborations

FDA OWH disseminates email and social media alerts to inform health care professionals and patients about FDA drug safety communications, product approvals and withdrawals, product labeling changes, and other regulatory information related to sex differences and the treatment of health conditions impacting women. FDA OWH also disseminates easy-to-read consumer health publications and videos to communicate product safety information and general medication safety tips to women.

Collaborations are of paramount importance to FDA OWH in furthering the understanding of sex-based research and analysis. FDA OWH has historically formed partnerships with a wide range of relevant stakeholders to achieve important advances in sex analysis in regulatory science, professional training, and consumer education for women's health. More recently, FDA OWH has expanded its collaborations to include university-community partnerships to promote women's health and sex and gender training to health professionals and an international partnership with Sweden's Karolinska Institute to enhance understanding and perspectives on sex and gender research. FDA OWH also partners with women's advocacy and health association stakeholders to raise awareness regarding the inclusion of diverse women in clinical trials as well as the research and analysis of sex differences.

Scientific Workshops and Public Meetings

- “Sex Differences in Drug and Device Development,” at the eighth annual meeting of the Organization for the Study of Sex Differences (OSSD) on April 25, 2014. This symposium reviewed FDA policy regarding the inclusion of women in clinical trials that support the approval of drugs, biologics, and devices as well as the analysis of clinical trial data for sex differences in the safety and efficacy of these FDA-regulated products. Examples of sex differences in the safety and efficacy of drugs, biologics, and devices were discussed as were

current modeling and simulations research at FDA on sex differences in the safety and efficacy of devices that affect the health of women.

- “Thrombosis during Pregnancy: Risks, Prevention and Treatment for Mother and Fetus” at the Teratology Society’s 54th Annual Meeting on July 2, 2014. The symposium promoted discussion of the factors increasing the risk for thrombosis during pregnancy, fostered an exchange of information and expertise to benefit clinicians and health managers, and discussed new approaches for selecting therapies, doses, and biomarkers to help improve pregnancy outcomes for at-risk women while ensuring viability and long-term health of the newborn.
- **Public Meeting on Research on the Evaluation of the Safety of Drug and Biologic Products during Pregnancy**
FDA OWH co-sponsored a public meeting in May 2014 on *Study Approaches and Methods to Evaluate the Safety of Drugs & Biological Products during Pregnancy in the Post-approval Setting*. The purpose of the two-day, public meeting was to engage in constructive dialogue and information sharing among regulators, researchers, the pharmaceutical industry, public health agencies, health care providers, and the general public concerning challenges in designing and implementing pregnancy registries and other methods of evaluating the post-approval safety profile of drugs and biological products in pregnant women. FDA OWH facilitated a panel on the enrollment and retention of women in pregnancy exposure registry studies as well as FDA’s communication of information on pregnancy exposure registries to the public. Input from this meeting and public docket will be helpful as FDA considers revision of a guidance for industry on establishing pregnancy exposure registries.
<http://www.fda.gov/drugs/newsevents/ucm386560.htm>.

CCWH Membership

FDA’s Office of Women’s Health is a member of the HHS Coordinating Committee on Women’s Health.

Health Resources and Services Administration (HRSA) Office of Women's Health

Establishment of an Office

HRSA fulfilled the requirement set forth in section 713(a) of the Social Security Act, as amended by section 3509 of the Affordable Care Act, which required HRSA to establish an Office of Women's Health within the Office of the Administrator. HRSA previously established an Office of Women's Health (OWH) in 2000 under the Maternal and Child Health Bureau. In October 2011, an amended Statement of Organization, Functions, and Delegations of Authority was published in the Federal Register (Volume 76, No. 202, pp. 64953-64954) that transferred the function of OWH from the Maternal and Child Health Bureau to the Office of the Administrator, as required. HRSA will continue to administer this section of the Affordable Care Act.

Report on Current Level of Activities

HRSA OWH's mission is to improve the health, wellness, and safety of women and girls across the lifespan through policy, programming, outreach, and education. HRSA OWH provides ongoing expertise, updates, and reports on a variety of collaborative women's health-related activities to the Office of the Administrator, as required under section 713(b)(1) of the Social Security Act, including:

- Outreach and educational information on the Affordable Care Act, including the HRSA-supported women's preventive services guidelines to consumers and providers;
- Ongoing development and evaluation of mobile health applications and social media tools for underserved populations;
- Integration of HIV/AIDS, trauma-informed approaches, and violence prevention education and awareness among grantees and other stakeholders;
- Analysis of data and dissemination of promising practices from HRSA-funded health centers that met or exceeded Healthy People 2020 goals on two women's health-related clinical quality measures: cervical cancer screening and early entry into prenatal care;
- Collaborations to address access to care for rural, Spanish-speaking, and Tribal women and families.

HRSA OWH, in collaboration with other HRSA Bureaus and Offices and the HHS CCWH supported the *Women's Health 2013 Data Book*. It serves as a concise reference for the HRSA Administrator, senior policymakers, and program managers to identify priority focus areas on issues affecting the health of women, including women veterans, rural women, and women living with HIV/AIDS. Data are analyzed by sex, gender, race/ethnicity, age, geographic location, education, and other socio-demographic variables. In 2015, HRSA OWH will continue to

provide expertise and updates on women's health policy and programming to the Administrator and senior leadership.

Women's Health-Related Goals and Objectives

HRSA's mission is to improve health and achieve health equity through access to quality services, a skilled health workforce, and innovative programs. HRSA OWH serves a cross-cutting role in support of this mission through coordination, collaboration, information sharing, and program support activities to improve women's health across the lifespan.

- HRSA's Health Center Program patient base has grown from 17 million in 2008 to almost 22 million in 2013, with 59 percent of those patients being female. In 2013, health centers served nearly 10 million women age 15 and older, more than three of every five (61.4 percent) health-center patients in that age group. HRSA OWH highlights these demographics across the agency and HHS, using the information to guide collaborative activities to improve access to care for women and girls.
- HRSA has joined with partners in all of the HHS Regions to build Collaborative Improvement and Innovation Networks (CoIIN) to reduce infant mortality. CoIIN accelerates improvement in state-determined priority areas driving infant mortality through the application of quality improvement science, collaborative learning, and accelerated improvement and innovation across states to reduce infant mortality. Over a period of 18-24 months, Regions IV and VI CoIIN strategy teams collaboratively worked on reducing pre-term/early elective deliveries, enhancing preconception and inter-conception care for women in Medicaid, promoting safe sleep, increasing perinatal regionalization, and increasing smoking cessation among pregnant women. Preliminary results show that there has been a 29 percent decline in early elective deliveries, or about 85,000 early elective deliveries averted in Regions IV and VI since 2011.
- HRSA, in collaboration with federal and private partners, has begun to take actions toward the strategic goals of the Maternal Health Initiative. In September 2014, HRSA launched the Alliance for Innovation on Maternal Health (AIM): Improving Maternal Health and Safety program. It is a national campaign to save 100,000 women from preventable deaths or severe morbidities in the next five years by 1) promoting preconception and interconception health and health care, 2) reducing low-risk, primary caesarean deliveries, and 3) improving the quality and safety of maternity care by implementing maternal safety bundles in every birthing hospital in the U.S. HRSA OWH is providing expertise on the women's health preventive services component of this initiative.
- HRSA's Maternal, Infant, and Early Childhood Home Visiting Program supports voluntary, evidence-based home visiting services during pregnancy and to parents with young children up to age 5. States and tribal entities are eligible to receive funding through the Home Visiting Program and have the flexibility to tailor the program to serve the specific needs of their communities. The program provides for home visits by a nurse, a social worker, or early

childhood educator during pregnancy and in the first years of life to improve child and family outcomes, including promotion of maternal and infant health, prevention of child abuse and neglect, positive parenting, child development and school readiness.

In fiscal year 2014, states reported serving approximately 115,500 parents and children in 787 counties in all 50 states, the District of Columbia, and five territories as a result of the Home Visiting Program. HRSA OWH provided expertise around one of the benchmarks for the state projects relevant to domestic violence.

- HRSA led a cross-Departmental national evaluation of the Text4baby program, a free text messaging service that provides pregnant women and new moms with evidence-based information to help them have a healthy baby. The evaluation results suggest that health-related text messages may be another source of information to augment public health and health education resources among traditionally underserved populations receiving prenatal care in safety net provider settings. Evaluation began in 2010, and the final report was published in February 2015. It is available on the HRSA website at <http://www.hrsa.gov/healthit/txt4tots/index.html>.
- In calendar year 2013, HRSA funded HIV/AIDS service organizations to provide care and other support services to more than 60,777 women age 13 or older through the Ryan White HIV/AIDS Program, Part D.
- HRSA funded nine “*Enhancing Engagement and Retention in Quality HIV Care for Transgender Women of Color*” demonstration sites for up to 5 years (2012-2016). These sites will design, implement, and evaluate innovative interventions to improve timely entry, engagement, and retention in quality HIV care for transgender women of color living with HIV infection. HRSA OWH provides expertise in the development and implementation of the Special Projects of National Significance (SPNS) women’s health-related initiatives.
- In response to the September 2013 White House Interagency Federal Working Group Report on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-Related Health Disparities, HRSA coordinated Agency progress on 10 action items focused on raising awareness, fostering educational outreach, and identifying trauma-informed models of care.
- In academic year 2012-2013, 27 HRSA-supported Area Health Education Centers provided 130 continuing education programs on women’s health-related topics such as domestic violence, maternal and child health, breastfeeding, breast and cervical cancer, and prenatal health.
- Of the 9,242 HRSA-sponsored National Health Service Corps (NHSC) clinicians currently in the field, more than two-thirds (68 percent) are women. The Corps also supported female providers by offering various resources and webinars related to women’s health and, for purposes of service credit computation, allowing up to 35 days of maternity leave per service year without incurring any extension of their service obligation. HRSA OWH partnered with the NHSC around National Women’s Health Week activities.

- HRSA expanded access to quality patient-centered care for women in high-risk and underserved communities through support of community health workers such as *Promotoras de Salud*. *Promotoras de Salud* primarily works in Latino neighborhoods, providing health education and emotional support. This program is ongoing and spans the years of this reporting period: 2013-2015.
- HRSA's rural health research projects are addressing rural-urban perinatal health outcomes; quality of obstetric care and perinatal safety in rural hospitals; sex and gender differences; and the impact of race and rural status in cervical cancer screening practices. This program is ongoing and spans the years of this reporting period: 2013-2015.
- HRSA OWH led the *Care Counts: Educating Women and Families* Challenge in collaboration with HHS OWH and CCWH. The Challenge produced four tools to inform women about new health insurance options available through the Health Insurance Marketplaces as well as key provisions to improve their health and that of their families. The project spanned 2012 and 2013, when it was completed. (<http://carecounts.challengepost.com/submissions>)
- HRSA OWH collaborated with USDA's Center for Nutrition Policy and Promotion (CNPP) in developing 10 TIP Nutrition Sheets Targeting Women, Men, Teen Guys, and Teen Girls in English and Spanish. These 10 TIP Nutrition Sheets are included in the *Ten Tips Nutrition Education* series, which provides accurate, informative nutrition tips for adults and teens. This collaboration was initiated in 2013 and concluded in 2014.
- HRSA released the *Women's Health USA 2013 Databook*, a concise reference for policymakers and program managers at the federal, state, and local levels to identify and clarify issues affecting the health of women. The *2013 Databook* highlights several new topics and indicators, including chronic obstructive pulmonary disease (COPD), fast food and sugar-sweetened beverage consumption, pre-diabetes, and patient-centered care. New special-population pages also feature data on the characteristics and health of women served by health centers, immigrant women, and lesbian and bisexual women.
- HRSA OWH coordinated and participated in over 30 National Women's Health Week (NWHW) activities in 2013 and 2014, engaging all HRSA Bureaus and Offices in promoting women's health across the lifespan. NWHW is a weeklong health observance coordinated by HHS OWH. NWHW brings together communities, businesses, government, health organizations, and other groups in an effort to promote women's health and empower women to make their health a top priority.
- HRSA OWH led the development of an agency-wide workplace violence prevention policy and implemented mandatory annual workplace violence training for all agency employees. Ninety five percent of all HRSA employees completed the 2014 online training.

Women's Health Projects

In 2015, HRSA OWH will continue to coordinate and engage in strategic planning and activities with HRSA Bureaus and Offices as well as other federal partners on activities that relate to health care provider training, health service delivery, research, and demonstration projects for issues of particular concern to underserved women.

HRSA OWH has engaged in several projects in women's health that have been supported by HRSA Bureaus and Offices to fulfill the requirements in section 713(b)(3) of the Social Security Act. HRSA OWH

- Adapted and expanded mobile health applications as health education tools for underserved populations.
- Developed and shared tools to inform adult women health consumers, particularly those living in medically underserved communities, about essential coverage benefits under the Affordable Care Act.
- Educated providers about the HHS-adopted IOM recommendations for *Women's Health Preventive Services Guidelines* and contributed to the development of an HHS fact sheet for providers about screening and counseling for interpersonal and domestic violence.
- Provided mentoring opportunities for young women considering careers in public health and interdisciplinary health professions training programs.
- Revised the Agency's policy on violence prevention in the workplace and developed a mandatory annual training for all employees.
- Worked to align performance, capacity and/or other women-specific measures with National Quality Forum measures for HRSA grant programs.
- Engaged in interdisciplinary efforts to support patient-centered medical homes for women and girls.
- Increased awareness of the importance of providing trauma-informed care in primary care settings.
- Analyzed grantee data to better understand and share promising practices from high performing health centers on two women's health-related clinical quality measures: cervical cancer screening and early entry into prenatal care.
- Formed partnerships to address women's health issues in rural areas.
- Developed English and Spanish tools and resources to empower adult women and teen girls to make healthy choices around healthy eating.

- Contributed to the *Women's Health USA Databook* series for policymakers and program managers highlighting selective emerging issues, disparities, and trends in women's health.

In 2015, HRSA OWH will continue to provide a leadership role in collaborating with HRSA Bureaus and Offices to address ongoing efforts around these projects.

Consultation with Women's Health Professionals

In ongoing fulfillment of the requirements in section 713(b)(4), HRSA OWH consulted with non-federal organizations and consumer groups to seek and provide input on the Administration's policy to provide culturally appropriate, comprehensive, quality primary care to all women as well as health professions programs and education training opportunities. HRSA OWH hosted six listening sessions with approximately 85 program staff and leadership across the Agency. Cross-cutting topics for collaboration included the HRSA-recommended women's preventive health services, intimate partner violence screening and counseling, and sex/gender data collection and analysis across HRSA grant programs. Consultation with expert groups informed collaborations around workforce training and education, outreach and education on the Affordable Care Act for urban and rural communities, violence prevention, and trauma-informed care.

In 2015, HRSA OWH will continue to broaden the network of federal and non-federal partners to support HRSA's integrated approach to women's health and wellness across the lifespan.

CCWH Membership

HRSA OWH actively served on the HHS Coordinating Committee on Women's Health (CCWH) as required in section 713(b)(5) of the Social Security Act.

National Institutes of Health (NIH) **Office of Research on Women's Health**

Establishment of an Office

The NIH Office of Research on Women's Health (ORWH) was established in September 1990 within NIH's Office of the Director (OD). NIH ORWH was charged with ensuring that research conducted and supported by NIH appropriately addresses issues regarding women's health and that there is appropriate participation of women in NIH-supported clinical research, especially in clinical trials. NIH ORWH was later codified into law in the NIH Revitalization Act of 1993 (P.L. 103-43 section 486) on June 10, 1993.

The NIH Reform Act of 2006 (P.L. 109-482) mandated that the NIH ORWH reside within the Division of Program Coordination, Planning, and Strategic Initiatives (DPCPSI), which is located within the OD of NIH. Thus, the Director of NIH ORWH reports to the Director of DPCPSI. However, the Director of NIH ORWH is not precluded from reporting to the Director of NIH. The Patient Protection and Affordable Care Act (P.L. 111-148) amended section 486(a) by adding language that the Director of ORWH is a direct report to the NIH Director (as required under in section 310A(c)). Section 310A(c) was the only requirement directed to NIH under section 3509.

Report on Current Level of Activities

NIH ORWH serves as the focal point for the following:

- Coordinating women's health research and research on the influence of sex and gender on health and disease at NIH;
- Advising the NIH Director on matters relating to women's health research and research on the influence of sex and gender on health and disease;
- Strengthening and enhancing research related to diseases, disorders, and conditions that affect women, and research on the differences and similarities between men and women to strengthen the understanding of health issues impacting women;
- Working to ensure that women and minorities are appropriately represented in research studies supported by NIH; and
- Promoting recruitment, retention, re-entry, and advancement of women in biomedical careers, and supporting programs aimed at training clinician scientists in research careers in women's health research.

NIH ORWH collaborates with the NIH Institutes and Centers (ICs) to increase and enhance women's health research and research on the influence of sex and gender on health and disease. NIH ORWH co-funds basic, preclinical, clinical, translational, and behavioral/population studies

through grants, contracts, and cooperative agreements. Some funding opportunities, such as the NIH ORWH signature programs, are developed, implemented, and coordinated by NIH ORWH, with additional funding provided by the ICs. Other funding opportunities are generated by the ICs or involve investigator-initiated applications identified by IC program staff as candidates for NIH ORWH co-funding.

In accordance with the *NIH Strategic Plan for Women's Health and Sex Differences Research*, NIH ORWH facilitates that research conducted across NIH address women's health across the lifespan and in appropriate sociocultural contexts. For instance, NIH ORWH initiatives promote scientific excellence by reinforcing the requirement to include women, minorities, and children as appropriate in NIH clinical research, such that the results of clinical research benefit diverse populations. In addition, NIH ORWH leads the Coordinating Committee on Research on Women's Health (CCRWH), which represents all the NIH ICs and program offices and serves as the primary conduit for collaboration and integration of potential research, program development, and NIH ORWH funding through the ICs.

Through the CCRWH, the NIH ORWH

- Identifies research needs through gap analyses and portfolio review across NIH;
- Facilitates the integration of women's health and research on the influence of sex and gender on health and disease into NIH research;
- Supports the development of methodologies related to analysis of sex/gender, race/ethnicity, and age in NIH-supported clinical studies;
- Supports the development and expansion of clinical trials on diseases relevant to women; and
- Promotes women's health research within the IC-specific missions (Sect c. P.L. 103-43, June 10, 1993).

NIH ORWH conducts regular monthly meetings with the CCRWH and is in frequent communication with these IC representatives regarding grants, funding opportunities, and the development and implementation of new research initiatives. Such interactions allow NIH ORWH to strategically collaborate with ICs on women's health research and research on the influence of sex and gender on health and disease. With input from the CCRWH, NIH ORWH constructs a biennial report on NIH ORWH and *NIH Support for Research on Women's Health Issues* that is approved and issued by the Advisory Committee on Research on Women's Health (ACRWH).

ACRWH is a Congressionally mandated advisory committee, required by the 1993 Revitalization Act. This committee comprises physicians, scientists, and other health professionals whose clinical practice, research specialization, or professional expertise includes a significant focus on women's health issues, including research, inclusion of women and minorities in clinical research, and fostering of research careers in women's health research areas. ACRWH advises the NIH ORWH Director on appropriate research activities to be

undertaken by the NIH ICs and provides recommendations to the NIH ORWH Director on relevant issues addressing women's health research and research on the influence of sex and gender on health and disease.

Women's Health-Related Goals and Objectives

NIH ORWH is charged with advising the NIH Director on the future direction and planning of research in mission areas. NIH ORWH develops the NIH strategic plan for women's health and sex differences research through a comprehensive strategic planning process. The NIH strategic plan for women's health and sex differences research, *Moving into the Future With New Dimensions and Strategies: A Vision for 2020 for Women's Health Research*, has been widely distributed, presented at multiple venues, and acknowledged in a Senate resolution. The full strategic plan, including the complete text of the 37 working group reports and the entirety of the written public testimony, is posted on the NIH ORWH website. (<http://orwh.od.nih.gov/research/strategicplan/index.asp>)

The core of the NIH ORWH mission for more than 20 years is promoting women's health research and research on the influence of sex and gender on health and disease, increasing the number of women's health researchers, supporting women's careers in biomedical science, and reinforcing the requirement to include women and minorities as appropriate in clinical research. Although the following efforts were not initiated in specific response to the Affordable Care Act, they support the intent of section 3509. Specifically, they are consistent with the stated goal of HHS OWH to "establish short-range and long-range goals and objectives within the U.S. Department of Health and Human Services and, as relevant and appropriate, coordinate with other appropriate offices on activities within the Department that relate to disease prevention, health promotion, service delivery, research, and public and health care professional education, for issues of particular concern to women throughout their lifespan" (Sec. 229 [42 U.S.C. 237a]).

In FY 2014, NIH ORWH supported more than 197 research-related projects, including grants and contracts, with 23 IC partners across NIH for a wide range of extramural and intramural projects related to women's health and sex differences research. Examples follow.

- The **Brain Research through Advancing Innovative Neurotechnologies (BRAIN) InitiativeSM** is part of a new Presidential focus aimed at revolutionizing our understanding of the human brain. By accelerating the development and application of innovative technologies, researchers will be able to produce a revolutionary new dynamic picture of the brain that, for the first time, shows how individual cells and complex neural circuits interact in both time and space. Planning for the NIH component of The BRAIN InitiativeSM is guided by the long-term scientific plan, "BRAIN 2025: A Scientific Vision," which articulates the scientific goals of The BRAIN InitiativeSM and charts a multi-year scientific plan for achieving these goals, including timetables, milestones, and cost estimates. Additionally, NIH has established a BRAIN Multi-Council Working Group of esteemed experts in numerous disciplines who assist in ensuring a coordinated and focused effort across the agency. NIH is also working in close collaboration with other government agencies and private partners to ensure success through investment in The BRAIN InitiativeSM. In FY 2014, NIH ORWH provided support to some of the first awardees in

this ground-breaking neuroscience initiative, an investment that aims to spur increased awareness and consideration of sex as a biological variable in rigorous scientific research.

- **HPV Vaccine Trial in Costa Rica:** In 2004, the National Cancer Institute (NCI) initiated a multiyear, community-based, randomized trial of the HPV vaccine in Costa Rica. The trial enrolled 7,500 women ages 18-25. The initial, blinded phase of the trial was completed in 2010. Continued follow-up of this cohort is ongoing to evaluate the longer term impact of HPV vaccination. This is the only publicly funded trial of an HPV vaccine initiated prior to licensure. The vaccine used in the trial was developed by investigators at NCI and other research institutions and is manufactured by GlaxoSmithKline Biologicals.

Initial findings from the study demonstrated high vaccine efficacy against cervical HPV-16/18 infections and associated lesions as well as partial protection against HPV types phylogenetically related to HPV-16/18; protection against HPV-16/18 infections at other anatomic sites where HPV causes cancer, including the anus and oral region; and confirmation that the vaccine does not provide therapeutic benefit. Additionally, data from the trial demonstrated that three doses of the HPV vaccine may not be necessary: similar vaccine efficacy was observed among women who received two, and even a single dose, after four years of follow up. NIH ORWH has consistently supported this trial, and in FY2014 provided support for the ongoing participant follow-up and analysis.

- **National Person-Centered Assessment Resource (PCAR):** Investigators propose to refine and sustain a research resource infrastructure that will educate and enable researchers and other interested health professionals on the use and interpretation of person-centered health outcomes. Person-centered health outcomes are those that are reported or performed by an individual research participant or patient, and that have importance to the quality of life of that participant. In FY2014, NIH ORWH co-funded this project with NCI and 12 ICs to bring all four person-centered outcome measures (PROMIS, NIH toolbox, Neuro-QoL, and ASCQ-Me) together and then educate, equip, and enable researchers and clinical providers to use them correctly and effectively.

- **Xenograft Study on Growth-Control of Human Uterine Leiomyomata:** NIH ORWH co-funded this project in FY 2014 with the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) to elucidate the function of ovarian steroids in uterine leiomyomas. Investigators have established a novel xenograft model to address this in which tissue fragments of human leiomyoma are grafted beneath the renal capsule of immunodeficient mice.

- **A Multi-omic Analysis of the Vaginal Microbiome during Pregnancy:** NIH ORWH provided support in FY2014 for the Human Microbiome Project (a Common Fund initiative) to support the collection of data on the vaginal microbiome and immune properties of pregnant women. This project focuses on preterm birth and will provide an unparalleled integrated dataset of biological properties of the microbiome with host properties in order to evaluate the role of the vaginal microbiome in preterm birth.

- **Chronic Overlapping Pain Conditions.** NIH ORWH co-sponsored a funding opportunity announcement (FOA) in FY 2014, which was developed and supported by the NIH Pain Consortium (nine consortium member ICs were co-sponsors). The main objective of the FOA was to form research groups with interests in bridging expertise in pain mechanisms with translational and clinical expertise to address important unresolved questions about overlapping pain conditions, which primarily affect women. NIH ORWH support encourages investigators to address the sex differences in pain disorders and etiology.

NIH ORWH continues to fund two ongoing interdisciplinary programs: *Building Interdisciplinary Research Careers in Women's Health* (BIRCWH) and the *Specialized Centers of Research (SCOR) on Sex Differences Research*. These unique programs address human health concerns through sex differences research and interdisciplinary scientific collaborations. The programs also provide important support for early career scientists, with an emphasis on mentoring and collaboration, to increase the number of investigators pursuing women's health and sex differences research.

BIRCWH is an institutional mentored career development program that provides protected research time for junior faculty (known as BIRCWH scholars) who work closely with senior investigators in an interdisciplinary mentored environment. A key goal of BIRCWH is to support the next generation of researchers studying women's health research and research on the influence of sex and gender on health and disease. BIRCWH scholar research areas cover various topics, including diabetes, cancer, depression, cardiovascular health, HIV/AIDS, arthritis/musculoskeletal health, mental health, substance abuse, intimate partner violence, reproductive health, and health disparities. Since the program's inception in 2000, NIH ORWH and other NIH co-sponsors have awarded 77 grants to 39 institutions supporting 542 junior faculty members, 80 percent of whom were women. There are currently 27 active BIRCWH programs nationwide. NIH ORWH funding level for the BIRCWH program in FY 2014 was \$7.8 million.

In November 2013, a writing group comprised of NIH staff and BIRCWH leadership published an overview of the BIRCWH program and analysis of scholar success in successful application for NIH funding. Sixty-eight percent of scholars who completed the BIRCWH program applied for at least one research grant, and about half of those who applied were successful in obtaining at least one research award. Men and women had similar person funding rates, but women had higher success rates for R01 awards. These findings suggest that the BIRCWH program has been successful in helping scholars establish independent research funding, advancing their careers.

Women's Health Research Projects

The NIH ORWH SCOR program funds research centers that integrate basic, preclinical, clinical, and translational research to facilitate innovative, interdisciplinary studies on sex differences and major medical problems affecting women's health. The currently funded SCORs include research on substance abuse, the urinary tract, musculoskeletal diseases, birth injuries, stress, and pain. The majority of SCOR funding is provided by NIH ORWH, with additional support from NIH IC partners and FDA's Office of Women's Health. NIH ORWH funding level for the SCOR program was \$9.5 million in FY 2014.

In FY 2014, NIH ORWH invested \$6.6 million in funding through a newer NIH ORWH initiative, the Administrative Supplement program, to bolster the research of 64 NIH IC grantees to encourage sex/gender comparisons in preclinical and clinical studies. This investment encourages researchers to study females and males, and it is a catalyst for considering sex as a fundamental biological variable in research. The current overreliance on male subjects in preclinical research can obscure key findings related to sex that could guide the planning and development of clinical studies. This progressive approach will result in greater awareness of the need to study both sexes, demonstrate how research can incorporate sex, and reinforce the value of taking sex into account as these studies yield results. The funded supplement projects span a wide array of science, including basic immunology, cardiovascular physiology, neural circuitry, and behavioral health.

To Support and Increase the Number of Women in Biomedical Careers:

The NIH Director and the NIH ORWH Director co-chair the *NIH Working Group on Women in Biomedical Careers* (Working Group). This trans-NIH initiative was established in 2007 to develop novel strategies and tangible actions to promote the sustained advancement of women in biomedical research careers, within the NIH intramural community and throughout the extramural research community. Through the Working Group, NIH ORWH collaborates with NIH leadership, scientists, and staff to implement programs and policies to support female scientists at all stages of their careers. Recent Working Group activities to promote careers of women in biomedical research and to implement programs and policies include the following.

- **Causal Factors Research:** The Working Group, funding ICs, and awardees of the Request for Applications (RFA GM-09-012) on Research on Causal Factors and Interventions that affect the careers of women in biomedical and behavioral sciences and engineering, are maximizing the impact of the results from the initial NIH-funded investigations and focusing on effective institutional change strategies and organization, structural, and cultural factors that inhibit the success of women in science. The Working Group provided staff support for this ongoing effort in FY2014.
- **Advancement of Women in Biomedical Careers Workshop**, May 2014: Participants included prominent leaders in academia, government, and industry. Major themes of the workshop were that expectations and motivations within an academic institution combine to define a culture; and successful interventions to change culture and thus promote women's career advancement must be both integrated and individualized.
- **NIH Research Festival Symposium**, September 2014: "The Health of Women of Color: A Critical Intersection at the Corner of Sex/Gender and Race/Ethnicity" featured presentations by minority women scientists and highlighted health disparities associated with race and gender.
- **NIH Voluntary Leave Bank, began** open enrollment in November 2013: The Leave Bank is similar to the NIH Voluntary Leave Transfer Program, except the Leave Bank collects annual and restored leave donations and distributes the leave to Leave Bank members. The

Leave Bank offers income protection to eligible members who have exhausted all of their leave and are affected by a personal or family medical emergency or condition. As women serve as family health care providers more often than men, this activity supports women's careers in biomedical science.

The *Enhancing the Diversity of the NIH-Funded Workforce* program established by the Common Fund is among NIH's efforts to diversify the workforce to lead to recruitment of talented researchers from all groups; to improve the quality of the training environment; to balance and broaden the perspective in setting research priorities; to improve the ability to recruit subjects from diverse backgrounds into clinical research protocols; and to improve the Nation's capacity to address and eliminate health disparities. The trans-NIH working group for the program includes the NIH ORWH Director and staff members. The first awards for this national collaborative were announced in September 2014.

Promotion of Women's Health Research and Research on the Influence of Sex and Gender on Health and Disease:

In 2014, NIH leadership and the NIH ORWH Director stated an intention to develop and implement policies requiring applicants to consider sex as a biological variable in the design and analysis of NIH-funded research involving animals and cells (see *Nature*. 2014 May 15;509(7500):282-3.). This will lead to a stronger foundation upon which to build clinical research and clinical trials. To inform the development of these policies, NIH has formed a *Trans-NIH Sex Differences in Research Working Group*. The group is jointly co-chaired by the Director of the Office of Extramural Research (OER) and the Director of NIH ORWH. Members of the working group include senior scientists from NIH Institutes and the NIH Intramural Research Program, who are assisted in their activities by science policy staff from OER and NIH ORWH. The charge of the working group is to propose changes for consideration by NIH leadership to existing policies for basic and preclinical research.

NIH ORWH staff members participate actively in numerous trans-NIH and trans-federal committees germane to women's health research and research on the influence of sex and gender on health and disease, especially those involved in developing new research initiatives.

NIH ORWH plays a central role in preparing, reviewing, and clearing official reports related to women's health research and research on the influence of sex and gender on health and disease within NIH and on behalf of NIH in response to Departmental, Congressional, or other requests. For example, NIH ORWH recently reviewed the CDC's Cervical Cancer Prevention Fact Sheet. The Vital Signs Fact Sheet is a call-to-action, focusing public attention on what specific steps various key groups, especially healthcare providers, could take to ensure that all women receive the proper screening and HPV vaccination and testing appropriate for their age.

NIH ORWH staff members serve on the *White House Working Group on Gender-based Violence*, which aims to improve the collecting, analyzing, and using of data and research to enhance prevention and response efforts for gender-based violence. NIH ORWH also serves on

the *HHS Violence Against Women (VAW) Steering Committee* and works with key members of CCRWH to coordinate NIH research relevant to VAW.

Consultation with Women's Health Professionals

NIH ORWH recently partnered with women's health professionals and scientific colleagues to develop programming for the *Women's Health Congress 2014*, the *Eighth Annual Meeting of the Organization for the Study of Sex Differences*, the *Tenth Annual NIH Interdisciplinary Women's Health Research Symposium: Women's Health and Sex Differences Research: Past, Present and Future*, the *NIH Workshop on Advancement of Women in Biomedical Careers*, NIH Research Festival Symposium *The Health of Women of Color: A Critical Intersection at the Corner of Sex/Gender and Race/Ethnicity*, and the *Intimate Partner Violence Screening and Counseling Research Symposium*.

NIH ORWH served as a member of the planning committee for a Conference on Clinical Research in Pregnant Women: Knowledge, Gaps and Opportunities held in Rockville, Maryland on September 29-30, 2014 and funded by the National Institute of Allergy and Infectious Diseases and the Bill and Melinda Gates Foundation.

NIH ORWH actively disseminates information to the scientific community and members of the public through developing, producing, and distributing print and electronic materials. In 2014, NIH ORWH launched a new website to inform the scientific community and general public on NIH's May 2014 announcement of a policy change to require that sex be taken into account in preclinical research studies. In addition to this new platform, NIH ORWH also maintains an active website, recently redesigned, that highlights NIH ORWH programs and co-funded research on women's health and sex/gender differences at NIH. NIH ORWH also engages daily with the public on Twitter, and the NIH ORWH Director also maintains a Twitter presence with her own handle. NIH ORWH has advanced its online offerings in 2014 by adding several multimedia features, including webcast and video archived presentations, an interactive slideshow, and new photos.

The *Women of Color Data Book, 4th edition*, prepared by the Office of Research on Women's Health of the National Institutes of Health was released in October 2014. The Women of Color Health Data Book presents data on race/ethnicity and disease with relevant discussions of historical, cultural and socio-geo-demographic factors that may play a role in the health status of women of color, and is the seminal publication on this subject. Data on health disparities and some sex differences within various cultures and people of color are included in this text. This type of health data highlighting the varying cultures within racial and ethnic groups is difficult to locate with the specificity as it is reported in this text. The publication is aimed at clinicians, researchers and public health stakeholders to inform considerations in biomedical therapeutic issues as well as assist in developing programmatic priorities and initiatives in health promotion and eliminating health disparities (<http://orwh.od.nih.gov/resources/policyreports/womenofcolor.asp>). NIH ORWH creates and manages various other online resources on women's health and sex/gender differences. In FY 2014, NIH ORWH launched its third online course designed to educate researchers, clinicians, and students in the health professions on how to integrate knowledge of sex/gender differences

and similarities into their research and practice. All courses are accredited and provide continuing education credits (CMEs, CPEs, CNEs, CEUs) to visitors who complete the course. These courses are a collaborative effort between NIH ORWH and FDA OWH (<http://orwh.od.nih.gov/resources/cme.asp>).

NIH ORWH, in collaboration with other NIH Institutes and the National Medical Association, is continuing the effort to encourage and support diversity in academic medicine by sponsoring the 2014 NIH-NMA Travel Awards Program. The program provides the opportunity for travel awards to residents and fellows to attend the NMA's Annual Convention and Scientific Assembly and a special one and one-half day NIH Workshop on Career Development in Academic Medicine. The purpose of the program is to prepare minority post-graduate, resident and fellow trainees for careers in academic medicine and encourage research in areas that could positively affect and impact the health of minorities and those in underserved communities. NIH ORWH has participated on an annual basis.

NIH ORWH leads NIH efforts to annually recognize and celebrate *National Women's Health Week* (NWHW). NIH ORWH staff members serve on the HHS planning committee for NWHW and coordinate activities across NIH. Events throughout the week include a scientific symposium on a relevant women's health topic and various workshops on safety, prevention, and wellness. In 2014 the NIH ORWH NWHW Scientific Symposium "Sex Differences in Neuroscience: Past, Present and Future Perspectives" was held in the Clinical Center. NIH ORWH brought together nationally renowned pre-clinical and clinical neuroscientists to discuss sex as a biological variable, the state of research in this area, gap areas, and what they thought was forthcoming in the future of neuroscientific research. The 2014 NIH ORWH NWHW Scientific Symposium continues to be viewed as an archived videocast on both the NIH and NIH ORWH websites. An exhibit in the NIH Clinical Center housed women's health materials oriented for the general public provided by NIH ICs distributed to patients, scientists, visitors, and NIH staff. In addition, NIH ORWH created an online interactive visual slideshow showcasing research successes in women's health and sex differences research across the NIH ICs. NIH ORWH also participated in two Twitter chats during the 2014 NWHW.

Additional Activities

See the 2013 *Report of the Advisory Committee on Research on Women's Health, Fiscal Years 2011–2012: Office of Research on Women's Health and NIH Support for Research on Women's Health* at <http://orwh.od.nih.gov/resources/policyreports/pdf/ACRWH-Biennial-Report2011-2012-Section508Complete.pdf>. The Advisory Committee on Research on Women's Health, in collaboration with NIH ORWH and the NIH (CCRWH), submitted this biennial report to the Director of NIH. Even at 774 pages, it does not serve as a comprehensive listing of all NIH research on women's health. It does, however, provide a summary of those accomplishments over a two-year period. The 2013-2014 version of this report is underway and should be completed by August 2015.

CCWH Membership

NIH ORWH is a member of the HHS Coordinating Committee on Women's Health (CCWH).

Substance Abuse and Mental Health Services Administration (SAMHSA) **Office of Women's Health**

Associate Administrator for Women's Services

The Substance Abuse and Mental Health Services Administration (SAMHSA) was established in 1992 within HHS. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Through its centers and offices, SAMHSA seeks to improve the delivery and financing of prevention, treatment, and recovery support services for mental and/or substance use disorders in the United States, improving health and reducing health care and other costs to society.

SAMHSA fulfilled its statutory requirement under section 3509(d) of the Affordable Care Act and section 501(f) of the Public Health Service Act [42 U.S.C. 290aa(f)], by appointing an Associate Administrator for Women's Services (AAWS). In further compliance with the requirement of section 3509(d), the AAWS reports directly to the SAMHSA Administrator.

The AAWS established the *SAMHSA Women's Coordinating Committee* (SWCC). Its purpose is to identify substance use and mental health needs and to coordinate the provision of behavioral health services for women through SAMHSA's Center for Mental Health Services, Center for Substance Abuse Prevention, Center for Substance Abuse Treatment, and Center for Behavioral Health Statistics and Quality. The SWCC is legislatively mandated to: 1) identify the need for women's services and make an estimate of funds needed for each fiscal year; 2) identify needs regarding the coordination of women's services; 3) encourage support from all agencies in the Administration to support women's services; and 4) ensure the unique needs of minority women are recognized and addressed within SAMHSA.

SAMHSA's Advisory Committee for Women's Services (ACWS) is statutorily mandated. Its functions follow: 1) Advise the SAMHSA Administrator and AAWS on appropriate activities to be undertaken by SAMHSA, regarding women's substance abuse and mental health services; 2) Develop plans to standardize and enhance the collection of data on women's health; 3) promote the allocation of sufficient resources for women's services within each SAMHSA Center; 4) Oversee the conduct of appropriate evaluation of women's services; and 5) Monitor SAMHSA's recruitment and hiring of women in senior positions. ACWS members include physicians, practitioners, treatment providers, other health professionals, and consumers. Members have the clinical practice, specialization, or professional expertise that includes a significant focus on women's substance use and mental health conditions.

Report on Current Level of Activities

SAMHSA has identified six strategic initiatives that meet the agency's mission of reducing the impact of substance abuse and mental illness on America's communities, including those specifically related to women and girls. They include:

1. Prevention of Substance Abuse and Mental Illness

2. Health Care and Health Systems Integration
3. Trauma and Justice
4. Recovery Support
5. Health Information Technology
6. Workforce Development

Given that these initiatives are customer-centric, SAMHSA's approach to the strategic initiatives includes the use of a gender-specific lens.

SAMHSA undertook the following list of projects and activities to address the behavioral health needs of women during the reporting period March 2013-2015.

Women's Health-Related Goals and Objectives

- SAMHSA provided technical assistance to support a broad range of publicly funded systems, SAMHSA grantees, consumer organizations, and peer-run organizations serving women and girls, including mental health, substance abuse, developmental disabilities, primary health care, and criminal and juvenile justice. Technical assistance in 2013 and 2014 included in-depth trainings ranging from one to two days, onsite consultation, coaching, and virtual learning communities focused on implementation of trauma-informed approaches to meet the needs of women and girls impacted by violence and abuse. For instance, in 2014, SAMHSA provided training to project officers and grantees in the Targeted Capacity Expansion Minority Women and AIDS grant program on SAMHSA's concept of trauma and guidance for a trauma-informed approach. In addition, on-site consultation and follow-up as well as long-distance coaching was provided to the Mental Health Transformation Grant program on building, supporting, and sustaining the peer workforce, and providing trauma-informed services and supports to women.
- SAMHSA piloted the *Trauma Peer Engagement Guide for Women* technical assistance resource and implemented it to build knowledge and skills for peer organizations working with women who have experienced violence and trauma. This manual is currently available as a training and technical assistance guide through the National Center for Trauma Informed Care at <http://www.nasmhpd.org/content/engaging-women-trauma-informed-peer-support-guidebook-1>
- SAMHSA developed a training of trainers' curriculum for peers to train others on implementing the technical assistance resource *Trauma Peer Engagement Guide for Women*. The curriculum is under development.
- SAMHSA initiated the General Adult Screening and Brief Intervention Initiative by holding an Expert Meeting and follow-up Virtual Discussions on the development of a framework for screening and brief response to trauma in primary care and other health settings. The expert panel meeting on strategy development was held March 10-11, 2014.
 - Four subsequent topical discussion networks (for a total of 10 virtual meetings) convened in FY 2014-2015 with federal and field experts to provide additional input in the development of the *GATSBR Toolkit* for primary care settings.
 - Three products for the Toolkit are undergoing review, with the goal of having them approved by March 2016.

- SAMHSA’s Primary and Behavioral Health Care Integration (PBHCI) program tracked data by gender to improve the overall health and wellness of adults with serious mental illness. The program also provided grant funding to community behavioral health organizations in order to integrate primary care services into their settings. Grantees must implement interventions that address differential access/use/outcomes of services. Examples of interventions include launching breast cancer screening for at-risk women, hiring female primary care providers to lessen discomfort associated with seeing a male provider, and implementing gender-sensitive wellness programming.
- SAMHSA developed and convened a six-part webinar series on behavioral health concerns for adolescent girls, including substance abuse prevention, treatment and mental health concerns entitled “Girls Matter!” Attendance for each webinar ranged from 575 to 1,700 people and included substance abuse treatment and mental health professionals, school based/youth development and other health professionals, and research, government and policy professionals. Some of the topics have included brain development and changes in adolescence, the impact of trauma, relationship violence and abuse, healthy relationships, the impact of social media, peer pressure, the connection between race, culture, and identity development, and self-esteem. Attendees were able to earn Continuing Education Units for participating in each webinar. The timeframe was February through July 2014. The webinars are available on SAMHSA’s website at <http://www.samhsa.gov/women-children-families/training/girls-matter>.
- From March 2013 to July 2013, SAMHSA sponsored the Women’s Addiction Services Leadership Institute (WASLI), which is a six-month comprehensive leadership program that includes leadership assessments and in-person Immersion and Enhancement trainings. This program supported 18 Associates and nine Coaches.
- In 2014, SAMHSA developed a guidance document on serving the addiction treatment needs of women in co-ed programs. It was important to address supporting women with substance use disorders (SUDs) in these settings because most women receiving treatment for SUDs are served in treatment and recovery centers that serve both men and women. In addition, it is important to support women with SUDs in co-ed settings because men usually outnumber women in these centers. The purpose of this document is to articulate principles and practices that co-ed centers can easily use to assess and improve their programs and practices to serve women more effectively.
- In 2014, SAMHSA began development of a guidance document entitled “Pregnant Women with Opioid Dependence, Practice and Policy Considerations for Child Welfare and Collaborating Service Providers.” This guidance publication is intended to support efforts of states/tribes, as well as local communities, to address the needs of pregnant women with opioid addictions, as well as their infants and families. In addition, SAMHSA offers a program of in-depth technical assistance for state teams working to address the needs of opioid dependent pregnant women and their infants.

- During the reporting period, SAMHSA continued support for the Residential Treatment for Pregnant and Postpartum Women (PPW) grant program. The purpose of this program is to expand the availability of comprehensive, residential substance abuse treatment, prevention, and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and their children. The populations of focus are low-income (according to federal poverty guidelines) women, age 18 and over, who are pregnant, postpartum (the period after childbirth up to 12 months), and their minor children, age 17 and under, who have limited access to quality health services. SAMHSA has also identified traditionally underserved populations, especially racial and ethnic minority women, as a population of focus. In 2013, 26 grants were supported, and an additional 19 were funded in 2014.
- In FY 2014 application guidance, SAMHSA strengthened PPW requirements to reflect the expansion of health insurance coverage under the Affordable Care Act and the inclusion of insurance benefits for the screening and assessment of postpartum women for depression as a recommended preventive service without cost sharing. Each PPW grantee is now required to screen and assess the women served for the presence of co-occurring substance use disorders (abuse and/or dependence), depression, anxiety, and other mental disorders. PPW grantees are required to use the results of these screenings and assessments to develop comprehensive individual and family service plans to meet the needs of the women and their family unit as a whole. These plans must be developed in consultation with the women, their children, and with other family members, as appropriate. Through the PPW Program, SAMHSA has significantly advanced the knowledge base regarding specialized screenings and treatment services needed for pregnant and postpartum women. SAMHSA also recognizes there is more to learn.
- In May 2014, SAMHSA convened a Postpartum Technical Experts Panel (TEP). A panel of 30 nationally recognized experts in the postpartum field met for two days to examine the impact of pre-existing substance use and mental disorders and other considerations (such as exposure to traumatic events, lack of access to health care, and absence of family support), before, during, and after the postpartum period. The TEP has continued to convene since the May meeting. One expected outcome of the TEP is to develop strategies and make recommendations that will guide program, policy, and funding decisions at the national, state, local, and provider levels to improve care management for postpartum women and their children. A second expected outcome of the TEP is to develop resources to strengthen and stabilize families by engaging them in well organized and integrated service systems.
- Building on the success of the “Girls Matter!” webinars, SAMHSA launched a five-part webinar series on behavioral health issues for women from January to June 2015. Topics included gender-specific addiction treatment for women, family-centered approaches, screening and assessment for co-morbid conditions, trauma, working with women in the criminal justice system, among others. The webinars are available on SAMHSA’s website at: <http://www.samhsa.gov/women-children-families/trainings/women-matter>.

Collaboration with HHS Agencies and Offices

SAMHSA continues to collaborate with HHS and the Department of Justice (DOJ) agencies on initiatives that promote the health and well-being of women and girls. During the reporting period, SAMHSA actively participated as a member of the HHS Working Group on the Intersection of HIV/AIDS, Violence Against Women and Gender-related Health Disparities. SAMHSA also participated in the development of the Interagency Federal Working Group Report addressing this intersection and the related action steps.

SAMHSA staff serves as members of both the HHS Steering Committee on Violence against Women and the HHS Workgroup on Health Considerations in the Federal Strategic Action Plan for Services for Victims of Human Trafficking.

A SAMHSA staff member serves as Co-Chair of the Federal Partners Intergovernmental Committee on Women and Trauma, which consists of more than 30 agencies, to develop a joint agenda for federal action that contributes to public health support for women and girls who have experienced trauma. SAMHSA contributed to the September 2013 *Second Report of the Federal Partners Committee on Women and Trauma, Trauma-Informed Approaches: Federal Activities and Initiatives* (a working document), developed as a result of the December 2012 meeting of the Federal Roundtable on Women and Girls and Trauma.

In conjunction with HHS OWH, NIDA, ACF, and other HHS agencies and offices, SAMHSA staff helped to plan and participate in the implementation of the HHS Research Symposium on Interpersonal Violence (IPV) Screening and Brief Counseling.

Practice and policy initiatives were supported through collaboration with the State Women's Services Coordinators/Women's Services Network (WSN), which is a specialty network of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) under the auspices of the National Treatment Network and in collaboration with the National Prevention Network.

Publications

SAMHSA supports a website that contains data from SAMHSA's survey and related analyses at <http://www.samhsa.gov/data/topic.aspx>. This site contains many reports on women and girls. During the reporting period, the following were among the reports produced:

- Center for Behavioral Health Statistics and Quality (CBHSQ). (2014, April 3). The Treatment Episode Data Set (TEDS) Report: Gender Differences in Primary Substance of Abuse among Substance Abuse Treatment Admissions. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/2k14/TEDS077/sr077-gender-differences-2014.pdf>.
- Center for Behavioral Health Statistics and Quality. (2013, May 9). *The TEDS report: Characteristics of Pregnant Teens at Treatment Admission*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/2K13/TEDS121/SR121-pregnant-teen-treatment.pdf>.

- Center for Behavioral Health Statistics and Quality. (2013, July 25). *The TEDS Spotlight: Trends in Substances of Abuse among Pregnant Women and Women of Childbearing Age in Treatment*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/default/files/spot110-trends-pregnant-women-2013.pdf>.
- Center for Behavioral Health Statistics and Quality. (2013, September 9). *National Survey on Drug Use and Health (NSDUH) spotlight: 18 Percent of Pregnant Women Drink Alcohol During Early Pregnancy*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://samhsa.gov/data/sites/default/files/spot123-pregnancy-alcohol-2013/spot123-pregnancy-alcohol-2013.pdf>.
- Center for Behavioral Health Statistics and Quality. *Behavioral Health Research Reports on Substance Abuse and Mental Health among Women and Girls, published from 2001-2014*. Retrieved at <http://samhsa.gov/sata/topiz-a-z-index/reports-by-topic?topic=29>.

SAMHSA also maintains a website on women's substance abuse treatment issues, including information on training, publications, and links to other federal government resources on women (<http://www.samhsa.gov/women-children-and-families>).

Stakeholder Outreach and Education

By helping and partnering with states, territories, tribes, and communities to prevent illness and promote recovery, SAMHSA strives to improve the lives of those it serves by providing a range of support to meet unique needs across diverse levels of society. SAMHSA, together with many partners, has demonstrated that prevention works, treatment is effective, and people recover from mental and substance use disorders.

- Co-sponsored two webinars to the public offered through the Federal Partners Intergovernmental Committee on Women and Trauma. One webinar focused on the work of the Committee and the other on the intersection of mental illness, addictions disorders, and trauma for women and girls. Average participation for each webinar was over 2,000 participants.
- Partnered with the DOJ Office of Justice Programs' National Resource Center on Justice-Involved Women to create a taskforce charged with drafting guiding principles and a best-practices statement to reduce the use of restraints among pregnant incarcerated women. SAMHSA provides ongoing technical assistance and training on implementing Trauma-Informed Care and Reduction of Seclusion and Restraints to justice-related institutions serving women and girls.
 - SAMHSA's NCTIC is a five-year TA Task Order that provides technical assistance and consulting to publicly-funded systems, including justice-related institutions serving women and girls. The contract is in OY 2 of the Task Order (September 31, 2015-September 30, 2016) and is focused on implementation of SAMHSA's guidance for a trauma informed

approach: priorities for this option year are crisis response, peer empowerment, and trauma-informed inquiry, assessment, and response in primary and other health care settings.

CCWH Membership

SAMHSA is an active participant on the HHS Coordinating Committee on Women's Health.

IV. OTHER HHS AGENCIES/OFFICES

Although section 3509 of the Affordable Care Act does not have specific requirements for other HHS federal agencies and offices, the section specifies that 1) OWH, AHRQ, CDC, and HRSA coordinate with other appropriate agencies and offices on activities for issues of particular concern for women and 2) AHRQ, CDC, HRSA, and FDA consult with health professionals on policies. The section also requires that the HHS CCWH include senior-level representatives from each HHS agency and office.

The following HHS agencies and offices contributed to or supported efforts under section 3509, including but not limited to serving as members of the HHS Coordinating Committee on Women's Health.

The activities described below reflect the progress of each agency and office on their agency- and office-specific requirements in the reporting period of March 23, 2013–March 23, 2015, which is two years after the second annual report was submitted on March 23, 2013, as required by section 3509.

Administration for Children and Families (ACF)

- **The Family Violence Prevention and Services Act (FVPSA)**

The FVPSA is the primary federal funding stream dedicated to the support of domestic violence shelter and supportive services for victims of domestic violence and their children. FVPSA is administered by the Family and Youth Services Bureau's (FYSB) Family Violence Prevention and Services Division, in ACF. FYSB's FVPSA State Formula grants total \$93.4 million and fund a national network of more than 2,000 local community-based organizations providing domestic violence prevention and victim services for over 1.3 million people each year. Programs provide victims of domestic and dating violence and their children with shelter, safety planning, crisis counseling, legal advocacy, and additional support services. In FY 2013 alone, FVPSA funded 1,569 domestic violence shelters and 1,496 non-residential service sites, which served more than 1.35 million survivors, including 284,477 children.

FVPSA also funds the *National Domestic Violence Hotline* and *National, Culturally Specific, and Special Issue Resource Centers* to inform and strengthen domestic violence intervention and prevention efforts at the individual, community, and societal levels.

- **National Health Resource Center on Domestic Violence (HRCDV)**

FYSB's Family Violence Prevention and Services Division has funded the HRCDV for over 16 years. The HRCDV serves as the national clearinghouse for information on health care response to domestic violence, and provides training and technical assistance to thousands of people each year. Health professionals and domestic violence/sexual assault (DV/SA) programs also have access to model strategies and tools to address and prevent chronic health issues and injuries associated with exposure to abuse.

The FVPSA Program supports the Health Resource Center on Domestic Violence to lead national training and capacity building opportunities to help health providers address domestic violence and promote intimate partner violence healthcare screening and counseling. The HRCDV helps health care providers build stronger partnerships with domestic violence programs. FVPSA-funded state domestic violence coalitions collaborate through a multi-state working group on intimate partner violence screening and Affordable Care Act implementation, in partnership with the HRCDV. The HRCDV has also developed several informative webinar series, an online toolkit, and wallet-sized safety cards addressing important topics in the prevention of domestic and intimate partner violence. Other outreach efforts have included numerous fact sheets covering hardship exemptions for victims of domestic violence, the importance of women's health access to survivors, and other health care related topics.

Adolescent Pregnancy Prevention Program

Since 2010, ACF's FYSB has worked through their Adolescent Pregnancy Prevention (APP) Program to expand the capacity of agencies serving families and youth that focus on preventing pregnancy and the spread of sexually transmitted infections (STIs) among adolescents. The Affordable Care Act amended Title VI of the Social Security Act to include a new formula grant program entitled the *Personal Responsibility Education Program (PREP)*.

- PREP supports evidence-based programs that teach youth about abstinence and contraception to prevent pregnancy and STIs. States target services to youth between the ages of 10 and 19 who are at high risk for becoming pregnant or who have special circumstances, including living in foster care, being homeless, living with HIV/AIDS, being pregnant or a mother under 21 years of age, or residing in an area with high birth rates. PREP is allocated \$75 million. The annual appropriation for Title V State Abstinence Education is \$50 million.
- Under the Legislative Requirements for Program Support, FYSB provides Training and Technical Assistance, including information regarding evidence-based models and promising practices, consultation, and provision of resources on a broad array of teen pregnancy prevention strategies to support PREP and Competitive Abstinence Education grantees.
- Congress mandated an evaluation of PREP and FYSB administers the PREP Multi-Component Evaluation (MCE). It addresses three key areas: design decisions of PREP programs, implementation decisions and their resulting impacts, and performance measurement. The evaluation's main goal is to document how these programs are operationalized in the field and to assess their effectiveness using performance measurement indicators.

Women's Health Projects

Intimate Partner Violence (IPV) Workgroup with State Domestic Violence Coalitions

ACF's FVPSA Program has established, and continues to steer, an IPV workgroup among state domestic violence coalitions connecting domestic violence stakeholders and health care practitioners. The workgroup advocates the development of IPV tools specifically designed for

advocates; identifies implications of enhanced screening and counseling in health settings; surveys local programs for barriers, successes, and challenges; and informing FVPSA Program efforts through feedback on the development of resources for health care screening.

- **Promoting Technical Assistance through the Domestic Violence Resource Network**

ACF's FVPSA Program supports ongoing efforts by the Domestic Violence Resource Network (DVRN) to provide technical assistance on IPV prevention, intervention, and response within healthcare settings through the expertise of practice-area and culturally-specific resource centers and institutes. The HRCDV, a project of DVRN member Futures Without Violence, is funded by the FVPSA Program. Collaboration between domestic violence advocates and health professionals is the cornerstone of all FVPSA-supported HRCDV programs and resources. Each year the HRCDV trains over 4,600 providers and distributes hundreds of thousands of patient and provider education materials to over 22,000 professionals nationwide. It also provides in-depth individual technical assistance to more than 1,500 people a year.

Collaborations and Consultation

- **Interagency Workgroup on Violence Against Women, Office of the Vice President**

ACF's FVPSA Director serves as member of this Workgroup. In this capacity, she collaborates on projects and strategic planning advancing women's health as it relates to the prevention of gender-based violence and support services as well as the development and dissemination of resources for victims of intimate partner violence.

- **Interagency Workgroup on Women and Trauma**

ACF's FVPSA Program Director and staff are members of the Women and Trauma Federal Partners Committee, which was launched in April 2009. In 2014, ACF's FVPSA Program served as the coordinator of the Women and Trauma Committees national webinar series that reached more than 2,000 individuals.

- **Health Cares About IPV Toolkit**

In 2013, ACF's FVPSA Program and the HRCDV launched a toolkit entitled the *Health Cares About IPV Screening and Counseling Toolkit* (<http://www.healthcaresaboutipv.org>). The toolkit aims to help health care providers and advocates learn more about how to help women be healthy and safe, using fact sheets, archived webinars, and tools and resources related to the Affordable Care Act. For example, this toolkit includes fact sheets for advocates and health care providers to help them understand the new health policy changes specific to domestic violence: two frequently asked questions about the new Affordable Care Act IPV screening and counseling guidelines; a basic 101 memo on the Marketplaces and how to get health insurance; and a list of the Marketplaces, by state.

- **The Domestic Violence Evidence Project**

An initiative of ACF's FVPSA Program grantee, the National Resource Center on Domestic Violence, the DV Evidence Project is designed to respond to the growing emphasis on identifying and integrating "evidence-based practice." It combines what is known from research, evaluation, practice, and theory to inform critical decision-making by domestic violence programs. (<http://www.dvevidenceproject.com/publications/>)

- **Promising Futures**

Developed by ACF's FVPSA Program grantee, Futures Without Violence, the Promising Futures Project is an online resource center of best practices for serving children, youth, and parents experiencing domestic violence. (<http://promising.futureswithoutviolence.org/>)

Stakeholder Outreach and Education

- **FVPSA Annual Grantee Meeting**

Each year ACF's FVPSA Program holds an Annual Grantee Meeting of State Domestic Violence Coalition Directors and FVPSA State Administrators. One hundred fifty total representatives from the national network of domestic violence programs funded HHS' FVPSA Formula Grants attend the annual meeting. The 2014 meeting included seminars and listening sessions on several Administration priorities facilitated by domestic violence experts and federal leaders. Topics included a meeting about screening for IPV and Affordable Care Act implementation; a workshop on the intersection of homelessness and domestic violence; a discussion addressing human trafficking; and a seminar on the intersection of domestic violence and HIV/AIDS.

- **What Advocates Need to Know about the Affordable Care Act and Domestic Violence Call**

On December 16, 2013, ACF's Division of Family Violence Prevention held a grantee call to discuss what health reform means for the domestic violence field. The call addressed various questions regarding key changes in coverage to domestic violence survivors, new guidelines for first-time health insurance enrollment, and the impact on those serving victims. A panel of experts from the Department of Health and Human Services led by Bill Bentley, Associate Commissioner of the Family and Youth Services Bureau answered grantee questions. Additionally, Dr. George Askew, Chief Medical Officer for the Administration for Children and Families, Dr. Nancy Lee, Director of the HHS Office on Women's Health, and Lynn Rosenthal, White House Advisor on Violence Against Women spoke about the significance of the Affordable Care Act to the work of domestic violence victim services.

- **Domestic Violence Home Visitation Program Training & Curriculum**

ACF's FVPSA Program grantee, Futures Without Violence, has developed a training and curriculum for home visitation providers to better respond to domestic violence. The curriculum supports states and their home visitation programs in developing a core competency strategy, ensuring that all home visitation programs are equipped to help women and children living in homes with domestic violence.

(http://www.futureswithoutviolence.org/userfiles/file/HealthCare/HV_Trainers_Guide_Low_Res_FINAL.pdf)

CCWH Membership

The Director of the Family Violence Prevention and Services Program represents ACF on the HHS Coordinating Committee on Women's Health.

Administration for Community Living (ACL)

All Americans—including people with disabilities and older adults -- should be able to live at home with the supports they need and participate in communities that value their contributions. To help meet these needs, HHS created the Administration for Community Living (ACL), which houses the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, the Center for Consumer Access and Self-Determination, and the Center for Policy Evaluation.

The Administration for Community Living works with states, localities, tribal, and non-profit organizations, businesses, and families to maximize the independence, well-being, and health of older adults and those with disabilities, and the families and caregivers of both communities. ACL advocates to ensure that these their interests are reflected in the design of public policies and programs; works to protect their rights and prevent abuse and neglect; promotes individual self-determination and control of individual independence, well-being, and health; and enables their access to needed long-term services and supports.

The vision of ACL is for all people, regardless of age or disability, to live with dignity, make their own choices, and participate fully in society. Through its major components, which are described below, ACL works to achieve this vision.

Administration on Aging (AOA)

The Administration on Aging (AoA) provides leadership and expertise on program development, advocacy and initiatives affecting older Americans, their families, and their caregivers. AoA works closely with regional offices, state and area agencies on aging, tribal grantees, and community service providers to manage grants and contracts that provide services, and the planning and coordination of services, to older Americans. These programs are operated under the Older Americans Act (OAA), the Public Health Service Act (PHSA), and the Prevention and Public Health Fund established by the Affordable Care Act. AoA also administers the National Clearinghouse for Long-Term Care Information.

Newly Legislated Program Areas

As federal efforts to reduce fragmentation in programs addressing community living evolve, ACL continues to expand its capacity to serve older adults and people with disabilities. The agency is currently implementing the 2014 Workforce Innovation and Opportunity Act, which transferred the programs of the Assistive Technology Act and the National Institute on Disability, Independent Living, and Rehabilitation Research from the Department of Education to ACL. ACL's programs work collaboratively to enhance access to health care and long-term services and supports for all individuals while also promoting inclusive community living policies and initiatives nationwide. ACL activities related to improving the health of women, especially older women and women with disabilities include the following programs.

Programs for the Elderly

The Older Americans Act Nutrition Program

For over 40 years, the Older Americans Act (OAA) Nutrition Programs have provided meals and related nutrition services to older adults in a variety of community settings including senior centers and home delivery. OAA Nutrition Programs serve those in greatest social and economic need, with particular attention given to low-income individuals, minority individuals, those residing in rural communities, individuals with limited English proficiency, and those at risk of institutional care. In FY 2012 approximately 1.6 million older adults were served 86.3 million meals in congregate settings; while an additional 850,000 were served 137.4 million meals via home delivery. Nearly two thirds of those served were women. The OAA Nutrition Program helps reduce food insecurity, promotes socialization, and promotes health and well-being for those who would otherwise eat less healthily, or possibly be forced to leave their home and community.

The National Family Caregiver Support Program (NFCSP)

Family caregiving is an issue impacting more than 65.7 million people in the U.S.¹² National Alliance for Caregiving research indicates family caregivers are predominantly women (66 percent), one-third of whom take care of more than one individual. The NFCSP, provides essential services and support to family caregivers as they endeavor to care for their loved ones at home. Since 2000, ACL and the Aging Network have made significant accomplishments in serving family caregivers. In 2012, the year for which the most recent data are available, NFCSP helped more than 500,000 family caregivers locate and receive essential services. That same year, over 63,000 family caregivers received respite services, and more than 120,000 caregivers received estimated that women made more than counseling, training and support group services to help enhance their skills and confidence. More than 60 percent of those receiving services were the wives or daughters of those provided care. Also in 2012, NFCSP provided services to more than 13,000 grandparents and other relatives raising children, 69 percent of whom were grandmothers.

Aging and Disability Resource Centers Program (ADRC)

ACL, CMS, and the VA are collaborating on the Aging and Disability Resource Centers Program (ARDC) to support state efforts to create “one-stop-shop” access to programs for people seeking long term services and supports (LTSS). This gateway program is designed to provide consumers with visible and trusted sources of information, one-on-one counseling, and streamlined access to services and supports at the state and local level. The ADRC vision is to serve all individuals in need of LTSS regardless of their age, disability or income, not limited to those qualifying for Medicaid and similar programs. ADRCs address many of the frustrations consumers and their families experience when trying to find needed information, services, and supports. ADRCs raise visibility of the full range of options available and empower people to make informed decisions through integration and

¹² National Alliance for Caregiving, 2009.

coordination of existing service systems. It is 2 million contacts with ADRCs in FY 2013. More than 4 million contacts were made nationwide.

Eldercare Locator

The *Eldercare Locator* is a free nationwide public service providing older adults and caregivers with information about aging services in their community. For over 20 years, the AoA has supported the *Eldercare Locator* as a critical tool for assisting older adults and those who love them to navigate the broad array of health and human service choices that exist for our aging population. In FY 2013, more than 73 percent of the callers to the *Eldercare Locator* call center were women. Recent service enhancements include an online chat feature with live information specialists, and the introduction of eldercare consultants to handle a higher demand for intense consultation.

Senior Medicare Patrol Program

ACL's Senior Medicare Patrol (SMP) Program serves as a key partner in the Administration's ongoing, aggressive efforts to fight health care fraud. Through the SMP Program, ACL provides funds for grantees to recruit, train, and mobilize senior volunteers to educate those in their communities to prevent, detect, and report Medicare, Medicaid, and other health care fraud. Of the more than 50.8 million Medicare beneficiaries, 55 percent are women. Of the 8.7 million dual-eligible Medicare and Medicaid beneficiaries (61 percent of which are women), roughly four in 10 are under 65 years of age with permanent disabilities.

Long-Term Care Ombudsman Programs

Recent research shows that on average, women live four years longer than men. In 2012, there were 24.3 million older women and 18.8 million older men, or a sex ratio of 129 women for every 100 men. At age 85 and over, this ratio increases to 200 women for every 100 men. In FY 2013 alone, the OAA Long-Term Care Ombudsman Programs worked to resolve more than 190,000 complaints with or on behalf of residents of long-term care facilities. Residents of long-term care facilities, which include nursing homes, assisted living, and board and care homes¹ are overwhelmingly women².

Elder Justice and Adult Protective Services

Elder abuse disproportionately affects women. The higher number of female victims is not only a reflection of the fact that there are more women than men over the age of 60, but also indicates that as women age, they are more vulnerable to abuse, and experience the health consequences of violence with greater severity. In 2014, ACL established an Office of Elder Justice and Adult Protective Services to provide federal leadership and coordination for state and local programs working to combat the problem. In addition, ACL has joined with the World Health Organization and the United Nations Network on Aging to advance policies for the rights of older persons on a global scale. ACL Administrator Kathy Greenlee plays a leading role in a number of multilateral collaborations, and in September hosted a historic workshop on Elder Abuse and Violence Against Older Women at the United Nations Human Rights Council in Geneva.

National Education and Resource Center on Women and Retirement Planning

The Administration on Aging partners with the Women’s Institute for a Secure Retirement (WISER) on a cooperative agreement to maintain the National Education and Resource Center on Women and Retirement Planning (the Center). The Center targets user-friendly financial education and retirement planning tools to low-income women, women of color, and women with limited English-speaking proficiency. Through the Center’s one-stop gateway, women have access to comprehensive, easily understood information that promotes opportunities to plan for income during retirement and for long-term care. The Center conducts workshops nationwide on strategies for accessing financial and retirement planning information targeted to women and disseminates online newsletters, fact sheets, booklets, and special reports tailored to the specific needs of hard-to-reach women. It maintains an interactive website that contains important information for women on a range of financial issues, including information for divorced women, investments, pensions, Social Security, and long-term care.¹³

In addition to these efforts and webinars hosted in collaboration with the National Women’s Law Center, WISER has reached out to caregivers of military personnel and veterans who are struggling with injured and disabled veterans by providing materials at a special event organized by the Business and Professional Women’s Foundation in honor of Memorial Day. Additionally, the guide developed by WISER, “Financial Steps for Caregivers: What You Need To Know About Protecting Your Money and Retirement,” is included in the National Resource Directory, “Connecting Wounded Warriors, Service Members, Veterans, Their Families and Caregivers with Those Who Support Them.”

In 2013, WISER partnered with the Appalachian Regional Commission and the U.S. Treasury Bureau of the Debt to assist self-employed childcare workers in mid-Appalachia to set aside savings for retirement by using I Bonds and the savers tax credit. Through this unique pilot project, childcare workers in Appalachian Ohio and West Virginia are saving for retirement. During 2014, a research component was integrated into the project to better understand how to help moderate and low wage workers develop long term savings habits.

Pension Counseling Programs

ACL Pension Counseling and Information Program ensures that older Americans in 30 states have access to the help they need to secure the employer-sponsored retirement benefits they have earned. Often, these benefits are critical to older Americans’ ability to live independently with dignity. AoA funds six regional counseling projects across the nation and a technical assistance resource center that assists older Americans in accessing retirement benefits information, and help them negotiate with former employers or pension plans for due compensation. Clients are disproportionately women: three out of five women over the age of 65 have incomes that do not cover their basic daily needs. Further, older American women are twice as likely as older men to be living near or below the federal poverty line. Moreover, when women have pensions, they tend to have smaller pension benefits than men.

Oral Health

In October 2014, ACL kicked off the cross-federal initiative, *Creating the Foundation for National Replication of Community-Based Oral Health Programs for Older Adults*. The three-

¹³ Ibid., 13.

year project will identify and promote vetted, low-cost, community-based oral health services for older adults as well as examine the extent of fragmentation across federal programs. The results will be used to develop and disseminate a how-to guide entitled, *Community Guide to Adult Dental Program Implementation* (Guide) for communities interested in starting oral health programs for older adults.

Oral health is essential to overall health. However, 25 percent of people 65 and older report having no remaining natural teeth. 42 percent of individuals living below the federal poverty line report having no remaining natural teeth compared to 22 percent of those above the federal poverty line. Among low-income Medicare beneficiaries, 1 in 3 had not visited a dental provider in 5 or more years.¹⁴ Further, in 2014, ACL began leading a cross-federal team with sister agencies, the HRSA, OWH, National Institute of Dental and Craniofacial Research (NIDCR), to develop educational materials for older adults and caregivers.

The Administration on Intellectual and Developmental Disabilities (AIDD)

The Administration on Intellectual and Developmental Disabilities (AIDD) advises the Secretary on matters relating to individuals with intellectual and developmental disabilities and serves as HHS' focal point to support and encourage the provision of quality services to individuals with disabilities and their families. AIDD supports state and community efforts to increase the independence, productivity, and community integration of individuals with disabilities and ensures that their rights are protected. AIDD implements a range of grant programs authorized under the Developmental Disabilities Assistance and Bill of Rights Act, the Help America Vote Act and other legislation, while also managing federal support to the Paralysis Resource Center.

Food and Drug Administration/Administration for Community Living (FDA/ACL) Collaboration on Women with Disabilities

ACL joined with the Food and Drug Administration's Office of Women's Health (FDA/OWH), the Association of University Centers on Disabilities (AUCD) and the University of Minnesota (UCEDD), to implement recommendations that tailor the FDA/OWH print resource, *Using Medicines Wisely*, for women with an intellectual disability or vision issue. The project is developed four adaptations of the *Using Medicines Wisely* factsheet. The adaptations were tailored for women with intellectual disabilities and those with visual issues by using large font, adapted text versions to braille/printer refreshable braille, and "text for screen reader version." At the time braille versions became available in December 2014, FDA made 20,000 copies available through their partnership with USA.gov. The adapted brochures and factsheets also are available for downloading on FDA's website: www.fda.gov/womenshealthsafemeds.

State Councils on Developmental Disabilities

¹⁴ http://www.aoa.acl.gov/Aging_Statistics/Profile/2013/5.aspx

The 56 State Councils on Developmental Disabilities (Councils) across the United States and its territories work to address the identified needs of individuals with disabilities through advocacy, systems change, and capacity building efforts that promote self-determination, integration, and inclusion. Councils achieve these goals through outreach, providing training and technical assistance, removing barriers, developing coalitions, encouraging citizen participation, and keeping policymakers informed about disability issues among programs specifically targeting women. Among the program highlights is the establishment of the Arkansas Council's *Women Be Healthy* curricula that trains providers to instruct women with intellectual disabilities about health, breast and cervical cancer screenings and promotes the active participation of women in their healthcare choices.

National Network of University Centers for Excellence in Developmental Disabilities Education, Research & Service

The 68 University Centers for Excellence in Developmental Disabilities Education and Services (UCEDDs) form a nationwide network of independent and interlinked centers that represent an expansive national resource for identifying issues, finding solutions, and advancing research related to the needs of individuals with developmental disabilities and their families. UCEDD's university affiliations make them unique among AIDD program grantees and provide them with effective liaisons between academia and the community.

Women with disabilities are a medically underserved population. Many UCEDDs are implementing projects that address the health-related needs of women with disabilities. For example, women with disabilities face increased risk of breast cancer mortality and are significantly less likely than women without disabilities to receive a clinical breast exam and recommended mammogram screenings. As part of efforts to address these disparities, the New Mexico UCEDD is partnering with the American Association on Health and Disability (AAHD) and Susan G. Komen for the Cure to implement *Project Accessibility USA: Health Promotion for Women with Disabilities*. This ACL collaboration serves as a model for accessible, high-quality breast health services, and demonstrates how these services can be provided at the community level to women with disabilities.

The Center for Consumer Access and Self-Determination

The Center for Consumer Access and Self-Determination (the Center) bridges the aging and disability centers and handles the programs addressing both portfolios. It leads ACL's administration of consumer access and protection programs, as well as programs and initiatives that promote the use of self-directed and person-centered service models, for both older adults and people with disabilities, as well as caregivers and families of both. The Center carries out programs authorized under OAA, PHSA, and the Medicare Improvements for Patients and Providers Act of 2008. The Center also administers the section of the Omnibus Budget Reconciliation Act of 1990 that focuses on helping states make their health care and long-term service and support systems more person-centered and consistent with the values of self-determination, full participation in community, integration and independence.

The Center for Policy and Evaluation

The Center for Policy and Evaluation (the Center) advises and supports the agency in developing effective federal policies to address the needs of older individuals and individuals with disabilities. The Center collects and analyzes data on populations and services, develops strategic goals and objectives, evaluates the effectiveness of programs, and plans and coordinates the development of policies designed to overcome barriers that prevent older Americans and persons with disabilities from fully participating and contributing in an inclusive community life.

CCWH Membership

ACL is a member of the HHS Coordinating Committee on Women's Health.

Centers for Medicare & Medicaid Services (CMS)

The Centers for Medicare & Medicaid Services (CMS) administers four important federally funded programs: Medicare, Medicaid, the Children’s Health Insurance Program (CHIP), and the Health Insurance Marketplaces. Medicare is a federal health insurance program primarily serving people age 65 and over regardless of income. Its services are also available to the disabled and some dialysis patients. Medicaid is the primary source of medical assistance for millions of low-income and disabled Americans, providing health coverage to many of those who would otherwise be unable to obtain health insurance. CHIP provides health coverage to 8 million children in families with incomes too high to qualify for Medicaid, but too low to pay for private insurance. CHIP has provided federal matching funds to states providing coverage since 1997. The Affordable Care Act helped to create a competitive private health insurance market through the creation of Health Insurance Marketplaces. Since 2014, the Federally-facilitated Marketplaces and State-based Exchanges have provided millions of consumers with affordable health care coverage.

Center for Medicaid and CHIP Services (CMCS)

CMCS serves as the focal point for all national program policies and operations related to Medicaid, CHIP, and the Basic Health Program (BHP). By providing medical benefits to eligible recipients, these programs serve millions of families, children, pregnant women, adults without children, senior citizens, and people living with disabilities. In addition to covering services such as doctor’s visits, prescription drugs, and preventive care, Medicaid helps seniors and people with disabilities receive long-term services and supports in their communities as well as in nursing homes.

Maternal and Infant Health Initiative

In 2012, an Expert Panel for Improving Maternal and Infant Health Outcomes (Expert Panel) was convened to identify specific opportunities and strategies that could be adopted to provide better care, while reducing the cost of care for mothers and infants covered by Medicaid and/or CHIP. The Expert Panel recommended strategies to improve the rate, measurement, and timing of postpartum visits, and strategies to reduce unintended pregnancies and improve birth spacing. These visits play a vital role in assessing and addressing various aspects of women’s health. The Expert Panel also developed strategies for reducing unintended pregnancies and improving birth spacing through increased contraceptive access and use.

In 2014, CMS announced a new initiative to improve maternal and infant health outcomes built on Expert Panel discussions. The new initiative is designed to support state, provider, and beneficiary efforts to achieve improved rates and contentment with postpartum visits, and to increase the number of intended births. Additional information available here:

<http://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-18-2014.pdf> and <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/Maternal-and-Infant-Health-Initiative.pdf>.

Quality Measurement

To support CMS' maternity-focused efforts, CMS identified a core set of nine ongoing Medicaid/CHIP maternity measures for voluntary reporting by state Medicaid and CHIP agencies. This core set, which consists of six measures from the Child Core Set and three measures from the Medicaid Adult Core Set, will be used by CMS to measure and evaluate progress toward improvement. Information on the measures in the maternity core set is reported annually in the Secretary's reports on the quality of care for children and adults. Data are presented for measures that meet minimum requirements for the reporting states. In addition, a perinatal care report is produced to supplement information presented in the Secretary's reports. The 2015 report is currently in clearance. Additional information is available here: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/maternity-core-set.pdf>.

Tobacco Cessation

Section 4107 of the Affordable Care Act amends section 1905 of the Social Security Act to require coverage of counseling and pharmacotherapy for cessation of tobacco use by pregnant women. In 2014, CMS posted a "Tobacco Cessation" resource page on Medicaid.gov. This page includes action steps states can take to improve women's access to medical assistance with tobacco cessation while pregnant. CMS is available to provide technical assistance to State Medicaid Agencies that wish to reduce smoking during pregnancy through improved access to and quality of cessation benefits for women enrolled in Medicaid or CHIP. Additional information available here: <http://www.medicaid.gov/medicaid-chip-program-information/by-topics/benefits/tobacco.html>.

Center for Medicare and Medicaid Innovation

Partnering with Parents

Women and Infants Hospital of Rhode Island received a *Health Care Innovation Award* (Round 1) from the Center for Medicare and Medicaid Innovation (Innovation Center) to improve services for families in Rhode Island who have pre-term or high-risk full term babies with a Neonatal Intensive Care Unit (NICU) admission of 5 or more days. The Partnering with Parents intervention family care teams offer education and support to parents during the transition from the NICU to home, and monitor infants' growth and development. The program also supports primary care providers who help provide care for this at-risk population and has partnered with home nursing agencies throughout the state to coordinate infants' care post-discharge. Expected results include reduced emergency room visits, hospital readmissions, and neonatal morbidity, funded through section 1115A of the Social Security Act, as added by section 3021 of the Affordable Care Act.

Strong Start for Mothers and Newborns Initiative

The *Strong Start for Mothers and Newborns Initiative*, led by CMS in partnership with HRSA and ACF, includes two primary strategies to reduce preterm births and improve outcomes for pregnant women and newborns. The first strategy is a nationwide public-private partnership and awareness effort to encourage best practices and to support providers in efforts to reduce the rate of early elective deliveries before 39 weeks. The HHS Partnership for Patients and Strong Start Early Elective Deliveries (EEDs) Team was awarded the Hubert H. Humphrey Award for Service to America in June of 2014. The award recognizes their national leadership, collaboration, and results in rapidly decreasing early elective deliveries which harm mothers and babies. As of May 2014, more than 25,000 EEDs were prevented.

The second strategy of the *Strong Start for Mothers and Newborns Initiative* involves testing the effectiveness of specific enhanced prenatal care approaches (group prenatal care, birth center care, and maternity care home) to reduce preterm-related poor birth outcomes and associated costs for high-risk women enrolled in Medicaid and CHIP. In 2013, CMS awarded 27 cooperative agreements to test these approaches, reaching prenatal care providers in 32 states, the District of Columbia, and Puerto Rico. The effect of home visiting on preterm birth rates is also being evaluated by CMS, in partnership with ACT and HRSA, using data from women participating in HRSA's Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). Strong Start for Mothers and Newborns is funded through Section 1115A of the Social Security Act, as added by Section 3021 of the Affordable Care Act.

Medicaid Incentives for Prevention of Chronic Diseases

Grants have been awarded to Medicaid Incentives for Prevention of Chronic Diseases (MIPCD) grantees in ten states. MIPCD is a program established by the Affordable Care Act and administered by CMS. Among these ten states, two have tobacco cessation programs specifically targeting women. In Connecticut, the Rewards to Quit (R2Q) for Connecticut Medicaid Program, focuses on pregnant women, mothers of newborns, and people with serious mental illness. Led by the Connecticut Department of Social Services, the initiative partners with several state departments, a Yale University research team, adult and pediatric medical homes, providers, and community based organizations.

Wisconsin's MIPCD program has a component targeting Medicaid and SSI members throughout their pregnancy and the first 12 months after birth. Called *First Breath*, the program partners with the Wisconsin Department of Health Services, the University of Wisconsin School of Medicine and Public Health, and the Wisconsin Women's Health Foundation among others.

Improving Access to Comprehensive Family Planning Services

As part of the Health Care Innovation Awards (Round 2), the Center for Medicare & Medicaid Innovation is testing models aimed at improving the health of Medicare, Medicaid, and CHIP populations through prevention, wellness, and comprehensive care. One award, the Washington University School of Medicine Contraceptive Center of Excellence, provides access to a highly reliable birth control method—long acting reversible contraception (LARC)—to women at highest risk for unintended pregnancies. Typically, LARC is not readily available to low income

women due to relatively higher costs. The program expects to result in a 10 percent reduction in unintended pregnancy and a 15 percent reduction in costs related to unintended births.

CCWH Membership

CMS is a member of the HHS Coordinating Committee on Women's Health.

Center for Faith-based and Neighborhood Partnerships (The Partnership Center)

The Center for Faith-based and Neighborhood Partnerships (The Partnership Center) is HHS' liaison to secular and faith-based nonprofits, community organizations, neighborhoods, and wider communities. The Partnership Center leads the department's efforts to build and support partnerships with faith-based and community organizations in order to better serve individuals, families and communities in need. It is a mechanism for HHS to engage and communicate with local institutions that hold community trust, to ensure they have up-to-date information regarding health services and resources in their area. The Partnership Center works in collaboration with HHS agencies to extend the reach and impact of HHS programs into communities.

Its work aligns with the four specific goals put forward by President Obama for the Faith-based and Neighborhood Partnership Initiative: 1) to strengthen the role of community organizations in the economic recovery and poverty reduction; 2) to reduce unintended pregnancies and support maternal and child health; 3) to promote responsible fatherhood and healthy families; and 4) to foster interfaith dialogue and collaboration with leaders and scholars around the world, and at home.

Women's Health Projects

In May 2014, the Partnership Center sponsored two health webinars focused on the Affordable Care Act and its benefits to women. *Muslim Women and Their Health* focused on certain recommended preventive services available through most health insurance plans or issuers without cost sharing, as required by the Affordable Care Act. The DASH-Women's Health gave a presentation as did former White House Office of Public Engagement liaison for Muslim American Outreach, who is the founder and president of American Muslim Health Professionals. The second webinar, *Keeping Women Healthy: The Promise of the Health Care Law*, took place during OWH's National Women's Health Week. The DASH-Women's Health spoke to participants on the Affordable Care Act's provisions for health coverage on certain preventive services such as cancer screenings, breastfeeding support and equipment, and well-women visits.

In October 2014, the Partnership Center launched a *Health Ministers Guide on Breastfeeding* in partnership with the U.S. Breastfeeding Committee.

Stakeholder Outreach and Education

In November 2013, it collaborated with the Henry Ford Health System to host a Stakeholder Health Forum in response to Detroit's high infant mortality rate. The forum explored ways to change the existing network of medical and social services to one that would become a comprehensive, accountable system of care.

CCWH Membership

The Partnership Center is a member of the HHS Coordinating Committee on Women's Health.

Indian Health Service (IHS)

The Indian Health Service (IHS) is responsible for providing federal health services to American Indians and Alaska Natives. The provision of health services to members of federally recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes (based on Article I, Section 8 of the Constitution).

It provides comprehensive primary care and disease prevention services to approximately 2.2 million American Indians and Alaska Natives (AI/AN) through a network of 620 hospitals, clinics and health stations on or near Indian reservations. Facilities are predominately located in rural areas and are managed by IHS, Tribal, and Urban Indian health programs.

Women's Health Projects

The Deputy of IHS' Division of Clinical and Community Services will serve as the agency's Maternal Child Health consultant.

The basic primary care and preventive services that IHS offers to women include cancer screening, mammography, and PAP tests; follow up of abnormal cancer screenings and referral for treatment; contraception and treatment for sexually transmitted infections; prenatal, labor, and delivery and postpartum care; chronic and communicable disease management; out-patient behavioral health services; oral health; home visiting services provided by public health nursing and community health representatives; and safe water and sanitation services.

- The *Baby-Friendly Hospital Initiative* is an evidenced-based practice care model designed to protect and promote breastfeeding as the safest, healthiest way to nourish babies. This initiative is part of the First Lady Michelle Obama's "Let's Move! In Indian Country" campaign dedicated to solving childhood obesity within a generation. At present, 11 of the 13 IHS obstetric hospitals, or 85 percent, are designated as "Baby Friendly." Fewer than 6 percent of all U.S. hospitals are so designated, making IHS a national model for breastfeeding.
- The IHS *HIV/AIDS Program* is responsible for managing the agency's HIV/AIDS prevention and treatment activities. Among all their federal sites, IHS recorded a prenatal screening rate for HIV at 89.8 percent in FY 2013. In the subsequent fiscal year, the prenatal screening rate had increased to 91 percent. IHS recently created a national measure on chlamydia screening in women ages 15 to 24. The screening rate for chlamydia has steadily increased among federal sites. In FY 2012, the rate was 29.2 percent, while in FY 2014 the rate increased to 34.6 percent.
- The *IHS Division of Diabetes Treatment and Prevention (DDTP)* program provides a variety of resources on diabetic treatment and prevention issues through the *Healthy Heart (HH) Initiative and Diabetes Prevention Initiative*. The IHS Diabetes Care and Outcomes Audit (Audit) is an annual assessment of important diabetes care elements and outcomes for AI/AN people with diabetes. For Audit FY 2014, data were collected on nearly 116,000 AI/AN people with diabetes; 57 percent of the sample were female.

- The *IHS National Health Promotion/Disease Prevention (HP/DP) Program* supports prevention and intervention activities focusing on women’s health: educational outreach on breast and cervical cancer; heart disease; nutrition; physical inactivity; sexually transmitted disease; cholesterol; high blood pressure; immunization; tobacco use and cessation; breast feeding; domestic violence; and other topics such as social media and physical activity. IHS collaborated with the American Heart Association to increase awareness of heart disease, physical activity, blood pressure, and nutrition as well as with the American Cancer Society to increase cancer awareness and promote screenings. In addition, IHS collaborated with various Tribal Health systems to promote community-focused prevention and intervention activities specific to women’s health.
- The *Women’s Health Resource and Patient Management System (RPMS)* software package tracks women receiving Pap Smears, colonoscopies, and breast and cervical cancer screening. It allows providers to run patient management and epidemiological reports to track procedures, due dates, and patient correspondence.
- The *Patient and Family Education Protocols and Codes* committee meets annually to review and standardize RPMS patient education protocols and codes. Specific women’s health education codes are integrated into quality measures and clinical reports to provide a mechanism for clinicians to document patient education on recommended screenings, health promotion and disease prevention, family planning, pregnancy, exercise, and physical activity.

Women’s Health-Related Goals and Objectives

IHS has identified the following short-term goals to promote women’s health:

- continue the Baby Friendly designation of all 13 IHS obstetrical hospitals by FY 2016;
- complete Family Spirit training, a maternal/child health home visiting program, in three Urban Indian Health Centers by the end of FY 2016;
- develop the IHS women’s health website to include maternal child health information and resources by the end of 2016;
- meet or exceed the FY 2015 target for mammography screening of 54.8 percent;
- meet or exceed the FY 2015 target for cervical cancer screening of 64.6 percent; and
- establish “Centering Pregnancy” prenatal education groups at Shiprock and Crownpoint IHS obstetrical hospitals by the end of FY 2016.

IHS has identified the following long-term goals to promote women’s health:

- by the end of FY 2017, complete the establishment of “Centering Pregnancy” prenatal education groups at all IHS obstetrical hospitals;
- transfer the functionality of the Women’s Health RPMS package into the electronic health record;
- maintain the Baby-Friendly Designation at all 13 IHS obstetrical hospitals;
- provide an annual obstetrical and perinatal training opportunity to IHS and Tribal providers;

- provide one IHS Area annual women's health and obstetrical site visit;
- provide Obstetrical Nurse Residency Program training to improve quality and access to care; and
- appoint an IHS representative to serve on the National Child and Maternal Child Health Education Program Coordinating Committee.

Consultation with Women's Health Professionals

IHS has held Tribal Consultations on the prevalence of intimate partner violence (IPV) among AI/AN women and approaches to IPV. The agency has consulted with the following organizations:

- Administration for Children and Families (ACF)
- American College of Nurse Midwives (ACNM)
- The Centers for Disease Control and Prevention (CDC)
- The Association of Women's Health Obstetric and Neonatal Nurses (AWHONN)
- The American College of Obstetricians and Gynecologists (ACOG)
- Johns Hopkins University (JHU), Center for American Indian Health
- Health Resources and Services Administration, Maternal Child Health Bureau, Collaborative Improvement & Innovation Network to Reduce Infant Mortality
- National Institute of Child Health Quality

The agency has successfully added representation from ACNM and AWHONN to ACOG's women's health website team, which provides ongoing consultation to improve the quality of, and access to, women's health and perinatal health care services in IHS and Tribal facilities.

IHS consulted with JHU on the implementation of their Family Spirit Program. At present, the agency has a contract with JHU to provide training and follow up to three Tribal Community Health Representative Programs in order to establish MCH home visiting in their communities.

Collaborations and Stakeholder Education

- *The IHS Domestic Violence Prevention Initiative (DVPI)* is a \$10-million, nationally coordinated demonstration program that addresses domestic, sexual, and family violence within AI/AN communities. This initiative funds 65 federal, tribal, and urban Indian health programs, so these programs can develop and enhance culturally appropriate domestic and sexual violence prevention, intervention, and treatment models. The first three years of the DVPI (2010-2013) resulted in more than 28,000 direct service encounters and 36,000 referrals for crisis intervention, victim advocacy, case management, counseling, and culturally based services. A total of 487 sexual assault forensic evidence kits were submitted to federal, state, and tribal law enforcement.
- IHS established a national *Sexual Assault Policy* in March 2011, which has served as the foundation for federal facilities to develop local sexual assault policies and procedures. The policy was revised May 2014 to incorporate input from the Tribes, Urban Indian leadership,

federal stakeholders, and recommendations from the Government Accountability Office.
(<http://www.ihs.gov/>)

- IHS launched its \$4.6-million *Tribal Forensic Healthcare Training Project* in 2013 to improve the Indian health system's response to domestic and sexual violence, including child maltreatment. The project delivers in-person and web-based training for medical professionals, so they can acquire and maintain knowledge, skills, and competent clinical forensic practice. More than 195 health care providers have been trained in the identification, collection, and preservation of medical forensic evidence obtained during the evaluation of domestic and sexual violence. (www.tribalforensichealthcare.org)

CCWH Membership

IHS is a member of the HHS Coordinating Committee on Women's Health.

National Vaccine Program Office (NVPO)

The National Vaccine Program Office (NVPO) assists the ASH—who serves as the Director of the National Vaccine Program, as authorized in Section 2101 and 2102 of the Public Health Service Act (42 U.S. Code 300aa-1-2)—in achieving optimal prevention of human infectious diseases through immunization and against adverse reactions to vaccines. NVPO provides leadership and coordination among federal agencies involved in vaccine and immunization activities. In addition, it staffs the National Vaccine Advisory Committee (NVAC), which advises and makes recommendations to the ASH on matters related to program responsibilities.

Women's Health Projects

Maternal Immunizations

In June 2014, NVAC adopted a report and set of recommendations providing guidance to HHS on strategies to reduce patient and provider barriers to increased uptake of vaccines recommended for use in pregnant women. Maternal immunization programs provide the unique opportunity to prevent disease in both pregnant women and their infants, yet uptake of recommended vaccines such as influenza and pertussis-containing vaccines remains suboptimal. The report was published in the journal *Public Health Reports* and is available on the NVAC website at

http://www.hhs.gov/nvpo/nvac/reports/nvac_reducing_patient_barriers_maternal_immunizations.pdf

The NVAC report is currently under consideration by the ASH, with input from the NVPO. At present, NVAC is analyzing the challenges to developing and licensing current and new vaccine products for use in pregnant women. It will recommend to the ASH strategies to overcome these barriers in the coming year.

Vaccine Safety

- **Vaccine Safety in Pregnant Women Immunized with Tdap.** The CDC Advisory Committee on Immunization Practices recommends that pregnant women be immunized with influenza and Tdap (Tetanus, diphtheria and pertussis) vaccine during pregnancy. NVPO is collaborating with CDC's Clinical Safety Immunization Assessment (CISA) Project to conduct an observational study in pregnant women immunized with Tdap and in their newborns up to six months of age. The research team records any adverse event following the immunization and follows the development of infants born to immunized mothers. Early safety data from 375 pregnant women enrolled in the study are reassuring and suggest that Tdap is well tolerated with few moderate or severe local or systemic reactions, similar to what is observed in non-pregnant individuals. About half of these women were receiving Tdap for the first time in the current pregnancy and half had also received a dose of Tdap sometime before the current pregnancy. Pregnant women and their infants are being followed in this study for pregnancy, birth, and infant health outcomes.

- Vaccine Safety Assessment. Following the direction of the ASH and the National Vaccine Implementation Plan, NVPO commissioned a comprehensive vaccine safety review to be conducted by AHRQ’s Effective Healthcare Program, which included vaccine safety studies in pregnant women who had been immunized with the flu vaccine. RAND conducted the review pursuant to a contract with AHRQ, and the results were featured in the journal *Pediatrics*. It concluded that the inactivated flu vaccine was not associated with serious adverse events in pregnant women or their infants.
- Human Papillomavirus Vaccination (HPV) and Pharmacists. NVPO is currently working with the American Pharmacists Association to improve HPV vaccination rates through the use of pharmacies. The NVAC report “Adolescent Vaccination: Recommendations from the National Vaccine Advisory Committee – Adolescent Working Group”¹⁵ and National Cancer Institute’s President’s Cancer Panel’s report “Accelerating HPV Vaccine Uptake: Urgency for Action to Prevent Cancer”¹⁶ include several recommendations that support the use of alternative vaccination sites, such as pharmacies, as a promising strategy to increase vaccination access and coverage rates. The initiative is designed to help NVPO implement several recommendations in the two reports by understanding the barriers to pharmacy-based HPV vaccination and identifying and disseminating best practices.
- NVAC HPV Working Group. Upon a charge from the ASH, NVAC formed an HPV Working Group to review the current state of HPV immunization, to understand the root cause(s) for the observed relatively low vaccine uptake (both initiation and series completion), and to identify existing best practices. Beginning in July 2013, the working group began hearing from external experts and stakeholders in order to inform their work and recommendations. The workgroup wrote a report that was adopted at the June 2015 NVAC meeting with specific recommendations on how to increase use of this vaccine in young adolescents. This report will be published in the January edition of *Public Health Reports*.
- Adult Immunizations. NVPO is currently developing the *National Adult Immunization Plan*. The plan was released for public comment February 7, 2015 (<https://federalregister.gov/a/2015-02481>). It is expected to be publicly available in December 2015, or January 2016. The plan will be a coordinated effort among a wide range of stakeholders to improve the status of immunizations in adults in the United States. The Affordable Care Act improved access to preventive services, including immunization, and the *National Adult Immunization Plan* seeks to facilitate coordinated action by federal and non-federal partners to protect public health and achieve optimal prevention of infectious diseases and their consequences through vaccination of adults.

CCWH Membership

¹⁵ Available here: <http://www.hhs.gov/nvpo/nvac/adolescentvaccinationrecommend.pdf>

¹⁶ Available here: http://deainfo.nci.nih.gov/advisory/pcp/annualReports/HPV/PDF/PCP_Annual_Report_2012-2013.pdf

NVPO is a member of the HHS Coordinating Committee on Women's Health.

Office of Adolescent Health (OAH)

The Office of the Adolescent Health (OAH) was established in 2010 within the Office of the Assistant Secretary for Health to coordinate adolescent health programs and initiatives across HHS. OAH supports multidisciplinary projects focused on improving adolescent health, including that of adolescent girls. It works in partnership with other HHS agencies to support evidence-based approaches to promoting adolescent health and preventing disease.

Report on Current Level of Activities

Teen Pregnancy Prevention

Although the U.S. teen birth rate has decreased significantly over the past few years, the United States still has the highest teen pregnancy rate among industrialized countries. The decline in teen births may be due to behavioral changes, which can be shaped by effective teen pregnancy prevention programs. Nearly 273,105 infants were born to teen mothers in 2013.¹⁷ However, significant disparities continue to exist based upon race/ethnicity, age, geographic location, and hard-to-reach youth.

The Office of the Assistant Secretary for Health, Office of Adolescent Health, invests in evidence-based teen pregnancy prevention programs and provides funding to develop and evaluate new and innovative programs. OAH supports HHS' selection of evidence-based teen pregnancy prevention programs. In order to be selected, programs must undergo a rigorous evaluation and have demonstrated they reduced teen pregnancy or sexual risk behaviors associated with teen pregnancy or both. There are currently 37 programs on the HHS *Teen Pregnancy Prevention Evidence Review*, of which two were added this year.

OAH also provides \$75 million to 75 total grantees across the country to replicate evidence-based, medically accurate, and age-appropriate teen pregnancy prevention programs, the largest of which receive funding to conduct rigorous evaluations. An additional \$15 million is provided to 19 grantees that are testing and evaluating innovative approaches to teen pregnancy prevention with a special emphasis on reaching high-risk, vulnerable, and culturally underrepresented youth populations. In partnership with CDC, an additional \$10 million is awarded to 8 grantees to implement and evaluate community-wide approaches to teen pregnancy prevention. OAH's teen pregnancy prevention grantees serve over 140,000 youth each year in 39 states and the District of Columbia. Of the youth served, the majority are ages 11-16 (91 percent); more than half are female (52.4 percent); and approximately 37 percent are Hispanic, 31 percent are non-Hispanic black, and 23 percent are non-Hispanic white.

¹⁷ Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., and Matthews, T.J. (2015). Births: Final Data for 2013. Hyattsville, MD: National Center for Health Statistics. Retrieved January 29, 2014 from http://www.cdc.gov/nchs/data/nvsr/nvsr64/nvsr64_01.pdf.

Fiscal Year 2014 marked the end of Year 5 funding for the first cohort of TPP grantees. The OAH announced five new funding opportunities for the Teen Pregnancy Prevention Program in January 2015 and awarded funds to grantees July 1, 2015. In July 2015, OAH awarded 81 grants, totaling more than \$86 million to programs across the country. The grants are focused on reaching young people in communities where high teen pregnancy rates persist. It is estimated that through these grants approximately 291,000 youth per year will be served for a total of 1.2 million youth over the five-year grant. More information can be found at http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/cohorts-2015-2020.html.

Teen Pregnancy Prevention Resource Center

The Teen Pregnancy Prevention Resource Center serves as a repository of resources with a central location for professionals to access credible, reliable resources needed to implement quality teen pregnancy prevention programs. The Resource Center includes training areas focused on choosing an evidence-based program; recruitment, retention, and engagement; implementation; engaging vulnerable populations; strategic communication; sustainability; and evaluation. Resources address the link between teen pregnancy and mental health, violence, and substance abuse; adolescent development; staff development; and healthy relationships. The Teen Pregnancy Prevention Resource Center also includes information about these OAH programs and detailed information about the work of OAH grantees.

(http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/)

Cross-Agency Teen Pregnancy Prevention Collaboration

OAH partners with the ASPE and ACF to support and oversee the HHS Teen Pregnancy Prevention Evidence Review. OAH works closely with colleagues in ASPE, CDC, and ACF to coordinate and collaborate on all evaluation activities. In addition, through a partnership between the OAH and CDC, funding was awarded for a five-year grant period to eight state and community-based organizations to demonstrate the effectiveness of an innovative, multi-component, communitywide initiative to reduce rates of teen pregnancy and births in communities with the highest rates, with a focus on reaching African American and Latino/Hispanic youth aged 15-19 years. OAH also works collaboratively with contractors to provide technical assistance to grantees and ensure that evaluation designs are rigorous and feasible.

Pregnancy Assistance Fund

Through the Affordable Care Act, OAH administers the Pregnancy Assistance Fund (PAF), a \$25-million competitive grant program. OAH funds competitive grants to states and Tribal entities to provide expectant and parenting teens, women, fathers, and their families with a seamless network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical supports. The funds are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. OAH funds 17 entities, including 14 state and three tribal entities, for four years to develop and implement activities to support expectant and parenting teens, women, fathers, and their families.

In addition, the OAH PAF Resource and Training Center Website includes webinars, e-learning modules, current teen pregnancy information, and other resources.
(<http://www.hhs.gov/ash/oah/oah-initiatives/paf>)

National Evaluations

In addition, OAH supports several national evaluations to continue to build the evidence base for effective strategies to prevent teenage pregnancy and provide support for expectant and parenting teens. Evaluation activities include over 35 rigorous program evaluations conducted by grantees, a study assessing the costs of implementing evidence-based teen pregnancy prevention programs, and three large multisite federal evaluations. The first, the Teen Pregnancy Prevention Replication Study, examines multiple replications of three evidence-based program models. The Pregnancy Prevention Approaches evaluation is in the process of evaluating seven new and innovative models for preventing teen pregnancy. Finally, the Pregnancy Assistance Fund evaluation is evaluating the implementation of three programs aimed at supporting expectant and parenting teens.

In March 2014, OAH published *Implementing Evidence-Based Teen Pregnancy Prevention Programs: Legislation to Practice*, a supplement in the *Journal of Adolescent Health* describing implementation evaluation findings and lessons learned from the OAH teen pregnancy prevention program (<http://www.hhs.gov/ash/oah/news/press-releases/feb2014specialsupplement.html>). Overall, OAH is interested in adding to the evidence base by evaluating new and untested program models and innovative strategies, and understanding how to effectively replicate and implement evidence-based program models and how to achieve impacts that were found in the original evaluations.

Additional Women's Health Projects

HPV Vaccine Education

In FY 2014, OAH in collaboration with NVPO and the OWH, entered into an Interagency Agreement with CMS/Office of Communications (OC) to support the education of consumers, especially parents with adolescents (including adolescent girls), about the HPV vaccine. The project will also complement a CDC effort focused on providers.

Consultation with Women's Health Professionals

The Office of Adolescent Health convened two expert panels in FY 2014 to obtain input from federal and non-federal experts on priorities for the future of the teen pregnancy prevention program. Strategies to ensure its program design and implementation have the greatest impact on reducing rates of teen pregnancy and existing disparities were discussed. The programmatic-focused expert panel consisted of 12 experts and the evaluation-focused expert panel consisted of approximately 20 experts.

OAH is a member of the Interagency Working Group on Youth Programs. In addition, OAH leads the HHS Adolescent Health Working Group.

CCWH Membership

OAH serves as a member of the HHS Coordinating Committee on Women's Health.

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

The Assistant Secretary for Planning and Evaluation (ASPE) advises the Secretary of the Department of Health and Human Services on policy development in health, disability, human services, data, and science, and provides advice and analysis on economic policy. ASPE leads special initiatives, coordinates the Department's evaluation, research and demonstration activities, and manages cross-Department planning activities such as strategic planning, legislative planning, and review of regulations. Integral to this role, it conducts research and evaluation studies, develops policy analyses, and estimates the cost and benefits of policy alternatives under consideration by the Department or Congress.

ASPE staff covers women's health issues across age, biological, and sociocultural contexts. The ASPE Office of Human Services Policy focuses on poverty, human service delivery, and policies affecting adolescent girls, mothers, and low-income women across ages and cultures. For example, the Office of Human Services Policy works on teen pregnancy prevention, Temporary Assistance for Needy Families (TANF), homelessness, justice-involved women, and teen dating violence. The ASPE Office of Disability, Aging and Long-Term Care Policy is charged with developing, analyzing, evaluating, and coordinating HHS policies and programs that support the independence, productivity, health, and long-term care needs of women with disabilities, as well as aging women. The ASPE Office of Health Policy is responsible for health-related policy development among various populations, including women.

Women's Health-Related Goals and Objectives

ASPE's goals are the Department's goals as demonstrated through the Department's strategic plan and related research, evaluation, and policy coordination. For example, ASPE's research activities include an analysis of the National Center for Health Statistics (NCHS) data sets to examine trends in the use of clinical preventive services, including service utilization trends among women. This analysis of trends helps ASPE monitor the impact of the Affordable Care Act.

ASPE participated in National Survey of Family Growth (NSFG) workshops led by NCHS in 2013-2014. These were interagency discussions with researchers, women's health experts, and other external stakeholders to consider potential questionnaire changes and design changes scheduled to take effect in the fall of 2015.

It also serves on a number of inter- and intra-agency working groups coordinating policy and program development related to improving women's health. Working groups include the *Interagency Working Group on Healthcare Quality and Healthcare Disparities*, led by AHRQ, which prepares the annual *National Healthcare Quality Report* and *National Healthcare Disparities Report*. These reports include measures on women's health and disparities by age, gender, and socioeconomic status. ASPE also participates in the HHS *Violence against Women Steering Committee* and the *Federal Teen Dating Violence Workgroup*. These committees build linkages across HHS to improve the Department's response for victims of interpersonal and domestic violence.

ASPE and the National Institute of Corrections lead the Women and Reentry subcommittee of the *Federal Interagency Reentry Council* staff working group. The subcommittee membership includes staff from HHS agencies and other federal Departments. Current efforts include developing a national women and reentry communications network to link providers of services to justice-involved women across program and jurisdictional boundaries, development of tip-sheets for women leaving correctional facilities, and a literature review on women's pathways into crime including the implication for behavioral health and trauma informed services.

Women's Health Projects

Under the *Teen Pregnancy Prevention Initiative*, ASPE manages several projects addressing rates of teen pregnancies, births, and sexually transmitted infections. The latest estimates indicate 750,000 teen girls in the United States learn they are pregnant each year. HHS is committed to supporting evidence-based programs and innovative approaches to reducing teen pregnancy.

Over the past four years, ASPE has managed the *Teen Pregnancy Prevention Evidence Review*, which identifies program models with demonstrated positive impacts on teen pregnancies or births, sexually transmitted infections, or associated sexual risk behaviors. This project is overseen by ASPE in collaboration with ACF and OAH.

In addition, ASPE manages the *Federal Teen Pregnancy Prevention Replication Study*, a rigorous experimental evaluation of nine replications of evidence-based programs funded by OAH's *Teen Pregnancy Prevention Program*. ASPE has also published and disseminated policy briefs concerning women and the Affordable Care Act.

Stakeholder Outreach and Collaborations

In 2013, ASPE published a policy brief entitled *Screening and Counseling for Domestic Violence in Health Care Settings*. The brief outlined the state of practice and research on domestic violence screening, and discussed reasons for screening in health care settings, the current prevalence of screening, and reasons this prevalence is relatively low. Existing evidence about screening, and next steps towards ensuring that screening becomes an effective preventive health service were also outlined in the brief. To inform this research, ASPE consulted with health care professionals, domestic violence advocacy organizations, and researchers.

The ASPE Office of Health Policy has supported a project examining the early experiences of essential community providers (ECPs), including Title X providers in qualified health plans from multiple perspectives. This work, which has examined data from 2014 and 2015, is intended to identify variation across and within states as well as systematic issues with ECP participation that may be addressed through policy.

CCWH Membership

ASPE is a member of the HHS Coordinating Committee on Women's Health. ASPE has appointed three representatives to serve on the CCWH.

Office of Disease Prevention and Health Promotion (ODPHP)

ODPHP is responsible for developing and monitoring the national health objectives known as *Healthy People*. Healthy People 2020 was established in 2010 and sets 10-year health goals and objectives for the nation. ODPHP reports regularly to the ASH on the progress of Healthy People, including objectives and activities related to women's and maternal health. All objectives and relevant data are accessible via the healthypeople.gov website. Data is updated regularly on the website to reflect the progress being made towards these national objectives.

Women's Health-Related Goals and Objectives

Many of the 42 topic areas that are part of Healthy People 2020 include objectives that specifically track the progress of women's health. Healthy People 2020 objectives collect and report on data by gender and age, when possible, which allows HHS to track the progress on the health status of women among hundreds of disease prevention and health promotion measures. Data are available through DATA2020, an interactive tool on <http://www.healthypeople.gov>.

One topic area is Maternal, Infant, and Child Health (MICH). The workgroup is charged with monitoring the progress of the nation on improving MICH and reporting the data. Objectives focusing specifically on women's health are included throughout Healthy People 2020 in areas such as Family Planning, Injury and Violence Prevention, Heart Disease and Stroke.

Expert Advice and Consultation

The Leading Health Indicators (LHIs) initiative, a part of Healthy People 2020, highlights current critical health issues that, if left unaddressed, can result in future public health problems. By identifying and focusing on these health issues, however, some of the leading causes of preventable deaths and major illnesses can be prevented. In the spring of 2014, ODPHP released a progress update reflecting recent data and both LHIs in the area of MICH demonstrated improvements towards the Healthy People 2020 targets for these objectives. ODPHP is committed to continuing to monitor the nation's progress related to maternal health and ensuring this topic remains highlighted.

Translating Research and Best Practices

The MICH workgroup has identified several evidence-based resources that support the objectives in this topic area. They are available on the Healthy People website, which provides additional resources applicable to women in the areas of family planning, cancer, sexually

transmitted diseases, and genomics. ODPHP also highlights new data, which assists in identifying areas in women's health that need additional focus in order to reduce disparities.

Consultation with Women's Health Professionals

ODPHP regularly consults with stakeholders from diverse sectors to discuss women's health, including HHS agencies and offices. As appropriate, expertise outside of the government is sought to ensure that the best science is applied. In July 2103 and April 2014, ODPHP highlighted the MICH topic area through a webinar series on the LHIs, which raised awareness for this topic area. In the fall of 2013 and 2014, ODPHP issued *Federal Register Notices* requesting public comment on Healthy People 2020 objectives. It provided the public with an opportunity to provide feedback on women's health issues. A new objective was developed as a result of recommendations received during public comment periods.

CCWH Membership

ODPHP is a member of the HHS Coordinating Committee on Women's Health.

Office of HIV/AIDS and Infectious Disease Policy (OHAIDP)

The Office of HIV/AIDS and Infectious Disease Policy (OHAIDP) is located within ASH. OHAIDP advises the ASH and other senior HHS officials on the appropriate and timely implementation and development of policies, programs, and activities related to HIV/AIDS, viral hepatitis, and other infectious diseases of public health significance as well as blood and tissue safety and availability.

OHAIDP manages the Secretary's Minority AIDS Initiative Fund (SMAIF). These resources are appropriated by Congress to support innovative HIV prevention, care, and treatment; outreach and education; capacity building; and technical assistance activities for racial and ethnic minorities in the United States who are at high risk for, or living with, HIV/AIDS. SMAIF is the primary source of funding for AIDS.gov activities, including those improving women's health. It provides funding on a competitive basis to OWH, OPA, and OAH, whose efforts target women and girls at risk for or living with HIV/AIDS.

Another SMAIF effort, funded by OHAIDP, is the Care and Prevention of HIV in the United States (CAPUS) Demonstration Project. This three-year (2012-2014) cross-agency demonstration project is led by CDC, in partnership with HRSA's HIV/AIDS Bureau, HRSA's Bureau of Primary Health Care, SAMHSA, OHAIDP, OWH, and OMH. Its purpose is to reduce HIV and AIDS-related morbidity and mortality among racial/ethnic minority populations by addressing social, economic, clinical, and structural factors influencing HIV health outcomes, including stigma, housing instability, incarceration, and domestic violence. Upon the project's completion, CDC will conduct a formal evaluation. OHAIDP anticipates that it will partner with CDC and HRSA for this evaluation and that peer-reviewed evaluations will also be produced.

AIDS.gov serves as an information gateway to guide users to federal HIV/AIDS policies, programs, information, and resources. It works to increase the use of new media tools by government and community partners to extend the reach of HIV programs to communities at greatest risk. It also seeks to increase knowledge about HIV and access to HIV services for people most at-risk for, or living with, HIV as well as to increase HIV testing and enhance care for those individuals. Several web pages focus on women-specific aspects of HIV, including pregnancy and childbirth; microbicides; staying healthy, and being diagnosed.

Expert Advice and Consultation

The Presidential Advisory Council on HIV/AIDS (PACHA) provides advice, information, and recommendations to the HHS Secretary and to President Obama regarding programs, policies, and research priorities intended to promote effective prevention, care, and treatment of HIV, including programs serving women. PACHA participates in the White House's Interagency Federal Working Group on the Intersection of HIV/AIDS, Violence against Women and Girls, and Gender-related Health Disparities, providing advice and counsel to the Director of the White House Office of National HIV/AIDS Policy.

PACHA passed a *Resolution on the Needs of Women Living With HIV* (May 17, 2012) and has been steadfast in its recommendation to “make gender-sensitive care for women living with HIV more widely and readily available through the integration of HIV care and prevention services with sexual and reproductive health care and intimate partner violence prevention and counseling,” and “to produce expanded research into the development of women-controlled prevention methods.” PACHA continues to monitor the Affordable Care Act’s implementation and develops recommendations to improve access to lifesaving care and treatment services for Americans living with HIV, including women.

OHAIDP continues to oversee the implementation of the July 2010 *National HIV/AIDS Strategy* (NHAS) for HHS, which calls for reducing HIV transmission, increasing access to HIV care and improving health outcomes, and reducing HIV-related disparities and health inequities, including gender disparities. The NHAS calls for the federal government to achieve a more coordinated national response to the HIV epidemic, which OHAIDP supports through improved HIV data standardization, reduced HIV reporting obligations for grantees, and attempts to improve HIV data system interoperability.

In addition, OHAIDP conducts the *Tissue and Donor Epidemiology Study (TODES)* to improve transplant safety as well as the *National Blood Collection and Utilization Survey (NBCUS)*. The Advisory Committee on Blood and Tissue Safety and Availability addresses the availability of an adequate and safe tissue and blood supply. Many of these activities have implications for reducing administrative burdens and improving prevention, treatment, and care services that benefit all Americans.

In July 2013, OHAIDP and the Office of National AIDS Policy (ONAP) developed and co-signed a letter to the U.S. Women and Pre-Exposure Prophylaxis (PrEP) Working Group that addressed federal policies pertaining to the availability, efficacy, and rollout of antiretroviral medication use in women to interrupt sexual transmission of HIV.

Collaboration with HHS and Other Federal Agencies and Offices

Federal agencies have accelerated their efforts to achieve the goals of an AIDS-free generation. They have released new national information campaigns, developed innovative care delivery models; tackled stigma, discrimination, and other barriers to care; strengthened data collection and its use to improve health outcomes and monitor resource deployment; prioritized new health research; and built capacity to improve services delivery, particularly at the state and local levels. Advances in HIV testing, linkage to and retention in medical care, initiation of antiretroviral therapy, achievement of durable viral suppression, and care completion services have important implications for women.

Stakeholder Events

AIDS.gov coordinates with federal partners in OWH, CDC, HRSA, NIH, and the White House to develop and publish blog posts on HIV and hepatitis prevention, treatment, and care for women. Since March 2013, AIDS.gov has posted more than 45 blog posts on the topic of women

and HIV/hepatitis. Topics have included how community-based organizations are working to prevent and reduce HIV/AIDS among African American women and Latinas; how 20 years of results from NIH's Women's Interagency HIV Study have informed HIV treatment and care for HIV-infected women; and how to prevent perinatal transmission of hepatitis B.

AIDS.gov supported the messages of *National Women and Girls HIV/AIDS Awareness Day (NWGHAAD)* in March 2013 and March 2014. Social media support included tweets, Facebook posts, updates to the NWGHAAD Pinterest board, and joining OWH's Thunderclap, which is a tool for multiple social media users to share the same message at the same time. Multiple AIDS.gov blog posts focused on the impact of HIV on women and health disparities and on federal programs, policies, and resources that address the epidemic among women.

OHAIDP and the Office of Women's Health (OWH) co-hosted a webinar, "What Every Woman Needs to Know about Hepatitis B and C," which included CDC recommendations on hepatitis B screening for pregnant women, hepatitis C screening recommendations for individuals born 1945-1965, and women's experience of living with chronic viral hepatitis. In commemoration of National Women's Health Week and Hepatitis Awareness Month (May 2014), AIDS.gov posted a blog highlighting resources for women around viral hepatitis.

In May 2014, OHAIDP convened a webinar on "The Affordable Care Act and LGBT Individuals: Delivering Culturally Competent Quality Care in Clinical Settings." The webinar addressed issue relevant to lesbians and transgender women and was attended by 800 people.

CCWH Membership

OHAIDP is a member of the HHS Coordinating Committee on Women's Health.

Office of Minority Health (OMH)

The Office of Minority Health (OMH) is dedicated to improving the health of racial and ethnic minority populations in the United States through the development of health policies and programs that will help eliminate health disparities. Those programs address disease prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services, and barriers to health care for racial and ethnic minority populations in the United States.

Women's Health Projects and Programs

- OMH created the *Preconception Peer Educators (PPE) Program* in 2008 to reach college-age African American students with targeted health messages emphasizing preconception health and health care. It continues today, with the OMH Resource Center introducing the PPE Program to college campuses and communities. Implemented by faculty or state health workers or both, students learn about the social determinants of health; the role of healthcare providers in preconception counseling; the role of men in fatherhood; and the significance of community involvement on infant mortality. They become peer educators who then train their college peers and surrounding community members. Since the program's inception, approximately 1,800 women and men have been trained, and they in turn have educated an estimated 10,000 individuals.
- In FY 2013 and FY 2014, OMH, in collaboration with OWH and OSG, continued to promote lupus diagnosis and treatment through the *National Health Education Program on Lupus for Healthcare Providers (NHEPLHP)*. Its primary goals are to improve diagnosis and treatment for persons with lupus and reduce lupus-associated health disparities in women of color. The program engages health care providers, educators, and health professions schools to work together to improve lupus diagnosis and reduce health disparities. It has disseminated lupus education resources and materials to over 2,000 health professionals through online trainings, distribution of lupus tool kits, and presentations at national professional meetings and conferences.
- The *Youth Empowerment Program (YEP)* is intended to test innovative approaches to promoting healthy behaviors in youth at-risk for poor health and life outcomes. It provides targeted minority youth between the ages of 10 and 18 with opportunities to learn skills and gain experience that will contribute to more positive lifestyles. YEP enhances their capability to make healthier life choices in areas such as sexual risk behavior and teen pregnancy. It employs a multipartner collaborative approach involving institutions of higher education, primary and secondary schools, sports organizations, youth clubs, organizations and institutions, and the community at-large. Seven institutions of higher education are supported to implement YEP, with each required to maintain a cohort of at least 40 participants. In FY 2013 and FY 2014, the program reached a total of nearly 17,000 at-risk minority youth and their families, of which approximately 55 percent were female.
- OMH funds the *Curbing HIV/AIDS Transmission Among High Risk Minority Youth and Adolescents (CHAT)* grant program, which seeks to improve the HIV/AIDS health outcomes of

high- risk minority youth by supporting community-based efforts to increase HIV/AIDS prevention and education efforts, testing, counseling, and referrals. Its goal is to determine the effectiveness of collaborative community-based interventions, implemented at the grassroots level, on reducing health disparities among high-risk minority youth. It is also intended to expand the capacity of federal agencies as well as service providers to engage youth who are currently in alternative education settings, alternative living arrangements (court ordered), and juvenile detention facilities. Grantees have provided HIV prevention education, counseling, testing, and social services to nearly 22,000 high risk youth; conducted HIV tests for an estimated 2,800 youth; and linked 95 percent of participating youth to social and supportive services. In FY 2013, 42 percent of CHAT participants were female, and in FY 2014, 49 percent were female.

- OMH funded *The Linkage to Life Program: Rebuilding Broken Bridges for Minority Families Impacted by HIV/AIDS (L2L)* grant program. It supports family-centered, integrated Health and Social Service Resource (HSSR) networks that coordinate the provision of HIV/AIDS treatment and prevention services; health care, social, and support services; substance abuse treatment; and behavioral health services for high-risk minority populations. The program addresses the health and social barriers that may contribute to HIV/AIDS incidence and helps prevent the generational cycles of behavior that increase the risk of future HIV infection among dependent youth. During FY 2014, more than 30,000 persons received L2L services. In FY 2013, 36 percent of L2L clients were female.

Stakeholder Events

- In 2014, Region IX OMH, the Region IX Office on Women's Health, and the Pacific and Southwest Regional Health Equity Council partnered with key stakeholders to host the *Region IX National Prevention Strategy Summit on Asian American, Native Hawaiian and Pacific Islander Women and Their Families: Healthy Eating, Active Living and Tobacco Free*. It supported the *National Prevention Strategy (NPS)* by promoting the systematic adoption, implementation, and evaluation of successful programs, practices, and policy changes to improve the health of this population. More than 100 stakeholders, researchers, advocates, health professionals, and academicians attended.

- Region X OMH organized two events entitled *Improving the Health and Well-being of Latinas: Tools and Resources for Public Health and Social Service Providers* in Washington State, one in FY 2013 and one in FY 2014. Participants included community health workers, lay health workers, case managers, and community health educators. They received information, tools, and resources to use when working with Hispanic/Latina women on health issues. Session topics included the Affordable Care Act and the Health Insurance Marketplaces, the impact of health disparities on Latinas, the health status of Latinas in Washington State, and the *National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care*. The events reached approximately 275 participants.

- In FY 2013 and FY 2014, the DASH-Minority Health continued to be actively engaged in outreach efforts to women across the nation on the Affordable Care Act and its many provisions

that impact and improve women's health. These activities included national media appearances and interviews, speaking engagements, stakeholder meetings and calls, webinars, and conferences.

CCWH Membership

OMH is a member on the HHS Coordinating Committee on Women's Health.

Office of Population Affairs (OPA)

The Office of Population Affairs (OPA) oversees the Title X Family Planning Program, first authorized by the Public Health Service in 1970. The *Title X Family Planning Program* provides access to family planning and related reproductive health services with priority given to low-income persons. Services are provided voluntarily and available on a confidential basis.

OPA is overseen by the Deputy Assistant Secretary for Population Affairs under the guidance of the Office of the Assistant Secretary for Health.

OPA provides grant funding to 93 public or private, nonprofit entities that operate approximately 4,200 centers across the country that provide quality family planning services. Each year, grantees submit data to OPA through the *Family Planning Annual Report (FPAR)*. OPA is in the process of revising the FPAR system to define and interoperably extract important women's health and reproductive health variables directly from Electronic Health Records (EHR) systems. This revision will better measure performance and allow comparability at the national, regional, and local levels.

In collaboration with the CDC's Division of Reproductive Health, OPA published "*Providing Quality Family Planning Services Recommendations (QFP)*" in April 2014. These recommendations establish national guidelines for providing family planning and related preventive services.

To support grantees in providing quality services and implementing the QFP recommendations, OPA also funds five national training centers focusing on

- 1) management and systems improvement;
- 2) quality assurance, quality improvement, and evaluation;
- 3) service delivery;
- 4) clinical services; and
- 5) coordination and strategic initiatives.

Affordable Care Act Activities

OPA has focused its Affordable Care Act activities in two main areas:

- 1) Preparing the Title X service delivery network—grantees and Title X centers—for changes in the health care system, and
- 2) Understanding the impact of Affordable Care Act and health system changes on the Title X program and its providers.

OPA's training grantees have produced a number of resources for family planning providers related to the Affordable Care Act and the provision of quality family planning. These resources are available at www.fpntc.org.

OPA allocated Title X funds to 22 organizations that will provide enrollment assistance in 135 catchment areas. The grants will support competitively funded Title X projects to initiate or expand outreach and enrollment assistance activities and facilitate enrollment of eligible clients into affordable health insurance coverage through the Health Insurance Marketplaces, Medicaid, the Children's Health Insurance Program (CHIP) or other local programs. Overall, 63 percent of clients seen in Title X-funded family planning centers self-identify as being uninsured. Thus Title X-funded centers are well-positioned to improve service delivery by enrolling clients into health insurance.

In August 2014, OPA funded four competitive cooperative agreements to create the *Affordable Care Act Collaborative*. Three organizations will study the impact of health system changes as a result of the Affordable Care Act on Title X centers. The Affordable Care Act Collaborative will study if and why service sites continue to see a disproportionate number of uninsured patients and assess the long-term factors affecting the sustainability of Title X centers. These factors include costs, billing, reimbursements, and network inclusion as well as confidentiality.

Women's Health Goals and Objectives

To increase the number of unintended pregnancies averted by providing Title X family planning services, particularly to low-income individuals, OPA seeks to:

- Maintain the proportion of clients served who have family incomes at or below 200 percent of the federal poverty level, at 90 percent of total unduplicated family planning users.
- Increase the proportion of female clients at risk of unintended pregnancy who indicate using a highly or moderately effective method of contraception as their primary method of contraception.
- Increase the proportion of female clients at risk of unintended pregnancy who indicate using a long-acting reversible contraceptive as their primary method of contraception.

Appropriate Chlamydia screening and treatment is an important part of preconception and interconception health. Another OPA goal is to reduce infertility among women attending Title X family planning clinics by identifying Chlamydia infection through the screening of females ages 15 to 24. To meet this goal, OPA continues to work to increase the proportion of women in this age range who are screened for Chlamydia infection.

Collaborations with HHS Agencies and Offices

- With HRSA's Maternal and Child Health Bureau (MCHB), and Bureau of Primary Health Care (BPHC) to coordinate training and other relevant activities related to family planning.

- With CMS’s Center for Medicaid and CHIP Services (CMCS) on their Maternal Infant Health Initiatives to encourage strategies that enhance prevention of unintended pregnancy.
- With CMS’s Center for Consumer Information and Insurance Oversight (CCIIO) to help clients enroll in affordable health insurance programs.
- With the *Eunice Kennedy Shriver* National Institute of Child Health Development and other federal and non-federal agencies to identify gaps in family planning research and develop strategies to address those gaps.
- With the HHS Office of the National Coordinator (ONC), OPA has participated in an initiative to build a coalition among federal offices in HHS, private-sector electronic health records (EHR) vendors, and IT consultants to pilot test and standardize the way in which Chlamydia screening can be improved within EHR systems. The goal is to more accurately measure and report on clinical quality.

Collaborations and Consultations

OPA participates on the

- White House Working Group on the Intersection of HIV, Intimate Partner Violence and Gender-related Health Disparities
- The HHS Violence Against Women Working Group
- The Preconception Health and Health Care Steering Committee
- Preconception Care for HIV+ Women (HAB/HRSA and CDC)
- Adult Committee on Immunization Practice (CDC)
- the Adolescent Health Working Group (Office of Adolescent Health)

OPA works with several national organizations to track issues concerning family planning providers and issues impacting women’s health.

CCWH Membership

OPA is a member of the HHS Coordinating Committee on Women’s Health.

The Office of the President's Council on Fitness, Sports & Nutrition (OPCFSN)

The President's Council on Fitness Sports and Nutrition (The Council) was originally established as the President's Council on Youth Fitness by President Dwight D. Eisenhower in 1956. On June 22, 2010, President Obama issued Executive Order ("EO") 13545, which amends EO 13265, dated June 6, 2002, by changing the organization's name from the President's Council on Physical Fitness and Sports to the President's Council on Fitness, Sports & Nutrition. The Council is the only federal advisory committee focused solely on the promotion of physical activity, fitness, sports, and nutrition. It is comprised of up to 25 voluntary experts. (As of September 2014, there are 23 Council members.) The Council members advise the President of the United States through the Secretary of HHS.

The Office of the President's Council on Fitness, Sports & Nutrition (OPCFSN) works with the Council and, under its authority in Title XVII of the Public Health Service Act, shares the Council's mission to engage, educate and empower all Americans to adopt a healthy lifestyle that includes regular physical activity and good nutrition. Through partnerships with the public, private, and non-profit sectors, the OPCFSN promotes programs and initiatives that motivate people of all ages, backgrounds, and abilities to lead active, healthy lives. Specifically, the OPCFSN works to overcome the challenges, and develop opportunities, to promote fitness, sports, and nutrition across the United States.

On February 5, 2014, OPCFSN's Executive Director participated in a U.S. Congressional Briefing on *National Girls and Women in Sports Day*. The briefing consisted of presentations from a number of leaders in Title IX, women and girls in sports, and physical fitness. Presentations ranged from the importance of sport in developing leaders in girls to the strides made in regard to Title IX. Topics also encouraged continued focus on physical fitness and good nutrition as key ingredients to healthy living.

OPCFSN has participated and coordinated with OWH on a number of activities related to women and girls. One major promotion of OPCFSN is the *President's Challenge. Presidential Active Lifestyle Award (PALA+)*. PALA+ is a signature program of OPCFSN. OWH has been promoting the work of the *President's Challenge* and PALA+ since November 2010.

PALA+ serves to encourage women who are over 18 years of age and girls between ages 6 and 17 to engage in regular physical activity and practice good nutrition. This six-week OPCFSN program promotes healthy living by motivating participants to set and achieve physical activity and healthy eating goals. The *President's Challenge* helps people of all ages, backgrounds, and abilities increase their physical activity through research-based information, easy-to-use tools and resources, and friendly motivation.

During the spring of 2014, OPCFSN entered into an agreement with OWH to support the development of a new *Sports for All* initiative. It will include a literature review and associated outreach campaign that is planned to launch in FY 2015. These two activities are relevant to and necessary for the successful implementation of the *Physical Activity Guidelines for Americans*,

Dietary Guidelines for Americans, Healthy People 2020, and several of the HHS Secretary's strategic initiatives.

This new initiative serves as a follow up to a paper entitled "*Sports for All*" - *Summary of the Evidence of Psychological and Social Outcomes of Participation* by Dr. Daniel Gould, a member of the OPCFSN Science Board. It has several goals:

- to educate the public on the numerous social and overall health benefits of sports participation for all Americans, including adolescents and children, with a particular emphasis on girls;
- to encourage parents and caregivers to pursue sports opportunities for adolescent children; and
- to empower organizations to integrate the best practices and principles of *Sports for All* into programming efforts.

CCWH Membership

OPCFSN is a member of the HHS Coordinating Committee on Women's Health.

The Office of the Surgeon General (OSG)

The Office of the Surgeon General (OSG) is part of the Office of the Assistant Secretary for Health. As the Nation's Doctor, the Surgeon General provides Americans with the best scientific information available on how to improve their health and reduce the risk of illness and injury. It serves as the Nation's leading spokesperson on matters of public health.

In 2010, the Affordable Care Act designated the Surgeon General as the Chair of the National Prevention Council (NPC), which provides coordination and leadership among 20 executive departments with respect to prevention, wellness, and health promotion activities. The Surgeon General oversees the U.S. Public Health Service (USPHS) Commissioned Corps, an elite group of more than 6,800 uniformed officer public health professionals working throughout the federal government whose mission is to protect, promote, and advance the health of our nation.

My Family Health Portrait Tool

Every year since 2004, the Surgeon General has declared Thanksgiving to be National Family History Day. The Surgeon General's Family History Initiative is an ongoing and annual initiative to support and encourage family discussions surrounding familial health history. The Surgeon General encourages Americans to talk about, and write down, health problems that seem to run in their family. Learning about their family's health history may help ensure a longer, healthier future together. Because family health history is such a powerful screening tool, the Surgeon General, in cooperation with other HHS agencies, has created a computerized tool to help make it fun and easy for anyone to create a sophisticated portrait of their family's health. The "My Family Health Portrait" tool is a Web-enabled program that runs on any computer connected to the Web and helps users organize family history information and print it out for presentation to their family doctor. In addition, the tool helps users save their family history information to their own computer and even share family history information with other family members. Women play a vital role in the Surgeon General's Health History Initiative based upon statistical data indicating that the majority of health care givers and female. Women have and will continue to be the cornerstone in their family's health and well-being.

National Prevention and Health Promotion Strategy and the National Prevention Council

OSG continues to actively support the implementation of the *National Prevention Strategy*, released in June 2011 by the National Prevention Council, to guide our nation in the most effective and achievable means for continuously improving health and well-being. The *Strategy* prioritizes prevention by integrating recommendations and actions across multiple settings to improve health and save lives. The *National Prevention Strategy* encourages all Americans, women in particular, to live healthy lifestyles at every stage of life. The *National Prevention Strategy* provides guidance and educational resources leading to the improvement of clinical services to women with special emphasis on reproductive disease, helping to reduce the causes of preventable disease, increasing overall life expectancy, and creating a healthier generation of women.

The National Prevention Council's 2014 Annual Status Report illustrates how Council departments are working across the federal government to incorporate health in diverse sectors like housing, transportation, and education to advance the Strategy and influence the health of individuals, families, and communities. In addition, the report highlights how partners across the country are advancing the National Prevention Strategy in organizations ranging from health care systems to workforce agencies and national foundations to local non-profits.

Tobacco Use Prevention

The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General, 2014, released January 2014, chronicles the state of tobacco use and the health impacts in the U.S. since the release of the report 50 years ago. The Surgeon General's reports on smoking and health have provided a critical scientific foundation for public health action directed at reducing tobacco use and preventing tobacco-related disease and premature death. The report updates data on the numerous health effects resulting from smoking and exposure to secondhand smoke and details public health trends, both favorable and unfavorable, in tobacco use. The report also highlights findings that the disease risks from smoking by women have risen sharply over the last 50 years and are now equal to those for men for lung cancer, chronic obstructive pulmonary disease, and cardiovascular diseases. The report also marks steady progress achieved in reducing the prevalence of smoking and validates tobacco control strategies that have consistently proven to be effective. The report examines strategies with the potential to eradicate the death and disease caused by the tobacco epidemic, documents available effective interventions, and calls for their full implementation. Women face unique and even greater health risks from smoking than men. Therefore, continued efforts to promote the prevention of tobacco related disease amongst women will help reduce their prevalence of smoking and increase their life expectancy, eventually leading to overall eradication of death and disease caused by smoking.

Skin Cancer Prevention

Released in July of 2014, *The Surgeon General's Call to Action to Prevent Skin Cancer*, calls on partners in prevention from various sectors across the nation to address skin cancer as a major public health problem. Federal, state, tribal, local, and territorial governments; members of the business, health care, and education sectors; community, nonprofit, and faith-based organizations; and individuals and families are all essential partners in this effort. The document aims to increase awareness of skin cancer and call for actions to reduce its risk. Intentional tanning, which includes both indoor tanning and seeking a tan outdoors, is strongly associated with a preference for tanned skin and other appearance-focused behaviors. Women in particular may experience greater social pressure to tan and have tanned skin, which likely explains the higher rates of indoor tanning observed among women than men. Recent increased rates of skin cancer amongst young women have led to continued efforts to educate all women on the harmful effects prolonged exposure to UV rays can have on their overall health, reducing women's overall risk of developing this disease.

The *Call to Action* presents five strategic goals to support skin cancer prevention in the United States: increased opportunities for sun protection in outdoor settings; dissemination of information about skin cancer, healthy choices about ultraviolet (UV) radiation exposure; promotion of policies advancing the national goal of preventing skin cancer; reduction of harms from indoor tanning; and the strengthen of research, surveillance, monitoring, and evaluation related to skin cancer prevention.

The Medical Reserve Corps

As of October 1, 2014, the Medical Reserve Corps (MRC) program and support staff began operations under the Assistant Secretary for Preparedness and Response (ASPR) within the Office of Emergency management (OEM). It is no longer a functional division under the Office of the Surgeon General.

Prior to that date, MRC units supported OWH national initiatives in their communities. For example, the units supported OWH's National Women's Health Week and National Women's Check Up Day in May. To promote women's health and the importance of screenings, they presented information to the public; coordinated with local businesses and medical professionals to offer discounts and coupons, and updated their social media to increase awareness of these two OWH campaigns. Another unit promoted and encouraged women who are pregnant and mothers with newborns, to use the text4baby service, which is a free service where these women will receive free text messages on prenatal care, infant care and more.

CCWH Membership

OSG is a member on the HHS Coordinating Committee on Women's Health.

V. CONCLUSION

Section 3509 of the Affordable Care Act directs HHS agencies and offices to make women's health a priority and ensure greater coordination across them, including through the CCWH. The law also recommends greater access to women's health information for women and health professionals, including in disease prevention,¹⁸ health promotion, service delivery, and research, such as through the mandated NWHIC. Section 3509 outlines the steps and activities needed within various HHS federal agencies and offices to address the gaps and disparities in women's health and to support innovative and evidence-based programs.

The Affordable Care Act has improved women's health through increased access to health care and health information and through programs and services tailored to women's unique health needs. In addition to the requirements under section 3509, the Affordable Care Act includes other provisions specific to women's health, such as the prohibition on gender rating in new health insurance plans starting in 2014 and access to recommended women's preventive services without cost-sharing in non-grandfathered health plans.

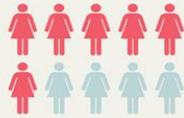
OWH, AHRQ, CDC, FDA, HRSA, NIH, and SAMHSA have completed or made significant progress on the requirements outlined in section 3509. In addition, various other HHS federal agencies and offices have contributed to and participated in such efforts, including through the CCWH.

¹⁸ *The Guide to Clinical Preventive Services*, U.S. Department of Health and Human Services, <http://www.uspreventiveservicestaskforce.org/Page/Name/tools-and-resources-for-better-preventive-care>.

**Appendix I. OWH's INFOGRAPHIC: THE AFFORDABLE CARE ACT
AND WOMEN**

The Affordable Care Act

Addressing the unique health needs of women



More than **6 in 10** women ages 40 and older had a mammogram within the past two years.¹

The law requires coverage of many preventive services for women, including mammograms, at no cost to women.



Nearly **77 percent** of women start breastfeeding after giving birth.²



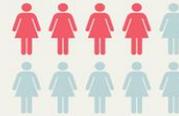
Only **16 percent** still exclusively breastfeed at 6 months.²

The law requires coverage of breastfeeding support and equipment to make going back to work easier for breastfeeding moms.



Nearly **135 million** women have received a routine exam in the past two years,³ many having to pay out-of-pocket.

The law requires coverage of well-woman visits at no cost to women.



More than **4 in 10** women ages 15–44 use some form of contraception.⁴

The law requires full coverage of FDA-approved birth control at no cost to women.

An estimated **19.7 million** women are smokers,⁵ which puts them at risk for several types of cancer and heart disease.

The law requires coverage, at no cost, for services to help women quit smoking.



The Health Care Law Protects Women

- ▶ Women cannot be denied coverage due to a pre-existing condition.
- ▶ Women can choose any primary care provider or OB-GYN in their health plan's network.
- ▶ Women cannot be charged more than men for the same health coverage.
- ▶ Women's health coverage must include pregnancy and newborn care.

More choices. More control. Better health.

An important part of the law is the new Health Insurance Marketplace. Starting October 1, Americans, including 18.6 million women who are uninsured,⁶ will be able to find insurance that fits their needs—all in one place.

Learn more about the law at HHS.gov/HealthCare.
Get ready for the Health Insurance Marketplace at HealthCare.gov.

Sources

1. www.cdc.gov/nchs/nhis/nhis_2010_data_release.htm
2. www.cdc.gov/breastfeeding/pdf/2012BreastfeedingReportCard.pdf
3. www.cdc.gov/nchs/data/series/sr_10/sr10_256.pdf
4. www.cdc.gov/nchs/data/nhsr/nhsr060.pdf
5. www.cdc.gov/bfss/annual_data/annual_2011.htm
6. marketplace.cms.gov/exploreresearch/census-data.html

This figure was adapted from the Office on Women's Health May 2013 infographic: www.womenshealth.gov/NWHW/activity-planning/NWHW-Infographic-508.pdf.

Appendix II. AFFORDABLE CARE ACT'S PREVENTIVE SERVICES FOR WOMEN

Preventive Services Covered for Women, under the Affordable Care Act*
BRCA counseling about genetic testing for women at a higher risk
Breast Cancer Mammography screenings every 1-2 years for women over 40
Breast Cancer Chemoprevention counseling for women at higher risk
Cervical Cancer screening for sexually active women
Chlamydia Infection screening for younger women and other women at higher risk
Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs
Domestic and interpersonal violence screening and counseling for all women
Folic Acid supplements for women who may become pregnant
Gonorrhea screening for all women at higher risk
Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women
Human Papillomavirus (HPV) DNA testing every three years for women with normal cytology results who are 30 or older
Osteoporosis screening for women over age 60 depending on risk factors
Tobacco Use screening and cessation interventions for all women
Sexually Transmitted Infections (STI) counseling for sexually active women
Syphilis screening for women at increased risk
Well-woman visits to obtain recommended preventive services
Preventive Services Covered for Pregnant Women*

Anemia screening on a routine basis
Bacteriuria urinary tract or other infection screening
Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
Gestational diabetes screening for pregnant women at their first prenatal visit
Hepatitis B screening for pregnant women at their first prenatal visit
Rh Incompatibility screening for all pregnant women and follow up testing for women at higher risk
Expanded tobacco counseling for pregnant tobacco users
Syphilis screening for all pregnant women
Preventive Services for Adults, Relevant to Women*
Alcohol Misuse screening and counseling
Aspirin use for men and women of certain ages
Blood Pressure screening for all adults
Cholesterol screening for adults of certain ages or at higher risk
Colorectal Cancer screening for adults over 50
Depression screening for adults
Type 2 Diabetes screening for adults with high blood pressure
Diet counseling for adults at higher risk for chronic disease
HIV screening for all adults at higher risk
Immunization vaccines for adults - doses, recommended ages, and recommended populations vary
Obesity screening and counseling for all adults

* Public Health Service (PHS) Act Section 2713 and the interim final regulations relating to coverage of preventive services⁽¹⁾ require non-grandfathered group health plans and health insurance coverage offered in the individual or group market to provide benefits for, and prohibit the imposition of cost-sharing requirements with respect to, the following:

Evidenced-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the USPSTF with respect to the individual involved, except for the recommendations of the USPSTF regarding breast cancer screening, mammography, and prevention issued on or around November 2009, which are not considered current;

Immunizations for routine use in children, adolescents, and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved;

With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA); and

With respect to women, evidence-informed preventive care and screening provided for in comprehensive guidelines supported by HRSA, to the extent not already included in the current recommendations of the USPSTF.⁽²⁾

If a recommendation or guideline does not specify the frequency, method, treatment, or setting for the provision of that service, the plan or issuer can use reasonable medical management techniques to determine any coverage limitations.⁽³⁾

These requirements do not apply to grandfathered health plans.⁽⁴⁾

1. 75 FR 41726 (July 19, 2010).
2. "Women's Preventive Services: Required Health Plan Coverage Guidelines" (HRSA Guidelines) were adopted and released on August 1, 2011, based on recommendations developed by the Institute of Medicine (IOM) at the request of HHS. These recommended women's preventive services are required to be covered without cost-sharing, for plan years (or, in the individual market, policy years) beginning on or after August 1, 2012.
3. See 26 CFR 54.9815-2713T(a)(4), 29 CFR 2590.715-2713(a)(4), and 45 CFR 147.130(a)(4).
4. In addition, the HRSA Guidelines exempt group health plans established or maintained by certain religious employers (and any group health insurance provided in connection with such plans) from any requirement to cover contraceptive services that would otherwise apply. Additionally, accommodations are available for group health plans (and any group health insurance provided in connection with such plans) established or maintained by certain non-grandfathered, non-profit eligible organizations with religious objections to contraceptive services with respect to the requirement to cover contraceptive services. See 78 FR 39870 (July 2, 2013) and <http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/preventive-services-guidance-6-28-2013.pdf>.

U.S. Department of Labor. *FAQs about Affordable Care Act Implementation (Part XVIII) and Mental Health Parity Implementation*. January 9, 2014.

5. List of preventive services covered by the Affordable Care Act:

<http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html>.

Appendix III. GLOSSARY

Acronym	Meaning
AACP	American Association of Colleges of Pharmacy
AARP	American Association of Retired Persons
AAWS	Associate Administrator for Women's Services
ACF	Administration for Children and Families
ACL	Administration for Community Living
ACNM	American College of Nurse Midwives
ACOG	American College of Obstetricians and Gynecologists
ACRWH	Advisory Committee on Research on Women's Health
ACSI	ForeSee American Customer Satisfaction Index
ACWS	Advisory Committee for Women's Services
ADRC	Aging and Disability Resource Centers Program
AHA	American Hospital Association
AHRQ	Agency for Healthcare Research and Quality
AI/AN	American Indian/Alaska Native
AIDD	Administration on Intellectual and Developmental Disabilities
AIM	Alliance for Innovation on Maternal Health
AMCHP	Association of Maternal and Child Health Programs
AoA	Administration on Aging
APHA	American Public Health Association
ASCQ-Me	Adult Sickle Cell Quality of Life Measurement Information System
ASH	Assistant Secretary for Health
ASPE	Assistant Secretary for Planning and Evaluation
AUCD	Association of University Centers on Disabilities
AWHONN	Association of Women's Health Obstetric and Neonatal Nurses
BD-STEPS	Birth Defects Study to Evaluate Pregnancy ExposureS
BFB	Best Fed Beginnings
BIRCWH	Building Interdisciplinary Research Careers in Women's Health
BLAs	Biologic License Applications
BMI	Body Mass Index
BPHC	Bureau of Primary Health Care (HRSA)
BRAIN	Brain Research through Advancing Innovative Neurotechnologies Initiative
BRCA	<u>B</u> reast <u>C</u> ancer Susceptibility Gene
BSS	Brief Screening Survey
CAPUS	Care and Prevention of HIV in the U.S. Demonstration Project
CBER	Center for Biologics Evaluation and Research (FDA)
CBHSQ	Center for Behavioral Health Statistics and Quality
CBOs	Community-Based Organizations

CCIIO	Center for Consumer Information and Insurance Oversight (CMS)
CCSQ	Center for Clinical Standards and Quality
CCRWH	Coordinating Committee on Research on Women's Health (NIH)
CCWH	Coordinating Committee on Women's Health
CDC	Centers for Disease Control and Prevention
CFSAC	Chronic Fatigue Syndrome Advisory Committee
CHAT	Curbing HIV/AIDS Transmission Among High Risk Minority Youth and Adolescents
CHC	Coalition for a Healthier Community (OWH)
CHIP	Children's Health Insurance Program
CHWs	Community Health Workers
CLAS	Culturally & Linguistically Appropriate Services
CMCS	Center for Medicaid and CHIP Services (CMS)
CME	Continuing Medical Education
CMS	Centers for Medicare & Medicaid Services
CNE	Continuing Nursing Education
CNPP	Center for Nutrition Policy and Promotion (USDA)
CoIIN	Collaborative Improvement & Innovation Network (HRSA)
COPD	Chronic Obstructive Pulmonary Disease
CPE	Continuing Pharmacy Education
CPS	Clinical preventive services
CRT	Cardiac Resynchronization Therapy
CUSP	Comprehensive Unit-based Safety Program
DASH	Deputy Assistant Secretary for Health
DASH-WH	Deputy Assistant Secretary for Health – Women's Health
DDTP	Division of Diabetes Treatment and Prevention
DOJ	U.S. Department of Justice
DOL	U.S. Department of Labor
DP	Dihydroartemisinin-piperaquine
DPCPSI	Division of Program Coordination, Planning, and Strategic Initiatives
DV/SA	Domestic Violence/Sexual Assault
DVRN	Domestic Violence Resource Network
EARLY	Education and Awareness Requires Learning Young
ECPs	Essential Community Providers
EEDs	Early Elective Deliveries
EHR	Electronic Health Record
EMTs	Emergency Medical Technicians
EPA	U.S. Environmental Protection Agency
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FPAR	Family Planning Annual Report

FSO	For Sisters Only
FSW	Female Sex Workers
FVPSA	Family Violence Prevention and Services Act
FY	Fiscal Year
GDM	Gestational Diabetes Mellitus
GYT	Get Yourself Tested
H3	Healthy Babies, Healthy Moms, Healthy Communities
Hep A	Hepatitis A
Hep B	Hepatitis B
HHS	U.S. Department of Health and Human Services
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HP/DP	Health Promotion/Disease Prevention
HPV	Human Papillomavirus
HRCDV	National Health Resource Center on Domestic Violence
HRSA	Health Resources and Services Administration
HRSA MCHB	HRSA's Maternal and Child Health Bureau
HTN	Hypertension
IPTp	Intermittent Preventive Treatment for Pregnant Women
IPV	Intimate Partner Violence
iQUIT	Incentives to Quit Smoking for Connecticut Medicaid Program
IRS	Indoor Residual House Spraying
ITNs	Insecticide-Treated Nets
KEMRI	Kenya Medical Research Institute
L&D	Labor & delivery
L2L	Linkages to Life Program: Rebuilding Broken Bridges for Minority Families Impacted by HIV/AIDS
LARC	Long-Acting Reversible Contraception
LB	Lesbian and Bisexual
LGBT	Lesbian, Gay, Bisexual, and Transgender
LHIs	Leading Health Indicators
LHW	Lay Health Worker
MCHB	Maternal and Child Health Bureau (HRSA)
ME/CFS	Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
MEPS	Medical Expenditure Panel Survey
MICH	Maternal, Infant, and Child Health
MIECHV	Maternal, Infant, and Early Childhood Home Visiting Program
MIPCD	Medicaid Incentives for Prevention of Chronic Diseases
MIYO	Make It Your Own
MMR	Measles, mumps, and rubella
MPINC	Maternity Practices in Infant Nutrition and Care
MRC	Medical Reserve Corps

MSM	Men who have sex with men
NACCHO	National Association of County and City Health Officials
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NBCCEDP	National Breast and Cervical Cancer Early Detection Program
NBCUS	National Blood Collection and Utilization Survey
NBDPS	National Birth Defects Prevention Study
NCHS	National Center for Health Statistics (CDC)
NCI	National Cancer Institute (NIH)
NDA	New Drug Applications
NFCSP	National Family Caregiver Support Program
NHAS	National HIV/AIDS Strategy
NHEPLHP	National Health Education Program on Lupus for Healthcare Providers
NHSC	National Health Service Corps
NICHD	<i>Eunice Kennedy Shriver</i> National Institute of Child Health and Human Development
NICHQ	National Initiative for Children's Healthcare Quality
NICU	Neonatal Intensive Care Unit
NIDCR	National Institute of Dental and Craniofacial Research (NIH)
NIH	National Institutes of Health
NIH IC	NIH's Institute & Center
NINDS	National Institute of Neurological Disorders and Stroke (NIH)
NPC	National Prevention Council
NSDUH	National Survey on Drug Use and Health
NSFG	National Survey of Family Growth
NVAC	National Vaccine Advisory Committee
NVPO	National Vaccine Program Office (HHS)
NWCD	National Women's Checkup Day (OWH)
NWGHAAD	National Women and Girls HIV/AIDS Awareness Day
NWHIC	National Women's Health Information Center (OWH)
NWHW	National Women's Health Week (OWH)
OAA	Older Americans Act
OAH	Office of Adolescent Health
OASH	Office of the Assistant Secretary for Health
ODPHP	Office of Disease Prevention and Health Promotion
OER	Office of Extramural Research
OEREPP	Office of Extramural Research, Education, and Priority Populations
OHAIDP	Office of HIV/AIDS and Infectious Disease Prevention
OHCC	Oral Health Coordinating Committee
OMH	Office of Minority Health
ONAP	Office of National AIDS Policy
ONC	Office of the National Coordinator

OPA	Office of Population Affairs
OPCFSN	Office of the President's Council on Fitness, Sports, & Nutrition
OSSD	Organization for the Study of Sex Differences
OWH	Office on Women's Health
PACHA	The Presidential Advisory Council on HIV/AIDS
PAF	Pregnancy Assistance Fund
PALA+	President's Challenge Presidential Active Lifestyle Awards
PBHCI	Primary and Behavioral Health Care Integration
PBRK	Physiologically Based Pharmacokinetic
PCAR	National Person-Centered Assessment Resource
PCI	Percutaneous Coronary Intervention
PCORI	Patient-Centered Outcomes Research Institute
PCOS	Polycystic Ovary Syndrome
PEPFAR	President's Emergency Plan for AIDS Relief
PHS	Public Health Service
PHSA	Public Health Services Act
PMI	President's Malaria Initiative
PMTCT	Prevent Mother-To-Child Transmission
PPE	Preconception Peer Educators
PPW	Pregnant and Postpartum Women
PrEP	Pre-Exposure Prophylaxis
PROMIS	Patient Reported Outcomes Measurement Information System
QFP	Quality Family Planning Services Recommendations
R2Q	Rewards to Quit
RAPP	Real AIDS Prevention Project
RFA	Request for Application (formal statement soliciting grant or cooperative agreement applications)
RPMS	Resource and Patient Management System
RWHC	Regional Women's Health Coordinator
SAMHSA	Substance Abuse and Mental Health Services Administration
SBI	Screening and Brief Intervention
SCOR	Specialized Centers of Research
SG	Surgeon General
SMAIF	Secretary's Minority AIDS Initiative Fund
SMP	Senior Medicare Patrol
SP	Sulfadoxine-pyrimethamine
SPNS	Special Projects of National Significance
SPPC	Safety Program for Perinatal Care
SSA	Social Security Administration
STD	Sexually Transmitted Disease
STEM	Science, Technology, Engineering, and Math

STI	Sexually Transmitted Infections
SUDs	Substance Use Disorders
SWCC	SAMHSA's Women's Coordinating Committee
SYL	Show Your Love
TANF	Temporary Assistance for Needy Families
TCTT	Take Charge. Take the Test.
Tdap	Tetanus, Diphtheria, Pertussis Vaccine
TEDS	Treatment Episode Data Set
TEP	Technical Experts Panel
TODES	Tissue and Donor Epidemiology Study
TTACs	Training & Technical Assistance Centers
UCEDDs	University Centers for Excellence in Developmental Disabilities Education and Services
USDA	U.S. Department of Agriculture
USPHS	U.S. Public Health Service
USPSTF	U.S. Preventive Services Task Force
UV	Ultraviolet
VAW	Violence Against Women
VLP	Virus-like Particle
WASLI	Women's Addiction Services Leadership Institute
WHLI	Women's Health Leadership Institute
WHO	World Health Organization
WIC	Women, Infants, & Children
WISER	Women's Institute for a Secure Retirement
WSN	Women's Service Networks
YEP	Youth Empowerment Program
YMCA	Young Men's Christian Association
YRBSS	Youth Risk Behavior Surveillance System