

Report to Congress

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



2021

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 | iii |
| II. INTRODUCTION..... | 1 |
| III. AGENCY/OFFICE-SPECIFIC REQUIREMENTS | 2 |
| HHS Office on Women’s Health (OWH) | 3 |
| Agency for Healthcare Research and Quality (AHRQ) | 7 |
| Centers for Disease Control and Prevention (CDC) | 9 |
| Food and Drug Administration (FDA)..... | 19 |
| Health Resources and Services Administration (HRSA)..... | 22 |
| National Institutes of Health (NIH)Office of Research on Women's Health..... | 30 |
| Substance Abuse and Mental Health Services Administration (SAMHSA) | 35 |
| IV. Other HHS Agencies and Offices..... | 39 |
| Administration for Children and Families (ACF)..... | 39 |
| Administration for Community Living (ACL) | 44 |
| Office of the Assistant Secretary for Planning and Evaluation (ASPE) | 45 |
| Administration for Strategic Preparedness and Response (ASPR)..... | 47 |
| Centers for Medicare & Medicaid Services (CMS) | 48 |
| Indian Health Service (IHS)..... | 55 |
| Office of Population Affairs (OPA)..... | 58 |
| Office of Regional Health Operations (ORHO)..... | 60 |
| Office of Disease Prevention and Health Promotion (ODPHP) | 62 |
| V. CONCLUSION..... | 64 |

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), collectively known as the Affordable Care Act, included numerous provisions related to the health of women. Section 3509 of P.L. 111-148, entitled “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 (PHS) Act (as amended) (PHS Act). This report is the sixth that HHS has provided to Congress under this provision, and it fulfills the requirement for 2021.

The Affordable Care Act codifies the establishment of an Office on Women’s Health within the Office of the Secretary of HHS. The following offices and officials also focus on women’s health:

- Office of Women’s Health at the Agency for Healthcare Research and Quality (AHRQ);
- Office of Women’s Health at the Centers for Disease Control and Prevention (CDC);
- Office of Women’s Health at the Food and Drug Administration (FDA);
- Office of Women’s Health at the Health Resources and Services Administration (HRSA);
- Office of Research on Women’s Health at the National Institutes of Health (NIH); and
- Associate Administrator for Women’s Services at the Substance Abuse and Mental Health Services Administration (SAMHSA)

Additionally, the Deputy Assistant Secretary for Women’s Health chairs the HHS Coordinating Committee on Women’s Health (CCWH), which is composed of senior-level representatives from each of the agencies and offices of the Department of Health and Human Services.

This report provides a summary of activities carried out by HHS agencies and offices from January 1, 2019 – Dec. 31, 2020.

II. INTRODUCTION

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 public health and human services outcomes throughout the lifespan, as well as through research, direct clinical service delivery, and policy development.

The HHS Office on Women's Health (OWH) is charged with providing expert advice and consultation to the Secretary on scientific, legal, ethical, and policy issues relating to women's health, and serving as a coordination point throughout HHS on issues affecting the health of women and girls. OWH establishes short-range and long-range goals 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 monitors activities within the Department regarding women's health and identifies needs regarding the coordination of activities. Additionally, OWH is responsible for facilitating the exchange of information through the National Women's Health Information Center.

The Affordable Care Act contains provisions to address women's health through improvements in health systems, policies, and programs. Section 3509 of the Affordable Care Act, entitled "Improving Women's Health, codified the establishment of the OWH within the Office of the Secretary of HHS by adding section 229 to the PHS Act (42 U.S.C. 237a). Section 229 of the PHS Act outlines the following duties of the OWH: The Office on Women's Health has seven duties as outlined by 42 U.S.C. § 237a in the PHS Act:

- (1) establish short-range and long-range goals and objectives within the 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;
- (2) provide expert advice and consultation to the Secretary concerning scientific, legal, ethical, and policy issues relating to women's health;
- (3) 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;
- (4) establish a Department of Health and Human Services Coordinating Committee on Women's Health, which shall be chaired by the Deputy Assistant Secretary for Women's Health and composed of senior level representatives from each of the agencies and offices of the Department of Health and Human Services;
- (5) establish a National Women's Health Information Center to—

- (A) 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;
- (B) facilitate access to such information;
- (C) assist in the analysis of issues and problems relating to the matters described in this paragraph; and
- (D) provide technical assistance with respect to the exchange of information (including facilitating the development of materials for such technical assistance);
- (6) coordinate efforts to promote women’s health programs and policies with the private sector; and
- (7) through publications and any other means appropriate, provide for the exchange of information between the Office and recipients of grants, contracts, and agreements under subsection (c), and between the Office and health professionals and the general public.

OWH and the OWH-led HHS Coordinating Committee on Women’s Health (CCWH) are the focal points for activities across HHS to safeguard and improve the health of all women. CCWH works strategically to: guide 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 daily to improve the health of all women and girls. This report provides a snapshot of these activities from January 1, 2019 – December 31, 2020.

III. AGENCY/OFFICE-SPECIFIC REQUIREMENTS

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

The activities described below reflect the progress of each agency and office in improving women’s health in the reporting period (January 1, 2019 – Dec. 31, 2020). The format of agency and office activity description is as follows:

- 1. Title/Name of Program, Project, or Initiative**
 - a. Short description
 - b. Geographic area(s) served
 - c. Organizations: Other Federal offices and organizations involved in the activity
 - d. Web address

HHS Office on Women's Health (OWH)

1. National Women's Health Week 2020

- a. National Women's Health Week is a health observance led by OWH. The observance, which was held May 10-16, 2020, served as a reminder for women and girls, especially during the COVID-19 pandemic, to make their health a priority and take care of themselves. The observance addressed the impacts of COVID-19 on women and girls including mental health, physical health, violence, preventive care, and caregiving.
- b. Nationwide
- c. Administration for Children and Families; Administration for Community Living; Agency for Healthcare, Research and Quality; Assistant Secretary for Preparedness and Response; Centers for Disease Control and Prevention; Centers for Medicare & Medicaid Services; U.S. Department of Justice; U.S. Department of Justice Office on Violence Against Women; Ending the HIV Epidemic; Health Resources & Services Administration; Indian Health Service; NIH National Heart, Lung, and Blood Institute; NIH Eunice Kennedy Shriver National Institute of Child Health and Human Development; NIH Office of Research on Women's Health; Office of Disease Prevention and Health Promotion; HHS Office of Global Affairs; HHS Office of Minority Health; Office of Population Affairs; The Office of Research Integrity; The Partnership Center; The President's Council on Sports, Fitness & Nutrition; Substance Abuse and Mental Health Services Administration; U.S. Food and Drug Administration Office of Women's Health; U.S. Department of Veterans Affairs
- d. <https://www.womenshealth.gov/nwhw>

2. National Women's Blood Pressure Awareness Week (NWBPAW)

- a. National Women's Blood Pressure Awareness Week (NWBPAW) is a health observance led by OWH. The observance, which was held October 11-17, 2020, highlighted the importance of blood pressure control and monitoring among all women, with an emphasis on women ages 18-44. NWBPAW empowered women to take control of their health by sharing everyday actions they can take to maintain a healthy blood pressure and improve their overall heart health.
- b. Nationwide
- c. Administration for Children & Families; Agency for Healthcare Research and Quality; Centers for Disease Control and Prevention; Food and Drug Administration; Health Resources and Services Administration; Indian Health Service; Million Hearts; Office of Disease Prevention and Health Promotion; Office of Population Affairs; Office of Research on Women's Health; President's Council on Sports, Fitness & Nutrition; The Partnership Center; and the Substance Abuse and Mental Health Services Administration
- d. <https://www.womenshealth.gov/nwbpaw>

3. Enhancing Immunization Culture in OB-GYN Practices

- a. This contract initiated a pilot project in the 14 Metropolitan Statistical Areas with the highest rates of non-medical immunization exemptions to assist OB-GYN providers to increase immunization rates for routine maternal and pediatric vaccines as well as COVID-19 vaccines.
 - b. Nationwide
 - c. Office of Infectious Disease & HIV/AIDS Policy
 - d. No web address
- 4. HPV VAX NOW Campaign**
- a. This public information campaign targeted young adults ages 18-26 to increase awareness that HPV vaccinations protect against certain cancers and genital warts, provide information about susceptibility to and severity of HPV, and update health care providers on current HPV vaccine recommendations.
 - b. Mississippi, South Carolina, and Texas
 - c. Office of Infectious Disease & HIV/AIDS Policy
 - d. <https://www.womenshealth.gov/hpvvaxnow>
- 5. Postpartum Depression (PPD) Campaign**
- a. The PPD Campaign includes first-person narrative videos featuring stories from real women who have been treated for PPD. The public information campaign is designed to reduce stigma and increase the number of women who report PPD symptoms to a health care provider.
 - b. Nationwide
 - c. NIH National Institute of Child Health and Human Development Moms' Mental Health Matters campaign & FDA/HRSA grantees implementing the 21st Century Cures Act screening and treatment grants.
 - d. No web address
- 6. National Women and Girls HIV/AIDS Awareness Day (March 10) (NWGHAAD)**
- a. NWGHAAD was designed to shed light, at the national level, on the impact that HIV and AIDS have on women and girls. OWH uses NWGHAAD as a platform to:
 - Increase awareness among women and girls about the steps they can take to prevent HIV, including talking to their doctors about pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP).
 - Increase awareness among women and girls living with HIV about the importance of staying healthy and taking their HIV medication as prescribed.
 - Increase awareness of Ending the HIV Epidemic in the U.S. (EHE), and Ready, Set, PrEP program resources.
 - b. Nationwide
 - c. HIV Federal HIV Workgroup; Office of Infectious Disease & HIV/AIDS Policy
 - d. <https://www.womenshealth.gov/nwghaad>
- 7. Youth Engagement in Sports (YES) Initiative**
- a. As part of the National Youth Sports Strategy released in September 2019, the HHS Office on Women's Health and the Office of Minority Health

- (OMH) collaboratively funded 18 sites to improve youth physical activity and nutrition via increased sports participation. These sites focused on racial/ethnic minorities, girls, children with disabilities, and socio-economically disadvantaged youth in grades 6-8, particularly those from communities with lower rates of sports participation or limited access to athletic or recreational areas. OWH funded 12 of these 18 sites. YES supports the Physical Activity Guidelines, which encourage 60 minutes of moderate-to-vigorous physical activity daily. This initiative provides opportunities for improving physical activity and nutrition behaviors among racial/ethnic minorities and socio-economically disadvantaged youth, specifically girls. It provides opportunities to learn skills and gain experiences that contribute to more positive lifestyles and an enhanced capacity to make healthier life choices.
- b. The funded sites were located in Alabama, Arkansas, California, Georgia, Florida, Kentucky, Missouri, New York, New Mexico, Pennsylvania, South Dakota, Texas, and Washington.
 - c. Office of Minority Health
 - d. <https://minorityhealth.hhs.gov/omh/Content.aspx?ID=14483&lvl=1&lvlid=5>
- 8. Preventing HIV Infection in Women Through Expanded Community Intimate Partner Violence (IPV) Services**
- a. These funded efforts include new prevention activities to identify and address harmful gender and social norms that contribute to IPV, screen for both IPV and HIV, respond to and support victims and survivors of IPV, and provide services to HIV-positive individuals.
 - b.
 - c. Grantees: University of Texas Southwestern Medical Center, Dallas, TX; University of North Texas Health Science Center, Fort Worth, TX; The Center for Women and Families, Inc., Louisville, KY; Institute of Women and Ethnic Studies, New Orleans, LA; YWCA of Western Massachusetts, Springfield, MA
 - d. No web address
- 9. Reducing Disparities in Breastfeeding Innovation Challenge**
- a. OWH sought innovative ways to increase breastfeeding initiation and/or continuation rates and decrease disparities among breastfeeding mothers in the United States through the HHS Reducing Disparities in Breastfeeding Innovation Challenge.
 - b. Nationwide
 - c. Up to 15 submissions will be awarded in Phase 1 of this challenge
 - d. <https://www.challenge.gov/challenge/reducing-disparities-breastfeeding-innovation-challenge/>
- 10. HHS Hypertension Innovator Award Competition**
- a. OWH sought innovative ways to ensure women with hypertension during pregnancy and/or postpartum receive appropriate monitoring and follow-up through the HHS Hypertension Innovator Award Competition: Innovative Methods of Blood Pressure Monitoring and Follow-up in Women during Pregnancy and/or Postpartum.

- b. Nationwide
- c. Up to 20 submissions will be awarded in Phase 1 of this challenge
- d. <https://www.challenge.gov/challenge/hhs-hypertension-innovator-award-competition/>

11. Health Information Gateway

- a. The Health Information Gateway is an online query system that collects health data from select federal databases. These queries can report by sex, race, ethnicity, and/or age.
- b. Nationwide
- c. Centers for Disease Control and Prevention
- d. Gateway.WomensHealth.gov

12. Supporting Women’s Health in Partnership with the Office of Population Affairs (OPA)

- a. The goal of this cooperative agreement is to provide training and technical assistance to grantees of the Title X Family Planning Program and the evidence-based Teen Pregnancy Prevention Program focusing on key women’s health and sexual and reproductive health opportunities (e.g., quality preconception care, infertility care, and maternal mortality prevention).
- b. Nationwide
- c. OPA
- d. www.rhntc.org

[Agency for Healthcare Research and Quality \(AHRQ\)](#)

- 1. U.S. Preventive Services Task Force Recommendation and Evidence Review**
 - a. Screening for bacterial vaginosis in pregnant women to prevent preterm delivery
 - b. Nationwide
 - c. Agency for Healthcare Research and Quality
 - d. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/bacterial-vaginosis-in-pregnancy-to-prevent-preterm-delivery-screening>
- 2. U.S. Preventive Services Task Force Recommendation and Evidence Review**
 - a. Screening for asymptomatic bacteriuria in adults
 - b. Nationwide
 - c. Agency for Healthcare Research and Quality
 - d. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/asymptomatic-bacteriuria-in-adults-screening>
- 3. U.S. Preventive Services Task Force Recommendation and Evidence Review**
 - a. Breast cancer: medication use to reduce risk
 - b. Nationwide
 - c. Agency for Healthcare Research and Quality
 - d. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/breast-cancer-medications-for-risk-reduction>
- 4. U.S. Preventive Services Task Force Recommendation and Evidence Review**
 - a. Screening for Hepatitis B virus infection during pregnancy
 - b. Nationwide
 - c. Agency for Healthcare Research and Quality
 - d. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-in-pregnant-women-screening>
- 5. U.S. Preventive Services Task Force Recommendation and Evidence Review**
 - a. BRCA-related cancer: risk assessment, genetic counseling, and genetic testing.
 - b. Nationwide
 - c. Agency for Healthcare Research and Quality
 - d. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/brca-related-cancer-risk-assessment-genetic-counseling-and-genetic-testing>
- 6. U.S. Preventive Services Task Force Recommendation and Evidence Review**
 - a. Screening for elevated blood lead levels in children and pregnant women
 - b. Nationwide
 - c. Agency for Healthcare Research and Quality
 - d. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/elevated-blood-lead-levels-in-childhood-and-pregnancy-screening>
- 7. U.S. Preventive Services Task Force Recommendation and Evidence Review**
 - a. Perinatal depression: preventive interventions
 - b. Nationwide
 - c. Agency for Healthcare Research and Quality
 - d. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/perinatal-depression-preventive-interventions>

- 8. Evidence-based Practice Center Program Systematic Reviews**
 - a. Management of Primary Headaches in Pregnancy
 - b. Nationwide
 - c. American College of Obstetricians and Gynecologists; American Headache Society
 - d. <https://effectivehealthcare.ahrq.gov/products/headaches-pregnancy/research>
- 9. Evidence-based Practice Center Program Systematic**
 - a. Labor Dystocia
 - b. Nationwide
 - c. American College of Obstetricians and Gynecologists
 - d. <https://effectivehealthcare.ahrq.gov/products/labor-dystocia/research>
- 10. Evidence-based Practice Center Program Systematic Reviews**
 - a. Management of Infertility
 - b. Nationwide
 - c. American College of Obstetricians and Gynecologists
 - d. <https://effectivehealthcare.ahrq.gov/products/infertility/research>
- 11. Evidence-based Practice Center Program Systematic Reviews**
 - a. Long-Term Drug Therapy and Drug Holidays for Osteoporosis Fracture Prevention: A Systematic Review
 - b. Nationwide
 - c. NIH Office of Disease Prevention (ODP); National Institute on Aging (NIA), National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
 - d. <https://effectivehealthcare.ahrq.gov/products/osteoporosis-fracture-prevention/research>
- 12. AHRQ Dissemination and Implementation Initiative**
 - a. Non-surgical treatment for urinary incontinence in women stakeholder meeting
 - b. Nationwide
 - c. Patient Centered Outcomes research Institute, American Urologic Association, American College of Obstetricians and Gynecologists, National Institute of Diabetes and Digestive and Kidney Diseases, National Partnership for Women & Families, Health Research & Educational Trust, American Medical Women's Association, Health Resources and Services Administration, Society for Women's Health Research, Society of General Internal Medicine, National Association of Nurse Practitioners in Women's Health, National Association for Continence
 - d. <https://www.pcori.org/resources/pcori-ahrq-stakeholder-workshop-improving-care-women-urinary-incontinence-meeting-summary>

[Centers for Disease Control and Prevention \(CDC\)](#)
[Office of Women's Health](#)

**1. Applying CDC's Guideline for Prescribing Opioids (Training Modules);
Module 9: Opioid Use During Pregnancy**

- a. Applying CDC's Guideline for Prescribing Opioids (Training Modules). This interactive, web-based training features self-paced learning, case-based content, knowledge checks, and integrated resources to help healthcare providers understand the Guideline better. This training provides tips to implement the Guideline in primary care practices, and ideas to overcome challenges are given throughout. Free continuing education is available.

Module 9: Opioid Use During Pregnancy. This training aims to provide an overview of the unique considerations of opioid use and pregnancy and outlines recommended practices for before and after childbirth. This module will require practitioners to consider the implications of opioid use that are unique to women and identify risks of opioid use during pregnancy. This activity will also allow practitioners to learn about best practices for prenatal care when opioids are being used and best practices for postpartum care of mother and child in cases of opioid use disorder (OUD).

- b. Nationwide
- c. N/A
- d. No web address

2. Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET)

- a. CDC's Surveillance for Emerging Threats to Mothers and Babies Network (SET-NET) collects data from pregnancy through childhood (up to 3 years) to identify the impact of emerging health threats to pregnant women, their infants, and children. These data are used to inform clinical and public health guidance.
- b. 29 jurisdictions across the US
- c. State, territorial, and local health departments
- d. <https://www.cdc.gov/ncbddd/aboutus/pregnancy/emerging-threats.html>

3. Implementing Alcohol Screening and Brief Intervention in Healthcare Systems Providing Women's Health Services

- a. CDC's alcohol Screening and Brief Intervention (SBI) initiative includes efforts to support alcohol SBI implementation in medical and other settings; improve tracking of alcohol SBI implementation; and, identify and partner with healthcare providers, health systems, and health plans to develop and implement system-level strategies that foster alcohol SBI implementation in order to prevent alcohol exposure during pregnancy.
- b. Nationwide
- c. Henry Ford Health System with 16 clinics within the system; Boston Medical Center with 14 Boston-area community health centers; University of Alaska with 27 health centers in AK, HI, ID, WA; and University of Connecticut health center with 18 health centers in CT & RI

4. <https://www.cdc.gov/ncbddd/fasd/alcohol-screening.html>**Maternal and Infant Network to Understand Outcomes Associated with Treatment for Opioid Use Disorder during Pregnancy (MAT-LINK)**

- a. CDC received funding from the HHS Assistant Secretary for Planning and Evaluation (ASPE), Office of the Secretary's Patient-Centered Outcomes Research Trust Fund (OS-PCORTF) to implement MAT-LINK. MAT-LINK is a maternal and infant surveillance network to understand outcomes associated with treatment for opioid use disorder (OUD) during pregnancy. MAT-LINK is examining the role of mediating and moderating factors on maternal and infant outcomes, including exposure to multiple substances, maternal comorbidities, and other psychosocial factors. Four clinical sites for MAT-LINK have been awarded and are currently collecting data. CDC recently received additional funding from ASPE to support 3 new MAT-LINK sites, and to expand follow-up for children up to 6 years of age to better understand the longer-term impacts of treatments for opioid use disorders. The 3 new sites have been selected and awards are currently in process.
- b. Northwest, West, Midwest, Northeast
- c. Public Health Informatics Institute (PHII), a program of The Task Force for Global Health; Boston Medical Center; Kaiser Permanente Northwest in Oregon and Washington; The Ohio State University; and University of Utah
- d. <https://www.cdc.gov/ncbddd/aboutus/mat-link.html>
<https://mat-linkproject.org/>

5. **Protect Tiny Teeth**

- a. Protect Tiny Teeth (PTT) is an oral health toolkit for medical and dental providers who care for pregnant women and young children. These materials help raise awareness about the importance of oral health as part of prenatal care. They also support clinicians in talking with pregnant women about their oral health and the future oral health of their baby.
- b. The initial message testing was conducted at two test sites in Orlando, FL and Baltimore, MD. Materials were created to be used nationally.
- c. American Academy of Pediatrics (AAP); American College of Obstetrics and Gynecology (ACOG); the American Dental Association, American Dental Hygienists Association (ADHA); American Academy of Pediatric Dentistry (AAPD); and others.
- d. www.aap.org/tinyteeth

6. **Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)**

- a. CDC's WISEWOMAN Program assesses low-income, uninsured and underinsured women aged 40 to 64 for cardiovascular disease (CVD) risk factors. The program connects them with evidence-based lifestyle programs, individualized health coaching, and community resources to support improved diet, physical activity, tobacco cessation, and medication adherence. Participants are referred to WISEWOMAN by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

The program focuses on women at highest risk by collaborating with federally qualified health centers (FQHCs), state and local health departments, state Medicaid offices, and primary care practices. Certain awardees receive additional funding to implement and evaluate innovative strategies designed to reduce risks, complications, and barriers and contribute to evidence to address CVD in underserved communities.

- b. 27 states and 3 tribal-serving organizations.
- c. Community-based organizations such as the YMCA; Weight Watchers; National Diabetes Prevention Program; FQHCs; state and local health departments; state Medicaid offices; and primary care practices.
- d. <https://www.cdc.gov/wisewoman/index.htm>

7. Building State Public Health Department Capacity to Support Breastfeeding

- a. This project funds the Association of State and Territorial Health Officials (ASTHO) to utilize its collaborative learning community model to support 16 State Physical Activity and Nutrition (SPAN) states. The project assists the selected state and territorial health agencies (S/THAs) to increase their capacity to implement evidence-based breastfeeding programs, practices, and services in three priority areas: 1) increase practices supportive of breastfeeding in birthing facilities, 2) provide access to professional and peer support for breastfeeding, and 3) provide technical assistance and tools to help employers comply with the federal lactation accommodation law. (Section 4207 of the Affordable Care Act; Section 7 amended to require reasonable break time and private location to express breast milk). Ten of the states have been provided additional resources to implement innovative community-level projects focused on improving equity in breastfeeding support.
- b. Alaska, Arkansas, Colorado, Illinois, Minnesota, Missouri, Ohio, Pennsylvania, Utah, Washington. Full list of SPAN states that receive support is available here:
<https://www.cdc.gov/nccdphp/dnpao/state-local-programs/span-1807/index.html>
- c. Association of State and Territorial Health Officials (ASTHO)
- d. <https://www.astho.org/Maternal-and-Child-Health/Breastfeeding/State-Learning-Community/>

8. Reducing Disparities in Breastfeeding Through Continuity of Care

- a. This project funds the National Association for City and County Health Officials (NACCHO) to support the CDC Division of Nutrition, Physical Activity, and Obesity in advancing the strategic priority that all children get a healthy start through breastfeeding. NACCHO provides technical assistance and resources to help local health departments (LHDs) and their partners in the local public health system strengthen their capacity to implement coordinated and integrated policy, system, and environmental changes to promote, protect, and support breastfeeding in predominately African American communities and communities of people who are underserved. Disparities in breastfeeding persist, particularly among African American populations compared to other racial/ethnic populations.

- b. Nationwide (serving communities in 23 states and DC)
- c. NAACHO
- d. <https://www.naccho.org/programs/community-health/maternal-child-adolescent-health/breastfeeding-support>

9. Building Capacity to Increase Access to Breastfeeding Support Through a Collaborative Process

- a. This project funds the U.S. Breastfeeding Committee to provide national leadership and serve as a coordinating center for the engagement and coordination of over 100 State, Tribal, Local, Territorial and Cultural breastfeeding coalitions (STLTC coalitions); national organizations and federal agencies by co-creating robust multi-sector partnerships, the project utilizes integrated strategies to advance policies and practices for improved, equitable breastfeeding outcomes at scale.
- b. Nationwide
- c. Association of State Public Health Nutrition Directors.
- d. <https://www.astho.org/Maternal-and-Child-Health/Breastfeeding/>

10. International Micronutrient Malnutrition Prevention and Control (IMMPaCt) program

- a. CDC works with global partners through the IMMPaCt program to conduct population-based surveys and surveillance of vitamin and mineral deficiencies and helps developing countries implement mass food fortification, point-of-use fortification integrated into infant and young child feeding programs, and vitamin and mineral supplementation programs to eliminate vitamin and mineral deficiencies among vulnerable populations, especially pregnant women, infants, young children, and adolescents. IMMPaCt also supports vitamin and mineral surveillance in the US among young children aged under 5 years and women aged 15-49 years.
- b. Bangladesh, Burkina Faso, Ghana, Guatemala, Malawi, Nepal, Niger, Rwanda, Tanzania, Uganda, and the United States
- c. U.S. Department of Agriculture, United States Agency for International Development, UNICEF, Nutrition International, National Institutes for Health, , Emory University, Bill and Melinda Gates Foundation, and WHO
- d. <https://www.cdc.gov/nutrition/micronutrient-malnutrition/index.html>

11. Maternity Practices in Infant Nutrition and Care (mPINC) Survey

- a. This national survey assesses maternity care practices and policies that support breastfeeding and provides feedback to encourage hospitals to make improvements that better support breastfeeding. CDC sends a report to every participating hospital showing specific changes they can make to support breastfeeding mothers. CDC uses national data to inform programmatic activities and answer research questions.
- b. Nationwide
- c. CDC participating hospitals
- d. <https://www.cdc.gov/breastfeeding/data/mpinc/index.htm>

12. Perinatal Quality Collaboratives (PQCs)

- a. Perinatal Quality Collaboratives (PQCs) are state or multi-state networks of teams working to improve the quality of care for mothers and infants. PQCs identify healthcare processes that need to be improved and use the best available methods to make changes as quickly as possible.
- b. CDC supports state based PQCs in Colorado, Delaware, Florida, Georgia, Illinois, Louisiana, Massachusetts, Minnesota, Mississippi, New Jersey, New York, Oregon, and Wisconsin.
- c. National Network of Perinatal Quality Collaboratives; National Institute for Children’s Health Quality; Alliance for Innovation on Maternal Health (AIM); American Academy of Pediatrics; American College for Obstetricians and Gynecologists
- d. <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/pqc.htm>

13. Hear Her Campaign™®

- a. The Hear Her™ campaign supports CDC’s efforts to prevent pregnancy-related deaths by sharing potentially life-saving messages about urgent warning signs.
- b. Nationwide
- c. CDC Foundation; Merck for Mothers Program
- d. <https://www.cdc.gov/hearher>

14. Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM)

- a. Maternal Mortality Review Committees (MMRCs) are multidisciplinary committees that convene at the state or local level to comprehensively review deaths that occur during or within a year of pregnancy (pregnancy-associated deaths). CDC supports agencies and organizations that coordinate and manage MMRCs to identify, review, and characterize pregnancy-related deaths; and identify prevention opportunities.
- b. In FY 2019, CDC made 24 awards, supporting 25 states through the ERASE MM Program. These states included: Alaska, Arizona, California, Colorado, Connecticut, Delaware, Illinois, Indiana, Kansas, Louisiana, Mississippi, Missouri, New Hampshire, New Mexico, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Tennessee, Texas, Utah (collaborating with Wyoming), Washington, and Wisconsin.
- c. American College of Obstetricians and Gynecologists (ACOG), Association of Maternal and Child Health Programs (AMCHP), Black Mamas Matter Alliance (BMMA), Center for State and Territorial Epidemiologists (CSTE), CDC Foundation, Emory University, National Association for Public Health Statistics and Information Systems (NAPHSIS), National Association of Community Health Centers (NACHC), National Birth Equity Collaborative (NBEC), National Indian Health Board (NIHB), National Council of Urban Indian Health (NCUIH)
- d. [Enhancing Reviews and Surveillance to Eliminate Maternal Mortality \(ERASE MM\) | CDC](#)

15. Pregnancy Risk Assessment Monitoring System (PRAMS)

- a. PRAMS collects site-specific, population-based data on maternal behaviors and experiences before, during, and shortly after pregnancy. PRAMS data are used by researchers, public health agencies, and public health practitioners to investigate emerging issues in the fields of maternal and child health and reproductive health. Federal agencies, state, territory, and local governments use PRAMS data to plan and

- review programs and inform policies aimed at reducing health problems among mothers and infants. PRAMS data are used to track maternal and child health Healthy People 2020 and Healthy People 2030 objectives, track national and state performance measures, and national and state outcome measures.
- b. Forty-six states, the District of Columbia, New York City and Puerto Rico participate in PRAMS, representing approximately 81% of all U.S. live births.
 - c. State and local health departments, Great Plains Tribal Chairmen's Health Board, Health Resources and Services Administration, Maternal and Child Health Bureau, Food and Drug Administration, and National Institutes of Child Health and Human Development
 - d. <https://www.cdc.gov/prams/index.htm>

16. National Survey of Family Growth

- a. The National Survey of Family Growth (NSFG) gathers information on pregnancy and birth, marriage and cohabitation, infertility, use of contraception, and men's and women's health. The survey results are used by HHS and others to plan health services and health education programs and to do statistical studies of fertility, families, and sexual/reproductive health. Data elements include sexual activity, marital status, cohabitation, forced sexual intercourse, contraception and sterilization, infertility, breastfeeding, pregnancy loss, and use of medical care for family planning and infertility.
- b. Nationwide
- c. The 2017-2019 NSFG report was jointly planned and funded by the following programs and agencies within HHS: CDC/NCHS; Eunice Kennedy Shriver National Institute of Child Health and Human Development; Office of Population Affairs; Office on Women's Health; Children's Bureau of the Administration for Children and Families (ACF); Office of Planning, Research, and Evaluation within ACF; CDC/NCHHSTP's Division of HIV/AIDS Prevention; CDC/NCHHSTP's Division of STD Prevention; CDC/NCHHSTP's Division of Adolescent and School Health; CDC/NCCDPHP's Division of Reproductive Health; CDC/NCCDPHP's Division of Cancer Prevention and Control; CDC/NCCDPHP's Division of Nutrition, Physical Activity, and Obesity; CDC's National Center for Birth Defects and Developmental Disabilities
- d. <https://www.cdc.gov/nchs/nsfg/index.htm>

17. National Health and Nutrition Examination Survey (NHANES)

- a. NHANES is a nationally representative survey designed to assess the health and nutritional status of adults and children in the United States. The survey is unique in that it combines in-home interviews, standardized physical examinations, and the collection of biological specimens at a mobile examination center. Approximately 5,000 persons are examined per year, and data released in 2-year survey cycles. NHANES collects data on chronic disease prevalence; conditions (including undiagnosed conditions); and risk factors such as obesity and smoking, serum cholesterol levels, hypertension, dietary and nutritional status, immunization status, infectious disease

- prevalence, and environmental exposures. Information obtained from this survey can be analyzed according to various socio-demographic factors, including race and Hispanic origin, and disseminated.
- b. Members of the U.S. noninstitutionalized, civilian resident population
 - c. The most recently conducted NHANES was jointly planned and funded by the following agencies: CDC/NCHS; CDC/NCCDPHP/Division of Diabetes Translation; CDC/NCCDPHP/Division of Nutrition, Physical Activity, and Obesity; CDC/NCCDPHP/Division of Oral Health; CDC/NCCDPHP/Division of Population Health; CDC/NCCDPHP/Office on Smoking and Health; CDC/NCHHSTP/Division of Viral Hepatitis; CDC/NCHHSTP/Division of STD Prevention; CDC/NCIRD/Division of Viral Diseases; CDC/NCEH/Division of Laboratory Sciences; CDC's National Center for Birth Defects and Infant Disorders; FDA/CFSAN; NIH/NHLBI; NIH/NIAAA; NIH/NIAMS; NIH/NIDCD; NIH/NICHD; NIH/NIDDK; NIH/ODS; USDA/ARS; USDA/ERS; USDA/FNS
 - d. <https://www.cdc.gov/nchs/nhanes/index.htm>

18. National Health Interview Survey (NHIS)

- a. 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. 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. 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.
- b. Nationwide
- c. National Institutes of Health (NIH); Food and Drug Administration (FDA); United States Department of Agriculture (USDA); other CDC CIOs
- d. <https://www.cdc.gov/nchs/nhis/index.htm>

19. National Vital Statistics System (NVSS)

- a. 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. NVSS collects and presents U.S. resident data for the aggregate of 50 states, New York City, and Washington, D.C., as well as for each individual state and the District of Columbia. Mortality data can be analyzed and disseminated by sex, and CDC does this in our reports. NVSS also reports statistics on maternal mortality rates, maternal characteristics and risk factors, teen births, and pregnancy/infant outcomes.
- b. Nationwide
- c. Vital records offices in 57 jurisdictions (50 states, New York City, District of Columbia, and 5 U.S. territories)
- d. <https://www.cdc.gov/nchs/nvss/index.htm>

20. National Health Care Surveys: National Ambulatory Medical Care Survey, National Hospital Care Survey, National Hospital Ambulatory Medical Care Survey, National Post-Acute and Long-term Care Study.

- a. The National Health Care Surveys are designed to answer key questions of interest to health care policy makers, public health professionals, and researchers. These can include the factors that influence the use of health care resources, the quality of health care, including safety, and disparities in health care services provided to population subgroups in the United States. Collectively, NCHS' health care surveys have a combination of design features that make them unique. They are nationally representative, provider-based, and cover a broad spectrum of health care settings. Within each setting, data are collected from a sample of organizations that provide care (such as home health care agencies, inpatient hospital units, long-term care facilities, or physician offices) and from samples of patient (or discharge) encounters within the sampled organizations. Demographic data from these surveys, including sex, allow NCHS reports to analyze health care provision and use by various sub-groups of the population.
- b. Nationwide
- c. Office of the National Coordinator for Health Information Technology (ONC); Food and Drug Administration (FDA); Health Research and Services Administration (HRSA); NIH National Center for Complementary and Integrative Health (NCCIH); HHS Assistant Secretary for Planning and Evaluation (ASPE); Centers for Disease Control and Prevention's (CDC) National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- d. <https://www.cdc.gov/nchs/dhcs/index.htm>

21. Tribal Public Health Capacity Building and Quality Improvement, COVID-19: Prevention of suicide, intimate partner violence and adverse childhood events (ACEs) in Indian Country

- a. This project's purpose is to build public health capacity in the COVID-19 response and aftermath and prevent injuries and violence focusing on Suicide, Adverse Childhood Experiences (ACEs) and intimate partner violence (IPV). The project provides a concrete data-to-action approach with initial goals to improve tribal data and information systems and to use those data to drive and support public health responses in prevention efforts (programs, activities, policies, or other relevant practices). Data-to-action approaches and proposed activities should include: (1) conducting rapid assessments, (2) evaluating and improving surveillance, and (3) implementing prevention efforts. When possible, delivery of prevention efforts through the use of tele-health and other distance delivery methods, as appropriate, to accommodate physical distancing is encouraged and will be supported. Rapid assessments include quantifying risk of injury and violence (e.g., Suicide, ACEs, intimate partner violence) and potential protective factors (e.g., positive childhood experiences, social connectedness, traditional practices); and identifying and tracking relevant laws, policies, programs and practices and their parameters for the population served. Surveillance evaluation and improvement includes

developing surveillance capacity for Suicide, ACEs, intimate partner violence by evaluating and improving current surveillance systems, developing new data systems (e.g., syndromic surveillance, novel surveillance efforts such as internet-based surveys), analyzing existing data and/or rapidly collecting new data to better understand trends in morbidity and mortality, identifying at risk groups and identifying risk and protective factors. Other activities could include investigating suicide clusters and conducting community surveys.

- b. 12 tribal health serving consortia organizations with reach to multiple tribes within their jurisdictions or urban areas: National Council of Urban Indian Health; Alaska Native Tribal Health Consortium; Albuquerque Area Indian Health Board, Inc.; Bristol Bay Area Health Corporation; California Rural Indian Health Board; Great Lakes Inter-Tribal Council, Inc; Northwest Portland Area Indian Health Board; Rocky Mountain Tribal Leaders Council; Southern Plains Tribal Health Board; United South and Eastern Tribes, Inc.; Inter Tribal Council of Arizona; Great Plains Tribal Chairmen’s Health Board
- c. N/A
- d. No web address

22. National Breast and Cervical Cancer Early Detection Program (NBCCEDP)

- a. NBCCEDP works to help low-income, uninsured, and underinsured women gain access to timely breast and cervical cancer screening, diagnostic, and treatment services. NBCCEDP provides patient navigation services to help women overcome barriers and get timely access to quality care. Since 1991, NBCCEDP has served over 6.1 million women and diagnosed 75,961 cases of invasive breast cancer, 15.7 cases of invasive cervical cancer, and 235,396 premalignant cervical lesions.
- b. Nationwide
- c. NBCCEDP funds award recipients in all 50 states, the District of Columbia, 2 U.S. territories, 5 U.S.-Affiliated Pacific Islands, and 13 American Indian and Alaska Native tribes or tribal organizations.
- d. <https://www.cdc.gov/cancer/nbccedp/>

23. Inside Knowledge: Get the Facts About Gynecologic Cancer

- a. The *Inside Knowledge* campaign raises awareness of the five main types of gynecologic cancer: cervical, ovarian, uterine, vaginal, and vulvar. It encourages women to pay attention to their bodies, so they can recognize any warning signs and seek medical care.
- b. Nationwide
- c. N/A
- d. <https://www.cdc.gov/cancer/gynecologic/knowledge/index.htm>

24. Bring Your Brave

- a. CDC launched *Bring Your Brave* in 2015 to provide information about breast cancer to women younger than age 45. The campaign tells real stories about young women whose lives have been affected by breast cancer. These stories about prevention, risk, family history and survivorship bring to life the idea that young women can be personally affected by breast cancer. Through these testimonials, *Bring Your*

Brave aims to inspire young women to learn their risk for breast cancer, talk with their healthcare provider about their risk, and live a breast healthy lifestyle.

- b. Nationwide
- c. N/A
- d. https://www.cdc.gov/cancer/breast/young_women/bringyourbrave/index.htm

Food and Drug Administration (FDA)
Office of Women’s Health (OWH)

1. Knowledge and News on Women’s Health (KNOWH) Initiative (2020)

- a. In February 2020, the KNOWH initiative was launched to create high impact messaging and educational resources on critical women’s health topics. As a part of this new initiative, OWH released a new video focused on cardiovascular disease titled, *“Getting A Beat On What Women Know About Heart Health.”* This video was created to raise awareness of heart disease among women and correct some of the common myths about heart disease and highlight how women may experience different signs and symptoms. The video can be found on the OWH main Heart Health for Women webpage along with other resources on managing health conditions, such as high blood pressure to prevent heart disease. In May 2020, the Knowledge and News on Women’s Health blog was launched to bring broader awareness and education on important health topics.
- b. Nationwide
- c. N/A
- d. www.fda.gov/womenshearthealth

2. OWH College Women’s Campaign (2019 and 2020)

- a. The OWH College Women's Campaign provides increased access to FDA health and safety information for college women. Through the campaign, OWH partners with colleges and universities nationwide to disseminate free OWH health publications at college health centers, health education programs, wellness centers, and other campus locations. In 2019, OWH developed a *College Women’s Campaign Digital Social Media Toolkit* with FDA health and safety tips. This toolkit was available in English and Spanish and included social media content, blog posts, web content, and a printable flyer that students and stakeholders could share with their campus health center, sorority, or other community organizations. During 2020, the in-person college experience shifted to virtual learning. OWH continued to support college women through this time by sharing tips and resources via social media and electronically to help college women navigate their new normal and find the latest COVID-19 information, managing mental health, using medicines wisely, and other safety and health topics.
- b. Nationwide
- c. Approximately 150 U.S. college and university partners
- d. www.fda.gov/collegewomen

3. National Women’s Health Week (NWHW) Outreach (2019 and 2020)

- a. For NWHW week, May 12-18, 2019, OWH provided resources for women, including a NWHW Partner Social Media Toolkit with social media key messaging that focused on *“Get the Information you Need to Start Living a Healthier Life Today.”* For NWHW, May 10-16, 2020, during the Coronavirus Disease (COVID-19) pandemic, it was important to remind women to take care of their physical, mental, and emotional health and wellbeing. OWH shared resources on many women’s health topics, including diabetes management, healthy aging, mammograms, pregnancy, and more. OWH created an animated GIF, *Get the Facts on Women’s Health,” NWHW Digital*

Social Media Toolkit, and Knowledge and News on Women blog to highlight key messages each day of the week to encourage women to put their health first.

- b. Nationwide
- c. N/A
- d. <https://www.fda.gov/media/124378/download>,
www.fda.gov/media/137904/download, www.fda.gov/OWHBlog and
https://www.facebook.com/FDA/videos/national-womens-health-week/524909224848803/?locale=pa_IN

4. Women's Health Research Program

- a. OWH funds extramural and intramural research to improve the health and safety of women. OWH drives the research agenda for women at FDA through yearly calls for intramural research to fill critical knowledge gaps. In 2019 and 2020, OWH funded 23 new intramural research projects from FDA's product centers. OWH is also an active participant in the Centers of Excellence in Regulatory Science and Innovation (CERSI) and the Broad Agency Announcement (BAA) programs. In 2019 and 2020, OWH funded 10 extramural projects through the CERSI and BAA mechanisms.
- b. Varies by the research award
- c. Varies by the research award
- d. <https://www.fda.gov/science-research/science-and-research-special-topics/womens-health-research>; <https://www.fda.gov/science-research/womens-health-research/owh-research-initiatives>; <https://www.fda.gov/science-research/womens-health-research/owh-research-and-development-program>

5. OWH Research Fellowship Program

- a. In 2020 OWH launched the OWH Research Fellowship Program. The fellowship program is designed to promote research collaborations between FDA Product Center investigators, a research fellow, and OWH within FDA's intramural research environment to address critical regulatory science knowledge gaps. We provided this new funding opportunity to FDA researchers to increase the bandwidth for women's health and sex differences research. In 2020 OWH had a fellow conducting research on sex differences related to FDA regulated products.
- b. Nationwide
- c. The Center for Drug Evaluation and Research (CDER)
- d. Available to FDA on internal weblink

6. OWH Scientific Workshops and Webinars

- a. FDA's Office of Women's Health (OWH) presents educational webinars on a broad range of topics to promote, protect, and advance the health of women. These webinars target the needs of researchers, healthcare professionals, and students. Continuing education (CE) credit is available for some of our live and home study webinars.

In 2019 and 2020, the following programs were presented to FDA staff and federal partners:

- Sleep and Your Health
- Sex is not Lost in Space
- Gender Bias In Artificial Intelligence And Other Biomedical Innovations
- Sex and Gender Influences in Vaccines
- COVID-19 and Pregnancy

- Sex Differences in COVID-19
- Further, in November 2019, OWH co-hosted a scientific meeting with a group of key stakeholders titled The Safety of Asthma Medications during Pregnancy & Lactation: Research Priorities and Methodology. This meeting resulted in a publication of the meeting proceedings:
 - Chambers CD, Krishnan JA, Alba L, Albano JD, Bryant AS, Carver M, Cohen LS, Gorodetsky E, Hernandez-Diaz S, Honein MA, Jones BL, Murray RK, Namazy JA, Sahin L, Spong CY, Vasisht KP, Watt K, Wurst KE, Yao L, Schatz M. The safety of asthma medications during pregnancy and lactation: Clinical management and research priorities. *J Allergy Clin Immunol.* 2021 Jun;147(6):2009-2020.
- In November 2020, OWH held a public meeting on CBD and other Cannabinoids. The goal of this meeting was to highlight the scientific evidence and knowledge gaps about sex and gender differences in CBD use and responses. This meeting drew almost 2,200 registrants.
 - b. Nationwide
 - c. Varies by collaboration
 - d. <https://www.fda.gov/consumers/women/public-meetings-workshops-and-webinars>

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

1. COVID-19, Women's Health, and Telehealth

- a. The HRSA Office of Women's Health (OWH) supported an evidence review by the Agency for Healthcare Research and Quality (AHRQ) Evidence-Based Practice Center to examine the current evidence around the use of telehealth for women's health by providers and their patients in HRSA-supported care sites and other safety net settings, as well as best practices and interventions. HRSA was especially interested in issues of patient preferences, patient choice and patient engagement strategies, barriers and facilitators of the use of virtual and telehealth in low resource settings and populations, and any evidence available about the impact of COVID-19 on the use of telehealth and virtual health for these services.
- b. Nationwide
- c. HRSA OWH, Bureau of Primary Health Care (BPHC), and Maternal and Child Health Bureau (MCHB); in partnership with AHRQ
- d. No web address

2. Project Catalyst: State-Wide Transformation on Health, Intimate Partner Violence (IPV) and Human Trafficking (HT)

- a. Project Catalyst fosters leadership at the U.S. state level to improve the health and safety outcomes for survivors of IPV and HT and to promote prevention. The project convenes leadership teams from state/territory primary care associations, health/public health departments, and domestic violence coalitions. Leadership teams offer training and technical assistance (TA) to health centers and domestic violence service providers (DVSP) and promote partnerships and state-level policy and systems changes that support integrated and improved responses to IPV and HT.
- b. Arkansas, Colorado, Connecticut, Guam, Idaho, Iowa, North Carolina. Due to limited IPV/HT resources in healthcare settings in the US-Affiliated Pacific Islands, Guam expanded the initial scope of the project into three additional US-Affiliated Pacific Islands territories.
- c. HRSA OWH and BPHC in partnership with the Administration for Children and Families (ACF) Family Violence Prevention and Services Act (FVPSA); Futures Without Violence (TA Partner)
- d. <https://ipvhealthpartners.org/>

3. Federal Cervical Cancer Collaborative: Accelerating Expansion of Patient Engagement for Cervical Cancer Prevention, Screening, and Treatment in Federal and Safety net Patient Care Settings

- a. The Federal Cervical Cancer Collaborative (the FCCC), an offshoot of Cancer MoonshotSM bridges the priorities of cancer research by the National Cancer Institute (NCI) and healthcare delivery in safety-net settings of care. The project will support a series of roundtable meetings and the development of a federal opportunities report and provider toolkit. The roundtable series will:

- i. Describe current practices, opportunities, and innovations to strengthen cervical cancer prevention, screening, and management in safety net settings;
 - ii. Identify best practices for technical assistance materials for safety net providers; and
 - iii. Enhance coordination and partnership across stakeholder groups by identifying opportunities to strengthen cervical health services through partnership, policy, programs, outreach, and education.
- b. Nationwide
- c. With a focus on safety-net settings of care throughout the U.S. HRSA's Office on Women's Health in collaboration with HRSA's Office of Intergovernmental and External Affairs, National Institutes of Health's Office of Research on Women's Health, NCI (Division of Cancer Epidemiology and Genetics and Healthcare Delivery Research Program), the Office of the Assistant Secretary for Health's Office of Population Affairs, and the Centers for Disease Control and Prevention's Division of Cancer Prevention and Control.
- d. No website

4. Survivor Health Connection Project (SHCP)

- a. HRSA collaborated with the National Domestic Violence Hotline and the Family Violence Prevention & Services Act (FVPSA) to connect domestic violence support with health care needs. This collaboration fosters health systems transformation, skill building, and approaches to address the integration of trauma informed violence-related policies, practices, and partnerships through bi-directional training of Health Center and Hotline staff on how to safely assess and refer patients to needed services.
- b. Nationwide
- c. HRSA OWH and BPHC in partnership with the Administration for Children and Families (ACF); FVPSA; National Domestic Violence Hotline (TA Partner)
- d. No web address

5. The HRSA Strategy to Address Intimate Partner Violence

- a. In the Fall of 2016, OWH engaged 14 Bureaus/Offices to produce a strategy to address IPV through HRSA's key programs in a coordinated and collaborative manner. The strategy was officially launched in September 2017. It encompasses calendar years 2017-2020 and aligns with HRSA's mission and strategic goals. Fourteen of HRSA's 16 bureaus and offices developed 27 new innovations and commitments to address IPV through their various programs and initiatives. These activities place an emphasis on four areas where HRSA excels: training the workforce, developing partnerships, increasing access to quality healthcare, and addressing gaps in knowledge. Examples of specific activities include conducting staff training and tailoring training for HRSA-supported health care providers.
- b. Nationwide
- c. HRSA OWH

- d. <https://www.hrsa.gov/sites/default/files/hrsa/HRSA-strategy-intimate-partner-violence.pdf>
<https://www.hrsa.gov/sites/default/files/hrsa/HRSA-IPV-Strategy-Progress-Report.pdf>
- 6. Caring for Women with Opioid Use Disorder (OUD): A Toolkit for Organization Leaders and Providers**
- a. The OUD Toolkit is a web-based resource for providers and their organizations to deliver evidence-based, patient-centered, coordinated care. The toolkit is organized into three focus areas:
 - iv. Shifting the culture around addiction and treatment
 - v. Engaging women with OUD in care
 - vi. Creating and maintaining partnerships that support care coordination for women with OUD
 - b. Nationwide
 - c. HRSA OWH and the Office of the Assistant Secretary for Health Office on Women's Health
 - d. <https://www.hrsa.gov/sites/default/files/hrsa/Caring-for-Women-with-Opioid-Disorder.pdf>
<https://www.hrsa.gov/about/organization/bureaus/owh/opioid-use-in-women>
- 7. Pregnancy Related Care Research Network (PRCRN)**
- a. The PRCRN researches a broad array of topics relevant to the health and well-being of pregnant women and their infants. The PRCRN assesses the knowledge, attitudes, and opinions of women's health care providers on these topics, conducts intervention studies, surveys patients to investigate their perceptions and experience with their providers, and extracts data from medical records to assess outcomes.
 - b. Minnesota, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Texas, and Washington
 - c. Funded through MCHB; Partners include: WWAMI network: UW School of Medicine: Washington, Wyoming, Alaska, Montana, and Idaho (multi-state medical education program)
 - d. <https://depts.washington.edu/obgyn/research/prcrn.html>
- 8. Supporting Fetal Alcohol Spectrum Disorders Screening and Intervention (SFASDSI)**
- a. This initiative is a primary care provider training program that aims to reduce the incidence of prenatal alcohol exposure and improve developmental outcomes in children with suspected or diagnosed FASDs through the Project ECHO® model. This program was designed to reach providers in states, territories, tribes, or communities that have high rates of binge drinking among pregnant women, especially in rural areas.
 - b. New England (MA, VT, ME, RI, NH, CT) and Upper Midwest (MN, ND, SD, WI, IA, MI), especially serving rural and tribal communities
 - c. Funded through MCHB; Partners include: Proof Alliance, National Association of Community Health Centers (NACHC), Primary Care Associations (PCAs) in priority states, Rural Health Association, National

Organization on Fetal Alcohol Syndrome (NOFAS) (now FASD United) Affiliates, community health clinics, tribal clinics, Great Lakes Inter-Tribal Council, Great Plains Tribal Epi Center, African American Community Health Taskforce, Association of University Centers on Disabilities FASD Special Interest Group, Autism and Office-Based Addiction Treatment ECHO, Grayken Center at Boston Medical Center, Indian Health Service, HRSA and MCHB grant programs

d. <https://www.bmc.org/addiction/training-education/safest-choice>

9. Women's Preventive Services Initiative (WPSI)

a. This initiative is designed to identify preventive services and screenings for women and recommend updates to the Women's Preventive Services Guidelines to help ensure access to these services without cost-sharing (e.g., co-payment, co-insurance, or deductible). Preventive services listed in the HRSA-supported Women's Preventive Services Guidelines are required to be covered without cost sharing by non-grandfathered group health plans and health insurance issuers offering group or individual health insurance coverage. The initiative also supports the dissemination and implementation of HRSA-approved guidelines into standard clinical practice.

b. Nationwide

c. Funded through MCHB; Partners include: American College of Obstetricians and Gynecologists (ACOG); Nurse Practitioners in Women's Health (NPWH); American College of Physicians (ACP); American Academy of Family Physicians (AAFP)

d. <https://www.womenspreventivehealth.org/>

10. Alliance for Innovation on Maternal Health (AIM)

a. AIM improves maternity care across the country by developing and implementing patient safety bundles that address preventable maternal mortality and severe maternal morbidity.

AIM works through state teams and health systems to align national, state, and local/hospital-level quality improvement efforts to improve overall maternal health outcomes.

b. All 50 States, D.C., U.S. Territories, Tribal Communities

c. Funded through MCHB; Partners include: Association of State and Territorial Health Officials; American Academy of Family Physicians; American College of Nurse Midwives; American College of Obstetricians and Gynecologists; Association of Maternal and Child Health Programs; Association of Women's Health, Obstetric & Neonatal Nurses, California Maternal Quality Care Collaborative; Society for Maternal-Fetal Medicine

d. <https://saferbirth.org/>

11. Alliance for Innovation on Maternal Health Community Care Initiative (AIM - CCI)

a. This program supports the development and implementation of non-hospital focused maternal safety bundles within community-based organizations and outpatient clinical settings across the United States. It builds upon the foundational work of AIM by addressing preventable maternal mortality

and severe maternal morbidity among pregnant and postpartum women outside of hospital and birthing facility settings.

- b. All 50 States, D.C., U.S. Territories, Tribal Communities
- c. Funded through MCHB; Partners include: American Academy of Family Physicians; American College of Obstetricians and Gynecologists; American Academy of Pediatrics; American Hospital Association; Association of Maternal and Child Health Programs; Association of Women's Health, Obstetric & Neonatal Nurses; Black Mamas Matter Alliance; Head Start; National Association of Community Health Centers; National Association of County & City Health Officials; National Birth Equity Collaborative; National Black Nurses Association, Inc.; National Institute for Children's Health Equity; Nurse Practitioners in Women's Health; National Rural Health Association; National Urban League; National WIC Association; UnitedHealth Group
- d. <https://www.aimcci.org/>

12. Screening and Treatment for Maternal Depression and Related Behavioral Disorders (MDRBD) Program

- a. The purpose of the MDRBD program is to establish, improve, or maintain programs that expand health care providers' capacity to screen, assess, treat, and refer pregnant and postpartum women for maternal depression and related behavioral health disorders, such as anxiety and substance misuse in rural and medically underserved areas. The program goal is to improve the mental health and well-being of pregnant and postpartum women through increased access to affordable, culturally and linguistically appropriate treatment, and recovery support services.
- b. Seven state awardees: Florida, Kansas, Louisiana, Montana, North Carolina, Rhode Island, and Vermont
- c. Funded through MCHB; Partners include: A broad range of national, state, regional, and/or community-based mental health and substance use disorder treatment and recovery support service providers, including state and territorial health and human services agencies, including MCH Title V agencies, state substance use or mental health authorities, and state offices of rural health; other HRSA grant projects (e.g., Healthy Start and MIECHV grant programs, and HRSA's [Telehealth Resource Centers](#)); health care organizations; insurers (e.g., Medicaid, commercial); women/families with lived experience; patient support and advocacy organizations; primary health care providers; and state chapters of medical and professional associations.
- d. <https://mchb.hrsa.gov/programs-impact/screening-treatment-maternal-depression-related-behavioral-disorders-program-mdrbd>

13. Healthy Start Initiative: Eliminating Disparities in Perinatal Health Program

- a. The Healthy Start program provides grants to high-risk communities with infant mortality rates at least 1.5 times the U.S. national average, as well as high rates of other poor perinatal outcomes (e.g., low birthweight, preterm birth, maternal morbidity and mortality). Healthy Start works to improve

health outcomes before, during, and after pregnancy, and reduce racial and ethnic disparities in rates of infant death and severe maternal illness.

- b. 101 grants in 35 states, the District of Columbia, and Puerto Rico
- c. Funded through MCHB; Partners include: National Institute for Children's Health Quality
- d. <https://mchb.hrsa.gov/programs-impact/healthy-start>

14. Supporting Healthy Start Performance Project (SHSPP)

- a. SHSPP provides training and capacity-building assistance to support Healthy Start grantees in improving their service delivery and meeting the Healthy Start benchmarks. SHSPP conducts a variety of activities (e.g., topical webinars, cohorts, learning academies, training and certification scholarships, and individualized technical assistance) aimed at strengthening and enhancing Healthy Start projects' ability to reduce maternal and infant health disparities in their communities.
- b. Supports 101 Healthy Start Program projects which are found in 35 States, the District of Columbia, and Puerto Rico
- c. Funded through MCHB; Partners include: National Institute for Children's Health Quality
- d. <https://healthystartepic.org/>

15. National Survey of Children's Health

- a. The National Survey of Children's Health (NSCH), funded and directed by HRSA MCHB, is the largest national- and state-level survey on the health and health care needs of children ages 0-17, their families, and their communities. It is the only data source on key measures of health care access and quality, such as medical home, the primary source for Title V Maternal and Child Health Services Block Grant Performance and Outcome Measures, and the data source for 15 Healthy People objectives. Since 2016, the NSCH has been fielded annually by the U.S. Census Bureau as an address-based, self-administered survey conducted via web- and paper-based questionnaires. The size of the NSCH sample varies annually based on the availability of funding and co-sponsorships. On average, 35,000 child-level questionnaires are completed each year. MCHB funding supports an equal number of questionnaires in each state and the District of Columbia. The survey is fielded from June to January, with data release the following October, and is designed to produce nationally representative and state-level estimates. The survey includes questions on parent/caregiver physical and mental health, childcare related stress, and the presence and sources of social and community-level supports. Data for mothers and female caregivers, specifically, can be analyzed separately.
- b. 50 states and the District of Columbia
- c. Funded and directed by MCHB and conducted annually by the U.S. Census Bureau
- d. <https://mchb.hrsa.gov/data-research/national-survey-childrens-health>

16. State Maternal Health Innovation (MHI) Program

- a. The State MHI program assists states in implementing state-specific actions that address disparities in maternal health including the prevention and

reduction of maternal mortality and severe maternal morbidity. Specifically, this program will strengthen partnerships and collaboration by establishing a state-focused Maternal Health Task Force, improving state-level data surveillance on maternal mortality and severe maternal morbidity, and promoting and executing innovation in maternal health service delivery. Each project seeks to improve the collection, analysis, and application of maternal mortality/morbidity data and promote and execute maternal health service delivery innovation.

- b. Award recipients include: Arizona, Illinois, Iowa, Maryland, Montana, New Jersey, North Carolina, Ohio, and Oklahoma
- c. Funded through MCHB; Partners include: MCH Title V agencies; State Medicaid; State-led Maternal Mortality Review Committees; and Perinatal Quality Collaboratives
- d. <https://maternalhealthlearning.org/partners/>

17. Maternal Health Learning and Innovation Center (MHLIC)

- a. The MHLIC is a technical assistance and resource center that supports HRSA award recipients that focus on improving maternal health, states, and key stakeholders in their efforts to reduce and prevent maternal mortality and severe maternal morbidity. Its mission is to foster collaboration and learning among diverse stakeholders to accelerate evidence-informed interventions advancing equitable maternal health outcomes through engagement, innovation, and policy.
- b. Nationwide for HRSA grant programs and other stakeholders
- c. Funded through MCHB; Partners include University of North Carolina at Chapel Hill, ACOG, AMCHP, Georgia Health Policy Center, R.A.C.E. for Equity, Reaching Our Sisters Everywhere, PH Solutions, UNC Gillings School of Global Public Health, the Jordan Institute for Families at the UNC School of Social Work, and the UNC School of Medicine.
- d. <https://maternalhealthlearning.org/>

18. Obstetrics Training Suite

- a. Online series of more than 50 courses on electronic fetal monitoring, postpartum hemorrhage, shoulder dystocia, and other high-risk obstetrics topics. Participants receive Continuing Medical Education/Continuing Nursing Education credit upon successful completion of each course or case study. Emergency Care Research Institute (ECRI) provides these courses through an outside vendor (Medical Interactive) for clinical providers (e.g., obstetricians, nurse midwives, OB nurses) in HRSA-funded health centers, FQHC Look-health center look-alikes, and free clinics.
- b. Nationwide
- c. ECRI (leased through Medical Interactive)
- d. <http://medicalinteractive.net/ecri> (description available at <https://www.ecri.org/components/hrsa/Pages/efm.aspx>) new or expanded (including geriatric)

19. Rural Maternity and Obstetrics Management Strategies (RMOMS) program

- a. RMOMS aims to increase access to maternal and obstetrics care in rural communities and ultimately improve maternal and neonatal outcomes through four focus areas: (1) aggregation of low-volume rural hospital

- obstetric services, (2) a network approach to coordinate and improve maternal health care from preconception to postpartum, (3) telehealth services to increase access to care in rural areas, and (4) payment structures that promote financial sustainability for access to high-quality maternal care. The first cohort was awarded in September 2019.
- b. Six rural counties in the Missouri Bootheel region, five rural counties in northeastern New Mexico, and six rural counties along the U.S. and Mexico border in Texas
 - c. HRSA Federal Office of Rural Health Policy and HRSA MCHB
 - d. <https://www.hrsa.gov/rural-health/grants/rural-community/rmoms/fy19-cohort>

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

1. Women's Health Initiative (WHI)

- a. The Women's Health Initiative (WHI) is a long-term national health study funded by the National Heart Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH). In the early 1990s, Dr. Bernadine Healy, then Director of the NIH, initiated the WHI to study the etiology and prevention of the major chronic diseases of postmenopausal women. The WHI successfully enrolled study participants by using engagement and recruitment strategies specific to older women. The study enrolled 68,132 women aged 50-79 years in an overlapping set of randomized controlled clinical trials and another 93,676 women in an observational study (total = 161,808). The randomized trials examined the health benefits and risks of postmenopausal hormone therapy, low-fat dietary patterns, and calcium and vitamin D supplementation. Together, these trials have made important contributions to understanding the value of commonly used prevention strategies. Findings from the WHI have changed medical practice by providing important information about the risks and benefits of menopausal hormone therapy, particularly with respect to cardiovascular disease and certain types of cancer. The WHI also used effective outreach and recruiting methods to enroll underrepresented minority groups and achieved 93% of its target goal in minority participation. The net societal value of the trial of estrogen plus progestin over the 10 years since its implementation is estimated to be approximately \$200 for every \$1 invested by NIH/NHLBI. The data from the observational study has been used for a large variety of epidemiologic studies and has proven invaluable to explain discrepancies between trial findings and observational studies.
- b. Nationwide
- c. NHLBI leads the WHI, with the following organizations participating in this effort during FY2019 and FY2020: Fred Hutchinson Cancer Research Center; University of Buffalo; The Ohio State University; Wake Forest University; Stanford University.
- d. <https://www.whi.org/>

2. Autoimmune Disease Research Programs

- a. The Autoimmunity Centers of Excellence (ACE), funded by the National Institute of Allergy and Infectious Diseases (NIAID), perform ongoing clinical research including interventional clinical trials in autoimmune diseases, many of which are more common in women. The Cooperative Study Group for Autoimmune Disease Prevention (CSGADP) is identifying early signals in the development of autoimmunity. Together these programs are building knowledge about the role of the immune response in the onset and progression of autoimmunity and testing therapeutic interventions.
- b. Nationwide
- c. NIAID

- d. ACE: <https://www.niaid.nih.gov/research/autoimmunity-centers-excellence>, <https://www.autoimmunitycenters.org/mission.php>
CSGADP: <https://www.niaid.nih.gov/research/cooperative-study-group-autoimmune-disease-prevention>

3. Rheumatoid Arthritis (RA) and Lupus

- a. Through the Accelerating Medicines Partnership® Rheumatoid Arthritis and Systemic Lupus Erythematosus (AMP® RA/SLE) program (AMP®), researchers characterize and define shared and disease-specific biological pathways that scientists can study and identify relevant drug targets for treating autoimmune diseases. This program is adapting cutting-edge, high-throughput technologies to analyze single immune and tissue cells from organs affected by RA and lupus.
- b. Nationwide
- c. National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institute of Allergy and Infectious Diseases (NIAID); Foundation for the NIH; pharmaceutical partners including Abbvie, Bristol-Myers Squibb, GSK, Janssen, Merck, Pfizer, Sanofi, and Takeda; Arthritis Foundation; Lupus Foundation of America; Lupus Research Alliance; Rheumatology Research Foundation
- d. <https://www.niams.nih.gov/grants-funding/funded-research/accelerating-medicines/RA-SLE>

4. Implementing a Maternal health and PRenancy Outcomes Vision for Everyone Initiative (IMPROVE)

- a. This research project aims to reduce preventable causes of maternal deaths and improve health for women before, during, and after delivery.
- b. Nationwide, with focused efforts in states that have historically had lower levels of NIH funding.
- c. *Eunice Kennedy Shriver* National Institute of Child Health and Human Development, NIH Office of Research on Women’s Health, National Institute of Nursing Research, and over 20 other NIH Institutes, Centers, and Offices
- d. IMPROVE Program: <https://www.nih.gov/research-training/medical-research-initiatives/improve-initiative>; Request for Information (RFI): Inviting Comments and Suggestions for a Proposed Research Initiative to Decrease Maternal Mortality; Notice number: NOT-OD-20-063 (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-063.html>)
Notice of Special Interest: Administrative Supplements for Research on Women’s Health in the IDeA States; Notice number: NOT-GM-20-017 (<https://grants.nih.gov/grants/guide/notice-files/NOT-GM-20-017.html>);
Notice of Special Interest: Administrative Supplements for NIH Grants to Add or Expand Research Focused on Maternal Mortality; Notice Number: NOT-OD-20-104 (<https://grants.nih.gov/grants/guide/notice-files/NOT-OD-20-104.html>)

5. Study of Women’s Health Across the Nation (SWAN)

- a. The project will 1) determine the impact of menopausal transition (MT) characteristics and trajectories of midlife health indicators on the

preservation of cognitive, physical, genitourinary, sexual, psychosocial function, and sleep in early old age; 2) determine the impact of MT characteristics and trajectories of midlife health indicators on the risk of adverse health outcomes, including falls, osteoporosis and fractures, poor cardiometabolic function, cardiovascular events, and early mortality; 3) determine if racial/ethnic disparities in health and functioning in early old age are attributable to midlife racial/ethnic differences in MT characteristics and midlife health indicators, and 4) translate the SWAN and SWAN-Aging findings for women and their health care providers. Data and biospecimens collected over the years in SWAN are available to the broad research community for further studies via the NIA Aging Research Biobank. SWAN participants include African American or Black, Chinese, Hispanic or Latino, Japanese, and White women.

- b. Nationwide
- c. National Institute on Aging; National Institute of Nursing Research; National Center for Complementary and Integrative Health; Office of Research on Women's Health
- d. <https://www.swanstudy.org/>

6. Research on Menopause at the National Institute on Aging (NIA)

- a. The menopausal transition is associated with profound changes in women's physical, mental, social, and emotional health. Particularly through the Study of Women's Health Across the Nation (SWAN; see above), National Institute on Aging (NIA) supports research on biological and psychosocial changes that occur during midlife and the menopausal transition, as well as the effect of the transition and its associated characteristics on subsequent health and risk factors for age-related chronic diseases. In addition, the Institute supports research on hormonal and non-hormonal treatments for symptoms that may occur around menopause, including perimenopausal depression and vasomotor symptoms. Finally, NIA supports basic research on the causes and consequences of the menopausal transition on women's health, including studies of the role of follicle-stimulating hormone on bone loss and obesity. In 2019, NIA released a research solicitation addressing cellular and molecular mechanisms (<https://grants.nih.gov/grants/guide/rfa-files/RFA-AG-20-036.html>) that regulate aging of the reproductive tissues, resulting in new projects to determine the role of cellular senescence and epigenetic changes in age-related loss of ovarian function as well as genetic changes in the ovary that influence age at menopause.
- b. Nationwide
- c. Varies by the research grant, funding organizations include:
 - i. Office of Research on Women's Health (ORWH)
 - ii. National Institute of Nursing Research (NINR), and others
- d. No web address

7. Gynecological Health and Disease Research at the NICHD

- a. The Gynecological Health and Disease Branch (GHDB) of the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) focuses on improving women's reproductive health

by guiding and supporting gynecologic research and career development programs with the vision of a future in which women lead lives free of the effects of gynecologic disorders. The Centers aim to improve understanding of endometriosis initiation, progression, and pathophysiology as a path toward non-invasive diagnostics, improved treatments, and, ultimately, prevention and cure. The GHDB also supports research on pelvic organ prolapse as well as urinary and fecal incontinence related to pelvic floor dysfunction. Obstetric fistula and female genital cutting, which affect international and U.S. immigrant communities, are research areas supported by the branch as well.

- b. Nationwide and Globally
- c. NICHD
- d. <https://www.nichd.nih.gov/about/org/der/branches/ghdb>

8. The Specialized Centers of Research Excellence (SCORE) on Sex Differences RFA-OD-19-013.

- a. The Specialized Centers of Research (SCOR) program, a predecessor to the current Specialized Centers of Research Excellence (SCORE) program, was first announced by ORWH (in partnership with the FDA) in 2002. The SCOR specialized centers were thus established to 1) expedite interdisciplinary development and application of new knowledge to human diseases that affect women 2) support research to understand and explore the continuous interaction between sex and gender in human health 3) learn more about etiology of these diseases, and 4) foster improved approaches to treatment and prevention.

The continuous interaction between sex and gender in human health is determined by both biology and expression of gender. Sex and gender are important considerations in many areas of research, including basic, clinical translational and behavioral studies. The consideration of sex and gender are critical to the accurate interpretation, validation, and development and testing of therapeutic interventions to further promote human health. The consideration of sex and gender may also help us understand how health and disease processes differ amongst different populations of women, between women and men, and gender-diverse individuals.

The current SCORE U54 program leverages over 15 years of prior investment to create a disease-agnostic research program focused on sex differences and major medical conditions affecting women in the U.S. The SCORE program represents an innovative, interdisciplinary, and translational research program that supports established scientists at centers across the country who conduct ground-breaking research that integrates basic, clinical, translational, and behavioral research approaches to advance human health. Each SCORE program has three highly integrated, synergistic research projects and an administrative core. The Career Enhancement Core is a new feature of the program whose goal is to support pilot research and train the next generation of scientists in the study of sex differences. As NIH-supported Centers of Excellence, the

SCORE program's centers provide leadership, promote and train a diverse scientific workforce, address health disparities, and serve as a resource in the development and promotion of standards and policies for the consideration of sex differences in biomedical research.

Eleven specialized centers (U54 grants) are currently co-funded by ORWH and NIH Institute and Center partners (NIA, NIAAA, NIDA, NIMH, and NIDDK) with a total investment of approximately \$18 million per year. Since the inception of the program, a total of 44 SCOREs have been funded with an investment of over \$200 million providing support at 31 US institutions.

- b. Geographic area(s) served are: Northeast and Southeast ern, Central ,Mid-West, and West coasts
- c. Organizations Other Federal offices and organizations involved in the activity
 - i. 2002 – 2016: FDA and NIH
 - ii. 2018 – present NIH only
- d. Web address <https://orwh.od.nih.gov/womens-health-research/interdisciplinary-research/specialized-centers-of-research-excellence-on-sex-differences-u54-clinical-trial-optional>

9. Women's Justice Community Opioid Innovation Network (WJCOIN).

- a. Funded by the NIH HEAL initiative, the NIDA-led W-JCOIN study is testing a videoconference-based telehealth strategy to link incarcerated women with opioid use disorder to support services before transitioning to the community. The study aims to better prevent relapse and overdose in a real-world setting.
- b. Kentucky
- c. NIH HEAL/NIDA/University of Kentucky
- d. <https://heal.nih.gov/news/stories/wjcoin>
<https://www.clinicaltrials.gov/ct2/show/NCT04069624?term=JCOIN&draw=2>

10. Immune Mechanisms during Pregnancy and Across the Lifespan at NIAID

- a. Using both *de novo* vaccine induced immune responses and booster vaccination, studies in the Maternal-Fetal Immunity program and the Human Immune Profiling Consortium are capturing immunological mechanisms to build foundational data to advance our knowledge of natural tolerance, fertility, shifts in immunity during pregnancy that govern the balanced growth of the fetus and battle of the maternal-fetal dyad. Subjects in the WHI are being assessed for the relationship between immune-aging, cardiovascular disease and its connection to flu history.
- b. Boston, MA
- c. NIAID
- d. <https://immunespace.org/>
<https://immunespace.org/hipc-centers/massachusetts-institute-of-technology/>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Associate Administrator for Women's Services

1. Early Childhood Mental Health Grant Programs: Project LAUNCH, Indigenous Project LAUNCH & Infant and Early Childhood Mental Health (IECMH)

- a. The goal of SAMHSA's three early childhood mental health grant programs, Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), Indigenous Project LAUNCH, and the Infant and Early Childhood Mental Health (IECMH) grant program, is to promote the healthy development and wellness of young children, with a particular focus on social, emotional and behavioral development. Grants include funds for mental health-related screening, wellness promotion, prevention and treatment services for young children and their families. Services for caregivers include depression, substance use, and domestic violence screenings; parenting supports and education; mental health consultation; family navigation services to help families access basic needs (e.g., housing, employment, education, food and health care services); and dyadic, or 2-generational mental health treatments, and are considered best practices for promoting healthy attachment and early relational health, which benefits both baby and caregiver. Project LAUNCH and Indigenous Project LAUNCH serve children from birth to age 8 and their families; the IECMH grants fund children ages birth to 12 and their families.
- b. Grants are made to community-based organizations, American Indian/Alaska Native (human services agencies, non-profit institutions, AI/AN) communities and organizations, states and territories
- c. At the community level, grantees partner with early care and education providers (e.g., Head Start), schools, primary care providers/FQHCs, perinatal care providers (e.g., birthing centers, doulas, OB/GYNs), early intervention services, home visiting programs, community health nurses, and other organizations serving young children and families. Grantees also partner with state or tribal-level organizations to ensure sustainability and improvements in funding and policies that will benefit children and families.
- d. <https://www.samhsa.gov/early-childhood-mental-health-programs>

2. Center of Excellence for Infant and Early Childhood Mental Health Consultation

- a. The [Center of Excellence for Infant & Early Childhood Mental Consultation](#) (CoE for IECMHC) is a national center providing technical assistance to programs, communities, states, territories, and tribal communities, and professional development to individual mental health consultants to increase access to high quality mental health consultation throughout the nation. The Center aims to impact the field of IECMHC by supporting the growth and advancement of the profession.
- b. The CoE serves the entire nation.
- c. The Georgetown Center for Child & Human Development operates the CoE for IECMHC in partnership with Tulane University, the Children's Equity Project housed at Arizona State University and other IECMHC national leaders.

- d. <https://www.samhsa.gov/early-childhood-mental-health-programs/center-of-excellence-iecmmh>

3. Pregnant and Postpartum Women Residential Program

- a. The purpose of this SAMHSA grant program is to provide comprehensive substance use disorder (SUD) treatment services, recovery support services, and harm reduction interventions to pregnant and postpartum women across a continuum of residential settings, based on comprehensive, individualized screenings and assessments that inform treatment planning and service delivery in a continuous care model. Using a holistic approach, grant funds also support required activities for minor children and partners of the women, and other extended family members of the women and children, as requested by the women. Fundamental to this program is ensuring access to services for low-income women, including providing these services in locations accessible to low-income women.
- b. Grants are made to community-based organizations, AI/AN communities and organizations, and territories.
- c. Grantees partner with other community-based behavioral and physical health agencies to provide services in settings such as, ob/gyn clinics, birthing centers, schools, and other substance use and mental disorder treatment programs. Together, partnering agencies and grantees provide doula services, recovery support services, and other services that address the needs of the population.
- d. <https://www.samhsa.gov/grants/grant-announcements/ti-20-007>

4. State Pilot Grant Program for Treatment for Pregnant and Postpartum Women

- a. The purpose of this SAMHSA grant program is to support family-based services for pregnant and postpartum women with a primary diagnosis of SUD by helping Single State Agencies for Substance Use (SSA) address the continuum of care, including comprehensive services provided to pregnant and postpartum women in nonresidential-based settings, and promoting a coordinated, effective, innovative, and efficient state system managed by the SSA. Using a holistic approach, grant funds also support required activities for minor children and partners of the women, and other extended family members of the women and children, as requested by the women. Fundamental to this program is ensuring access to services for low-income women, including providing these services in locations accessible to low-income women.
- b. By statute, eligible applicants for the PPW-PLT grant program are the SSAs.
- c. The SSA works with community-based substance use disorder treatment providers and other behavioral and physical health agencies to provide services in settings such as ob/gyn clinics, birthing centers, and schools to provide a range of other services including doulas, recovery support services and other services that address the needs of the population.
- d. <https://www.samhsa.gov/grants/grant-announcements/ti-20-010>

5. The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

- a. The **Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)** program allocates funding by a formula to all 50 states, the District of Columbia, five (5) US Territories, three (3) Freely Associated States, and the Red

Lake Band of Chippewa Indians, to support the provision of substance use disorder prevention, harm reduction, intervention, treatment, and recovery support services. These services include the following:

- SUD Primary Prevention Program Services
 - SUD Harm Reduction, Intervention, Treatment, and Recovery Support Services
 - Early Intervention Services Relating to HIV (EIS/HIV) for persons with SUD
 - SUD Treatment and Support Services to Pregnant Women and Women with Dependent Children (PWWDC) and their children
 - SUD Services to Persons Who Inject Drugs (PWID)
 - Tuberculosis Services for persons with SUD, including screening, testing, counseling, case management, and referral for medical evaluation and treatment (TB)
 - The SABG includes an annual Women’s Services MOE expenditure requirement that ensures that grantees will expend no less than an amount equal to the amount of funds expended by the grantee for the base fiscal year of 1994. In SFY 2019, SABG grantees expended a total of \$292,671,923 on these Women’s Services, and in SFY 2020, a total of \$295,895,559 was expended for these services. (WebBGAS SABG Reports for 2020 and 2021)
- b. By Statue, the SUPTRS BG is provided to the Single State Agency for Substance Use (SSA).
- c. Pregnant women are provided preference in admission to treatment centers, and are provided interim services as necessary and as required by law. The grantee is required, in carrying out this provision, to publicize the availability of services from the facilities and the fact that pregnant women receive such preference. This may be done by means of street outreach programs, ongoing public service announcements (radio/television), regular advertisements in local/regional print media, posters placed in targeted areas, and frequent notification of availability of such treatment distributed to the network of community-based organizations, health care providers, and social service agencies. States fund their localities and providers to provide substance use disorder treatment. The SUPTRS BG includes the requirement for grantees to provide a description of the services and activities to be supported with SUPTRS BG funds for allocations to be spent on services to pregnant women and women with dependent children, including alcohol and other drug treatment and prevention, including primary prevention, and any other requirement;
- d. <https://www.samhsa.gov/grants/block-grants/sabg>;

IV. OTHER HHS AGENCIES AND 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, HRSA, 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 Coordinating Committee on Women's Health 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.

IV. Other HHS Agencies and Offices

Administration for Children and Families (ACF)

1. Family and Youth Services Bureau's (FYSB) Adolescent Pregnancy Prevention (APP) Program

- a. FYSB's Adolescent Pregnancy Prevention (APP) Program administers two programs: Sexual Risk Avoidance Education (SRAE) and Personal Responsibility Education Program (PREP). These programs consist of seven distinct funding streams designed to help youth prevent teen pregnancy, sexually transmitted infections, and other risky behaviors. APP takes a holistic approach to support state, tribal, and community efforts to promote medically accurate sexual risk avoidance education, abstinence and contraceptive education, and adulthood preparation programming. There are three SRAE funding streams, which are Title V State SRAE, Title V Competitive SRAE, and GD-SRAE. In addition to the SRAE programs, there are four PREP funding streams, to include the State PREP, Competitive PREP, Tribal PREP, and PREP Innovative Strategies (PREIS). Both programs also include training and technical assistance toward healthy relationships and healthy life skills. APP grant programs target prevention education services to youth between the ages of 10 and 19 years of age. The PREP Program has requirements for grantees to serve sub-populations of youth, to include youth in foster care, homeless youth, youth with HIV/AIDS, victims of human trafficking, pregnant and parenting youth who are under 21 years of age, and youth residing in areas with high birth rates for youth.
- b. U.S. states, territories, tribes, and communities
- c. APP Grantees and sub-recipients as well as other agencies within ACF
- d. <https://www.acf.hhs.gov/fysb/adolescent-pregnancy-prevention>;
<https://teenpregnancy.acf.hhs.gov/>
<https://www.acf.hhs.gov/fysb/adolescent-pregnancy-prevention/evaluation>; <https://www.acf.hhs.gov/fysb/programs/adolescent-pregnancy-prevention/evaluation/performance-measures-adulthood-prep>;
www.sraepas.com;
www.prepeval.com

2. Division of Family Violence Prevention and Services, Family Violence Prevention and Services Act Program

- a. The Family Violence Prevention and Services Act (FVPSA) provides the primary federal funding stream dedicated to the support of emergency shelter and supportive services for victims of domestic violence and their dependents. FYSB administers FVPSA formula grants to 56 states/territories, 252 tribes, and 56 state/territory domestic violence coalitions. Discretionary grants are administered to 13 national and special-issue resource centers, 1 domestic violence hotline, and 26 demonstration grants to address the needs of children exposed to domestic violence.
- b. United States, U.S. Territories

- c. 56 states/territories, 252 tribes, and 56 state/territory domestic violence coalitions
 - d. www.acf.hhs.gov/fvpsa
- 3. National Health Resource Center on Domestic Violence**
- a. The Family Violence Prevention and Services Act (FVPSA) provides funding for the National Health Resource Center (HRC) on Domestic Violence to provide training, technical assistance, and support for health care professionals, domestic violence experts, survivors and policy makers at all levels as they improve health care’s response to domestic violence. HRC offers technical assistance, including online toolkits for health care providers and victim advocates to prepare a clinical practice to address domestic and sexual violence (<http://ipvhealth.org/> and <http://ipvhealthpartners.org/> for community health centers), a free ebulletin and webinar series, and other resources. HRC also holds the biennial National Conference on Health and Domestic Violence (<http://nchdv.org/>)—a scientific meeting at which health, medical, and domestic violence experts and leaders explore the latest health research and programmatic responses to domestic violence.
 - b. United States, U.S. territories
 - c. N/A
 - d. <https://www.acf.hhs.gov/fysb/family-violence-prevention-services-resource-centers>
- 4. National Domestic Violence Hotline**
- a. The Family Violence Prevention and Services Act (FVPSA) provides funding for the on-going operation of a 24-hour, national, toll-free telephone hotline. The hotline is an immediate link to lifesaving help for victims. It provides information and assistance to adult and youth victims of family violence, domestic violence, dating violence, family and household members, and other persons such as domestic violence advocates, government officials, law enforcement agencies, and the general public.
 - b. United States, U.S. Territories
 - c. N/A
 - d. <https://www.acf.hhs.gov/fysb/fact-sheet/national-domestic-violence-hotline-fvpsa-fact-sheet>
- 5. Family Violence Prevention and Services(FVPSA) CARES Act Supplemental Grant Awards**
- a. \$45 million was appropriated for the FVPSA formula grants to states, tribes, and state domestic violence coalitions to provide temporary housing assistance and supportive services to victims of family, domestic, and dating violence in response to the COVID-19 public health emergency. Additionally, \$2 million was appropriated for the National Domestic Violence Hotline with \$500,000 allocated to StrongHearts Native Helpline.
 - b. United States, U.S. Territories
 - c. Recipients of FVPSA formula grants

- d. <https://www.acf.hhs.gov/fysb/grant-funding/fy-2020-cares-act-fvpsa-supplemental-awards-states>
<https://www.acf.hhs.gov/fysb/grant-funding/fy-2020-cares-act-fvpsa-supplemental-awards-tribes>

6. National Human Office of Trafficking Hotline

- a. ACF funds the 24/7, confidential, multilingual hotline that provides crisis intervention, urgent and non-urgent referrals, options for support, and tip reporting. Call 1-888-373-7888, text HELP to 233733 (BEFREE), email help@humantraffickinghotline.org, or chat online.
- b. United States, U.S. Territories
- c. Polaris (grant recipient)
- d. <https://humantraffickinghotline.org>

7. Domestic Victims of Human Trafficking (DVHT) Program

- a. The DVHT Program was focused on providing comprehensive case management, direct services and assistance, and referrals to domestic victims of severe forms of human trafficking. Services included, but were not limited to, long-term housing, substance use treatment, mental health counseling, educational opportunities, job training and skills, and legal and financial advocacy. The intent of this program was to build, expand, and sustain organizational and community capacity to deliver trauma-informed, strengths-based, and victim-centered services for domestic victims of severe forms of human trafficking through coordinated case management, a system of referrals, and the formation of community partnerships.
- b. Chicago, IL, Cincinnati, OH, Boston, MA, Los Angeles, CA, Camden, NJ, Bend, OR, Salt Lake City, UT, Hunting Woods, MI, Anchorage, AK, Pine Bluff, AR, Baton Rouge, LA, Phoenix, AZ
- c. The Salvation Army – Chicago; Cincinnati Union Bethel; Justice Resource Institute; Volunteers of America - Los Angeles; Center for Family Services; J Bar J; Asian Association of Utah - Refugee and Immigrant Center; Sanctum House; Alaska Native Justice Center; Ambassadors for Christ; Empower 225HP Serve, UMOM New Day Centers
- d. <https://www.acf.hhs.gov/otip/fact-sheet/resource/dvht>

8. Domestic Victims of Services and Outreach (DVHT-SO) Program

- a. The goal of the DVHT-SO Program is to fund organizations that will build, expand, and sustain organizational and local capacity to deliver services to domestic victims of severe forms of human trafficking as defined by the Trafficking Victims Protection Act (TVPA) of 2000 through the provision of direct services, assistance, and referrals. Under the DVHT-SO Program, the following activities are required: 1) provision of comprehensive case management to domestic victims of human trafficking; 2) outreach efforts to increase identification of victims of sex and labor trafficking; and 3) training to service providers and community partners.
- b. Los Angeles, CA, Castro Valley, CA, Bend, OR, Phoenix, AZ, Miami, FL, Cincinnati and Columbus, OH, Greeley, CO, Camden, NJ, Seattle, WA, Oceanside, CA, Albuquerque, NM, Washington, DC.

- c. Volunteers of America - Los Angeles; Ruby's Place; J Bar J; Chicanos Por La Causa Inc; Kristi's House Inc.; The Salvation Army – Ohio; The Avery Center; Center for Family Services; YouthCare; North County Lifeline; New Mexico Dream Center of Albuquerque; FAIR Girls
- d. <https://www.acf.hhs.gov/otip/fact-sheet/resource/dvht>

9. Trafficking Victim Assistance Program (TVAP)

- a. The primary purpose of the Trafficking Victims Assistance Program (TVAP) is to fund time-limited, comprehensive case management services. This program assists foreign-national victims of severe forms of trafficking in persons, and potential victims of trafficking, seeking the Health and Human Services (HHS) certification.
- b. Project serves the U.S. and its territories through grantee and network subrecipients
- c. U.S. Committee for Refugees and Immigrants is the sole recipient of 3 TVAP grants
- d. <https://www.acf.hhs.gov/otip/fact-sheet/resource/tvap>

10. Demonstration Grants to Strengthen the Response to Victims of Human Trafficking in Native Communities (VHT-NC) Program

- a. The goal of the VHT-NC Program is to build, expand, and sustain organizational and community capacity to organizations that will deliver services to Native Americans (i.e., American Indians, Alaska Natives, Native Hawaiians, and Pacific Islanders) affected by human trafficking.
- b. Anchorage, AK, Wamanalo, HI, Minneapolis, MN, Kenosha, WI, Raleigh, NC, Tacoma, WA.
- c. Alaska Native Justice Center; Child and Family Service; YMCA of the Greater Twin Cities; Menominee Indian Tribe of Wisconsin; North Carolina Department of Administration; Puyallup Tribe of Indians
- d. <https://www.acf.hhs.gov/otip/fact-sheet/resource/dvht>

11. SOAR to Health and Wellness (SOAR) Training

- a. SOAR is a nationally recognized, accredited training program delivered by the National Human Trafficking Training and Technical Assistance Center (NHTTAC) on behalf of the Office on Trafficking in Persons in partnership with the Office on Women's Health at the U.S. Department of Health and Human Services. Training is for professionals, organizations, and communities that address human trafficking in health care, behavioral health, public health, and social service settings. SOAR works with advocacy organizations; behavioral health and substance use professionals; child welfare, runaway, and homeless youth practitioners; health care service providers; violence prevention agencies; public health professionals; federal/state/tribal government agencies; volunteer service centers; social workers; and other direct services agencies.
- b. The training is free online and in-person (upon request) nationwide.
- c. This training is delivered through the contracted Training/Technical Assistance (T/TA) providers, the NHTTAC of the HHS Office on Trafficking in Persons
- d. <https://nhttac.acf.hhs.gov/>

12. Early Head Start

- a. Early Head Start programs provide family-centered services for low-income families with very young children. These programs are designed to promote the development of the children, and to enable their parents to fulfill their roles as parents and to move toward self-sufficiency. Early Head Start programs promote the physical, cognitive, social, and emotional development of infants and toddlers through safe and developmentally enriching caregiving. This prepares these children for continued growth and development and eventual success in school and life. Early Head Start programs support parents, both mothers and fathers, in their role as primary caregivers and teachers of their children. Programs assist families in meeting their own personal goals and achieving self-sufficiency across a wide variety of domains, such as housing stability, continued education, and financial security.
- b. United States, U.S. Territories
- c. <https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs>

13. Domestic Violence Housing First (DVHF) Demonstration Evaluation

- a. This quasi-experimental, longitudinal study examines the impact of the "Domestic Violence Housing First" model (which offers mobile advocacy and/or flexible financial assistance to survivors) on the lives of domestic violence survivors and their children over time. The study uses information from survivors, their service provider advocates, and agency records to track the impact over 24 months of DVHF services on 406 domestic violence survivors experiencing homelessness or unstable housing.
- b. Washington State
- c. The Domestic Violence Housing First (DVHF) Demonstration Evaluation is being conducted by Family Violence Prevention and Services (FVPSA) grantee, Washington State Coalition Against Domestic Violence and its subcontractor, Michigan State University, on behalf of the U.S. Department of Health and Human Services (DHHS) Office of the Assistant Secretary for Planning and Evaluation (ASPE), in partnership with the U.S. Department of Justice Office for Victims of Crime (contract #HHSP233201600070C), with additional funding from the Bill & Melinda Gates Foundation (#OPP1117416) to the Washington State Coalition Against Domestic Violence.
- d. <https://aspe.hhs.gov/dvhf-demonstration-evaluation>

Administration for Community Living (ACL)

1. Long-Term Care Ombudsman Programs

- a. The Long-Term Care Ombudsman Program assists residents of long-term care facilities (nursing homes, assisted living, and board and care homes) and their families in all states by providing a voice for those unable to speak for themselves. Recent research shows that on average, women live five years longer than men. In 2018, there were 29.1 million older women and 23.3 million older men. The projected U.S. gender ratio in 2020 favors women, at 97 men per 100 women but among centenarians there will only be 30 men per 100 women. In FY 2019, the Older Americans Act (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 are overwhelmingly female.
- b. Nationwide
- c. National Consumer Voice for Quality Longer-Term Care
- d. <https://ltcombudsman.org/>

2. Elder Justice and Adult Protective Services

- a. ACL supports the development of systems and programs that prevent abuse from happening, protect people from abusive situations, and support people who have experienced abuse with recovery. Elder abuse disproportionately affects women. The higher number of female victims reflects the fact that there are more women than men over the age of 60 and 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. ACL continues to lead the way to advance policies for the rights of older persons and to put in place a comprehensive system to provide coordinated and seamless response systems to address abuse in later life, elder rights, and elder justice issues.
- b. Nationwide
- c. U.S. states
- d. <https://elderjustice.acl.gov/>

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

1. Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America

- a. This initiative, coordinated by ASPE, developed a strategic action plan to improve maternal health outcomes with the vision of making the United States one of the safest countries in the world for women to give birth. The framework for the action plan was structured around a lifespan approach. It included goals to improve health outcomes for all women of reproductive age during the pregnancy, birthing, and postpartum periods. It also included a fourth goal of improving data and bolstering research to inform future interventions.
- b. Nationwide
- c. Cross-Department, March of Dimes.
- d. <https://aspe.hhs.gov/initiative-to-improve-maternal-health>

2. Surveillance Network: Maternal, Infant, and Child Health Outcomes Following Treatment of Opioid Use Disorder During Pregnancy

- a. The purpose of this project is to establish a surveillance network across multiple sites to rapidly collect data and monitor maternal, infant, and child health outcomes related to treatment for opioid use disorder (OUD) during pregnancy. The project will collect linked maternal and infant health data to increase the evidence base for clinical researchers, surveillance experts, and healthcare providers.
- b. Boston Medical Center Corporation, Kaiser Foundation Research Institute-NorthWest, The Ohio State University, University of Utah
- c. Public Health Informatics Institute; Administration for Children and Families; Centers for Medicare & Medicaid Services; Food and Drug Administration; Health Resources and Services Administration; National Institutes of Health/National Institute on Drug Abuse; Office of the Assistant Secretary for Health; and the Substance Abuse and Mental Health Services Administration
- d. <https://aspe.hhs.gov/surveillance-network-maternal-infant-and-child-health-outcomes-following-treatment-opioid-use-disorder-oud-during-pregnancy>

3. Developing a Multi-State Network of Linked Pregnancy Risk Assessment Monitoring System (PRAMS) and Clinical Outcomes Data for Patient-Centered Outcomes Research

- a. The project will create linked datasets of the Pregnancy Risk Assessment Monitoring System (PRAMS), birth certificate, and clinical outcomes data (e.g., hospital discharge, Medicaid claims, all payer claims data bases). Other maternal and child health (MCH) surveillance systems (e.g. early intervention services) may also be linked to conduct patient-centered outcomes research. Linkage of clinical outcomes data with PRAMS self-reported data allows for analysis of interventions that occur in the perinatal

- period that may not be available from clinical data sources (e.g. home visitation services) on clinical outcomes.
- b. The project will cover 9-12 states or jurisdiction (still in the stage of identifying those areas)
 - c. CDC National Center for Chronic Disease and Health Promotion Division of Reproductive Health; Association of State and Territorial Health Officials (ASTHO)
 - d. <https://aspe.hhs.gov/developing-a-multi-state-network>
- 4. Understanding Substance Use Coercion as a Barrier to Economic Stability for Survivors of Intimate Partner Violence**
- a. The ASPE Office of Human Services Policy and the ACF Family Violence Prevention and Services Act Program jointly conducted research, hosted a technical expert meeting, and developed a policy brief on substance use coercion. Substance use coercion occurs when perpetrators undermine and control their partners through substance-related tactics and actively keep them from meeting treatment and recovery goals. Given the number of women survivors of intimate partner violence and the connection to substance use, substance use coercion can be considered a women's health issue.
 - b. Nationwide
 - c. HHS/ASPE; HHS/ACF/FYSB/FVPSA; National Center on Domestic Violence, Trauma, and Mental Health
 - d. <https://aspe.hhs.gov/pdf-report/understanding-substance-use-coercion>
- 5. Domestic Violence Housing First Demonstration Evaluation**
- a. Little evidence exists about effective strategies to reduce homelessness among domestic violence survivors. This quasi-experimental evaluation will contribute to our understanding of best practices by studying the implementation and effectiveness of the Domestic Violence Housing First (DVHF) Demonstration project. It focuses on homeless and unstably housed survivors of domestic violence, who are predominantly female (97%). The sample includes 406 participants interviewed at study entry and at follow-up points (6, 12, 18, and 24 months after study entry).
 - b. Washington State
 - c. U.S. Department of Justice; Office for Victims of Crimes (OVC); HHS/ACF/FYSB/FVPSA
 - d. No web address

Administration for Strategic Preparedness and Response (ASPR)

1. Maternal Sepsis Initiative

- a. This initiative, END SEPSIS, was launched by the Department of Health and Human Services to reduce the devastating impact of maternal sepsis on the lives of women, their babies, and their families.

Through the Maternal Sepsis Public Awareness Campaign, END SEPSIS is working to ensure that every mom knows the symptoms of maternal sepsis, understands how it can be prevented and feels empowered to confidently advocate for herself in a healthcare setting.

- b. New York
- c. End Sepsis: The Legacy of Rory Staunton; Centers for Disease Control and Prevention (CDC)
- d. <https://www.endsepsis.org/maternal-sepsis-initiative/>

2. Sepsis Institute: Maternal Sepsis Webinar and Training Module

- a. Sepsis Alliance has developed a repository and online portal for educational courses and toolkits to prepare the healthcare community for widespread infection and sepsis during a national health emergency (including COVID-19). It has also provided support aids in the development of the educational content. The maternal sepsis webinar and training module discusses the global issue of maternal mortality surrounding maternal sepsis, current challenges in identification and treatment of maternal sepsis, diagnostic criteria and treatment recommendations, perinatal screening program and recognition of survivor experiences. Additional information on other training modules, resources and webinars can be found on their website.

- b. Nationwide
- c. Sepsis: Alliance; Centers for Disease Control and Prevention (CDC)
- d. <https://www.sepsisinstitute.org/>

Centers for Medicare & Medicaid Services (CMS)

1. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: Georgia Association for Primary Health Care, Inc. (GAPHC)

- a. Grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange (FFE). Navigators operate year-round increasing awareness among the uninsured about the coverage options available to them, helping consumers find affordable coverage that meets their needs, and assisting consumers beyond the enrollment process to ensure they are equipped with the tools and resources needed to utilize and maintain their health coverage all year. This funding opportunity targets individuals without health insurance coverage or care who may be unaware of the full range of the different types of coverage options available to them including hourly wage and variable income workers; rural residents; Hispanic residents; other minorities; women; veterans; and re-entry population. Information includes coverage options that are available in addition to Qualified Health Plans (QHP), such as association health plans and short-term, limited-duration insurance.
- b. Georgia
- c. Georgia Association of Primary Health Care (GAPHC) represents all Georgia federally qualified health centers and has established relationships with consumers and organizations such as: social services departments; Head Start programs; non-profits; church groups; school systems; local governments; and employers/small businesses.
- d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2019-Navigator-Grant-Recipients.pdf>
<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>

2. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: Legal Aid Society of Hawaii

- a. These grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange. Navigators work to increase awareness among the uninsured about the coverage options available to them, help consumers find affordable coverage that meets their needs, and assist consumers after enrollment to ensure they have the tools and resources necessary to utilize and maintain their health coverage. Consumers include those in the vulnerable and left behind populations (specifically, service-industry workers, variable-income and seasonal workers, and self-employed individuals); consumers with limited English proficiency; consumers from the Compact of Free Association countries; low-income consumers; and geographically and culturally isolated consumers.
- b. Hawaii
- c. Compact of Free Association Countries (COFA); Consulate offices; local community groups such as: churches, health centers, social service agencies, women's and homeless shelters, and community centers

- d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2019-Navigator-Grant-Recipients.pdf>
<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>

3. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: First Choice Services (multistate grantee)

- a. These grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange. Navigators work to increase awareness among the uninsured about the coverage options available to them, help consumers find affordable coverage that meets their needs, and assist consumers after enrollment to ensure they have the tools and resources necessary to utilize and maintain their health coverage. Populations include service-industry workers; variable-income and seasonal workers; self-employed individuals; small business owners; part-time workers in food service and retail occupation; consumers of mental health and substance abuse treatment services; and recently unemployed individuals and their families who have lost healthcare coverage.
- b. Iowa, Montana, New Hampshire, and West Virginia
- c. Consumers of behavioral health services; comprehensive behavioral health centers; substance abuse prevention providers; children's services providers; intimate partner service organizations; agencies/people who serve pregnant women; Veteran's service organizations; the disability community; federally qualified health centers; rural hospitals; community service organizations; faith-based organizations; post-secondary educational institutions; economic development authorities; and chambers of commerce.
- d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2019-Navigator-Grant-Recipients.pdf>
<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>

4. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: Oak Hill Regional Community Development Corporation (Mississippi)

- a. These grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange. Navigators work to increase awareness among the uninsured about the coverage options available to them, help consumers find affordable coverage that meets their needs, and assist consumers after enrollment to ensure they have the tools and resources necessary to utilize and maintain their health coverage. Populations include African Americans; faith-based organizations; Hispanics; Vietnamese; Native Americans; extremely rural communities; new mothers and women with children; vulnerable and special needs populations; service-industry workers; variable-income and seasonal workers; self-employed individuals; millennials; and Medicaid/CHIP-eligible consumers.
- b. Mississippi

- c. Aaron E. Henry Community Health Services Center; Boat People SOS – Gulf Coast; CATCH Kids Tupelo; Mercy Housing and Human Development; and Mid-South Churches Cooperative Conference State Convention.
- d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2019-Navigator-Grant-Recipients.pdf>
<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>

5. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: Family HealthCare Center (North Dakota)

- a. These grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange. Navigators work to increase awareness among the uninsured about the coverage options available to them, help consumers find affordable coverage that meets their needs, and assist consumers after enrollment to ensure they have the tools and resources necessary to utilize and maintain their health coverage. Populations include service-industry workers; variable-income and seasonal workers; self-employed individuals; uninsured; non-elderly adults living at 200% or below the poverty level; new Americans including refugees; pregnant women and new mothers; American Indians and the disabled; persons recently released from incarceration; and the Medicaid eligible population.
- b. North Dakota
- c. Homeless shelters and veteran drop-in centers; Cass County Social Services; F5 Project; Share House; Fargo Public School District; and the Barnes County Public Health Unit.
- d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2019-Navigator-Grant-Recipients.pdf>
<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>

6. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: The Board of Regents of the University of Wisconsin System

- a. These grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange. Navigators work to increase awareness among the uninsured about the coverage options available to them, help consumers find affordable coverage that meets their needs, and assist consumers after enrollment to ensure they have the tools and resources necessary to utilize and maintain their health coverage. Populations include service-industry workers; variable-income and seasonal workers; self-employed individuals; ethnic or racial minorities; young adults; those unaware of or without sufficient coverage options; retail workers; those re-entering from previous incarceration; and self-employed individuals.
- b. Wisconsin

- c. Northwest Wisconsin Concentrated Economic Program, Inc. (NWCEP); African American Men’s Health Education Center; Centro Hispano; and the Foundation for Black Women’s Wellness.
 - d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2019-Navigator-Grant-Recipients.pdf>
<https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>
- 7. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: Arizona Association of Community Health Centers (AACHC)/Arizona Alliance for Community Health Centers**
- a. These grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange. Navigators work to increase awareness among the uninsured about the coverage options available to them, help consumers find affordable coverage that meets their needs, and assist consumers after enrollment to ensure they have the tools and resources necessary to utilize and maintain their health coverage. Populations include service-industry workers; variable-income and seasonal workers; self-employed individuals; all who seek assistance in Arizona, regardless of the level of English proficiency or disability; underserved individuals and families; and populations not enrolled in previous enrollment periods.
 - b. Arizona
 - c. Cover Arizona (AZ) (statewide coalition of 600+ organizations); multiple chambers of commerce; food bank associations with 1,200 distribution sites; AZ Department of Health; AZ Public Health Association; AZ Society of CPAs; AZ Hospital and Healthcare Association; The Arizona Partnership for Immunization; American Cancer Society; women, infants and children programs; the Arizona Academy of Pediatricians; Children’s Action Alliance, community health centers; Arizona School Nurse Association; and AZ Public Interest Research Group
 - d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>
- 8. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: Horizon Housing Communities Development for Ohio**
- a. These grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange. Navigators work to increase awareness among the uninsured about the coverage options available to them, help consumers find affordable coverage that meets their needs, and assist consumers after enrollment to ensure they have the tools and resources necessary to utilize and maintain their health coverage. Populations include Hispanics; Appalachians; new mothers and women with children; individuals with disabilities; Millennials; Generation Z; Medicaid-eligible consumers; young adults reaching age 26 whose parents have included them on their private insurance coverage (or who do not have coverage through student or employer plans); children reaching age 18 who are losing Medicaid insurance coverage either because they are the children

- of Temporary Assistance for Needy Families (TANF) recipients or have been in the foster care or adoption system and were covered by mandate.
- b. Ohio Counties: Auglaize, Butler, Clark, Clinton, Dark, Hamilton, Greene, Logan, Miami, Montgomery, Warren, Preble
- c. County One-Stop Centers/Departments of Job and Family Service; local Community Action Partnerships; cultural organizations; libraries; faith-based organizations; grassroots community-based providers; Volunteer Match; Network for Good; and Idealist.org
- d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>

9. Cooperative Agreement to Support Navigators in Federally-facilitated Exchanges: Legal Aid of Oklahoma, Inc.

- a. These grants enabled recipients to operate as Exchange Navigators in states with a Federally-facilitated Exchange. Navigators work to increase awareness among the uninsured about the coverage options available to them, help consumers find affordable coverage that meets their needs, and assist consumers after enrollment to ensure they have the tools and resources necessary to utilize and maintain their health coverage. Populations include service-industry workers; variable-income and seasonal workers; self-employed individuals; special populations - tribal members, women, Hispanic/Latinos, African Americans, and LGBTQIA.
- b. Oklahoma
- c. Chambers of commerce; local law and justice committees; community health centers; VITA tax preparation sites; small business and trade associations; faith-based organizations; community-based primary care and pediatric providers; local Social Security offices; Oklahoma State Department of Health; federally qualified health centers; sovereign tribal nations; domestic violence shelters; employment and other community non-profits; churches; and schools
- d. <https://www.cms.gov/CCIIO/Programs-and-Initiatives/Health-Insurance-Marketplaces/Downloads/2020-Navigator-Grant-Recipients.pdf>

10. Educational content for women with Medicare

- a. Print and web content to educate the public about Medicare-covered services for women including English- and Spanish-speaking Americans.
- b. Nationwide
- c. Partners are made aware of the content through listserv announcements and conferences as applicable.
- d. <https://www.medicare.gov/blog/annual-mammogram-is-important>
<https://www.medicare.gov/blog/ovarian-cancer-signs>
<https://www.medicare.gov/media/4721>
<https://www.medicare.gov/media/4996>
<https://www.medicare.gov/media/4356>
<https://www.medicare.gov/media/4601>
<https://www.medicare.gov/coverage/mammograms>
<https://www.medicare.gov/coverage/cervical-vaginal-cancer-screenings>

11. Maternal and Infant Health Initiative (MIHI)

- a. To improve access to and quality of care for pregnant and postpartum women and their infants, Center for Medicaid and CHIP Services (CMCS) launched the Maternal and Infant Health Initiative (MIHI) in July 2014. In December 2020, CMS launched the next phase of the MIHI to support state Medicaid and CHIP agencies in their efforts to improve maternal and infant health. Over the course of 2021 and 2022, CMS rolled out new technical assistance opportunities for states addressing the three focus areas recommended by the MIH Expert Workgroup: (1) the Postpartum Care Learning Collaborative; (2) the Infant Well-Child Visits Learning Collaborative; and (3) the Low-Risk Cesarean Section (NTSV) Learning Collaborative. Each learning collaborative will offer technical assistance to state Medicaid and CHIP agencies and their partners using two strategies: (1) a webinar series open to all states and (2) an affinity group for states interested in developing and implementing a quality improvement project. In addition, the Center for Medicaid and CHIP Services (CMCS) offers an on-demand Tobacco Cessation for Pregnant Women Webinar TA Series and a video series describing strategies state Medicaid and CHIP agencies can adopt to support individuals in quitting tobacco before, during, and after pregnancy.
- b. Nationwide
- c. Mathematica Policy Research (contractor)
- d. <https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health-care-quality/index.html>

12. MOM Summary for Maternal Health Report to Congress

- a. The Maternal Opioid Misuse (MOM) Model is a five-year patient-centered service delivery model implemented in January 2020 that aims to 1) improve the quality of care and reduce costs for pregnant and postpartum women with opioid use disorder (OUD) as well as their infants; 2) expand access, service-delivery capacity, and infrastructure based on state-specific needs; and 3) create sustainable coverage and payment strategies that support ongoing coordination and integration of care. Through the MOM Model, CMS is funding cooperative agreements with participating state Medicaid agencies to support the development and implementation of state-designed interventions that target Medicaid beneficiaries with OUD and their infants during pregnancy, labor and delivery, and postpartum. The design of the MOM Model interventions varies by state, but all of them include physical and behavioral healthcare, including prenatal care and medication-assisted treatment.
- b. Colorado (Denver, Montrose, and Pueblo), Indiana (statewide), Louisiana (Ascension, East Baton Rouge, East Feliciana, Iberville, Livingston, Point Coupee, West Baton Rouge, and West Feliciana parishes), Maine (statewide), Maryland (St. Mary's County), Missouri (St. Louis), New Hampshire (Goffstown, Manchester, New Boston, Hooksett, Auburn, Candia, Deerfield, Bedford, and Londonderry), Tennessee (26 counties in Middle Tennessee), Texas (Harris, Brazoria, Galveston, Liberty,

- Montgomery, Waller, Fort Bend, Chambers, Colorado, Wharton, and Matagorda counties), and West Virginia (statewide).
- c. State Medicaid agencies, healthcare systems, providers, managed care organizations, and community-based organizations, including:
 - Denver Health, River Valley Family Health Centers, Southern Colorado Harm Reduction Association (Colorado); Anthem, CareSource, Managed Health Services, MDwise (Indiana); Woman’s Hospital (Louisiana); MaineHealth, Maine General Health, Northern Light, Pines Health Services (Maine); Maryland Physicians Care, Priority Partners MCO (Maryland); Washington University Medical Center, SSM Health (Missouri); Elliot Health System (New Hampshire); Vanderbilt University Medical Center (Tennessee); Harris Health (Texas); and Marshall Health (West Virginia)
 - d. <https://innovation.cms.gov/innovation-models/maternal-opioid-misuse-model>

Indian Health Service (IHS)

1. AIM Patient Safety Bundle Implementation

- a. The Alliance for Innovation on Maternal Health (AIM) is a national data-driven maternal safety and quality improvement initiative. This project focuses on American Indian/Alaska Native women. Based on safety and quality evidence and implementation strategies, AIM works to reduce preventable maternal morbidity and mortality across the United States.
- b. Indian Health Service Facilities
- c. American College of Obstetrics and Gynecology (ACOG); Alliance for Innovation on Maternal Health (AIM)
- d. safehealthcareforeverywoman.org

2. Baby-Friendly Hospital Initiative (BFHI)

- a. The BFHI assists hospitals in giving mothers the information, confidence, and skills necessary to successfully initiate and continue breastfeeding their infants and gives special recognition to hospitals that have done so. This project focuses on American Indian/Alaska Native women. While much emphasis is placed on the benefits of breastfeeding for infants, this is an important women's health initiative due to the evidence-based health impacts for breastfeeding mothers.
- b. Indian Health Service Facilities
- c. Nationwide
- d. babyfriendlyusa.org

3. Advanced Life Support in Obstetrics (ALSO)

- a. ALSO is an evidence-based, interprofessional, and multidisciplinary training program that equips the entire maternity care team with skills to effectively manage obstetric emergencies. This comprehensive course encourages a standardized team-based approach amongst physicians, residents, nurse midwives, registered nurses, and other members of the maternity care team to improve patient safety and positively impact maternal outcomes.
- b. Indian Health Service Facilities
- c. American Academy of Family Physicians (AAFP)
- d. aafp.org/cme/programs/also.html

4. Recommendations to the Indian Health Service on Neonatal Opioid Withdrawal Syndrome

- a. Neonatal Opioid Withdrawal Syndrome clinical practice recommendations and culturally appropriate care considerations including screening and identification of opioid use disorder in pregnancy, linkages to Opioid Use Disorder (OUD) treatment, labor and delivery considerations, and pharmacologic and non-pharmacologic treatment for infant withdrawal.
- b. Geographic area(s) served: IHS ITUs, Nationwide
- c. Organizations: American Academy of Pediatrics (AAP) Committee on Native American Child Health (CONACH), IHS Heroin, Opioids, and Pain Efforts Committee

- d. <https://www.ihs.gov/opioids/maternalchild/maternalhealth/>
https://www.ihs.gov/sites/opioids/themes/responsive2017/display_objects/documents/aapnowsrecommendationstoIHS.pdf
5. **Recommendations to the Indian Health Service on American Indian/Alaska Native Pregnant Women and Women of Childbearing Age with Opioid Use Disorder**
 - a. Clinical practice recommendations and culturally appropriate care considerations for pregnant persons including screening and identification of opioid use disorder, initiation of medication-assisted treatment, parent-infant dyad, and chronic disease considerations.
 - b. Geographic area(s) served: IHS ITUs, Nationwide
 - c. Organizations: American College of Obstetricians and Gynecologists (ACOG), IHS Heroin, Opioids, and Pain Efforts Committee
 - d. https://www.ihs.gov/sites/opioids/themes/responsive2017/display_objects/documents/acogguidelines2018.pdf
6. **Recommendations to the Indian Health Service on American Indian/Alaska Native Pregnant Women and Women of Childbearing Age with Opioid Use Disorder**
 - a. Clinical practice recommendations and culturally appropriate care considerations for pregnant persons including screening and identification of opioid use disorder, initiation of medication-assisted treatment, parent-infant dyad, and chronic disease considerations. These clinical recommendations supported implementation of the IHS Special General Memorandum *Assuring Access to Medication Assisted Treatment*.
 - b. Geographic area(s) served: IHS ITUs, Nationwide
 - c. Organizations: American College of Obstetricians and Gynecologists (ACOG), IHS Heroin, Opioids, and Pain Efforts Committee
 - d. https://www.ihs.gov/sites/opioids/themes/responsive2017/display_objects/documents/acogguidelines2018.pdf
<https://www.ihs.gov/ihs/sgm/2019/assuring-access-to-medication-assisted-treatment-for-opioid-use-disorder/>
7. **IHS Pain and Opioid Use Disorder Webinar Series**
 - a. Provider and health system virtual continuing education training series that highlights model IHS programs and collaborates with internal and external subject matter experts to deliver evidence-based strategies for pain management and opioid use disorder. The inaugural session was *Initiating Buprenorphine as Medication Assisted Treatment for Pregnant Women with Opioid Use Disorder*.
 - b. Geographic area(s) served: IHS ITUs
 - c. Organizations: IHS Heroin, Opioids, and Pain Efforts Committee; Milagro Clinic
 - d. <https://www.ihs.gov/opioids/trainingopportunities/>

Office of Minority Health (OMH)

1. National Lupus Training, Outreach, and Clinical Trial Education Program (The Lupus Program)

- a. This grant initiative sought to eliminate health disparities among racial and ethnic minority populations disproportionately affected by lupus and improve the participation of minority populations in clinical trials. The Lupus Program sought to:
 - (Priority A) Develop and increase the number of public- private and community partnerships with culturally and linguistically education and participation programs to promote recruitment and enrollment
 - (Priority B) Develop and increase the number of innovative and effective provider education models that improve attitudes and practices of health care providers and paraprofessionals
- b. Georgia, Illinois, Oklahoma
- c. American College of Rheumatology, Northwestern University, Oklahoma Medical Research Foundation
- d. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=62>

2. State/Tribal/Territorial Partnership Initiative to Document and Sustain Disparity-Reducing Interventions

- a. This grant initiative supports projects to demonstrate if modifications to existing evidence-informed interventions for selected health issues will significantly improve health outcomes for racial and ethnic minority and disadvantaged populations. Each grantee selected two health areas on which to focus, one from each of the following two groups: 1) HIV, maternal mortality and morbidity, physical activity, or substance use disorder; and 2) nutrition, sickle cell disease and trait, diabetes, Alzheimer's, lupus, or cancer prevention (i.e., addressing risk factor(s) specifically for stomach, liver, or cervical cancer).
- b. Grantees that include a focus on maternal mortality and morbidity are located in Connecticut, Georgia, North Dakota and Utah.
- c. Morehouse School of Medicine, North Dakota Department of Health, Office of Health Strategy (Hartford, CT), Utah Department of Health
- d. <https://minorityhealth.hhs.gov/omh/Content.aspx?ID=18515&lvl=1&lvlid=5>

Office of Population Affairs (OPA)

1. The Title X Family Planning Program

- a. The Title X Family Planning Program is the nation's family planning program. The program provides a broad range of family planning and other preventive health care services including contraception, STI/HIV screenings, wellness visits, and breast and cervical cancer screenings, among other services. The program is administered through grants to a diverse network of clinics including state and local health departments, federally qualified health centers, hospital-based sites, and other private non-profit and community-based health centers. OPA also funds the Reproductive Health National Training Center and the National Clinical Training Center for Family Planning to ensure clinicians and other personnel working in Title X and Teenage Pregnancy Prevention (TPP) projects have the training and resources to effectively deliver high quality family planning services.
- b. In 2019, Title X services were provided by 100 grantees through 3,825 service sites. In 2020, Title X services were provided by 75 grantees through 3,031 service sites. The reduction in grantees and service sites was due to the impact of changes to the Title X regulations., as well as to the impact of COVID-19. In 2019, grantees and service sites operated in 50 states, the District of Columbia, and 8 U.S. territories and freely associated states. In 2020, grantees and service sites operated in in 44 states, the District of Columbia, and eight U.S. Territories and Freely Associated States.
- c. 100 grantees in 2019 and 75 grantees in 2020 including state and local governments, and non-profit community-based and family planning health centers
- d. <https://www.hhs.gov/opa/title-x-family-planning/index.html>

2. Teen Pregnancy Prevention Program (TPP)

- a. The TPP Program funds organizations working to prevent teen pregnancy and prevent STIs among adolescents. The goal of the TPP Program is to prevent unintended pregnancy and STIs among young people and to improve adolescent health. The TPP Program invests in the implementation of evidence-based programs and provides funding to develop and evaluate new and innovative approaches.
- b. Grantees are located in 30 states, the District of Columbia, and Puerto Rico.
- c. 109 TPP grantees including community-based organizations
- d. <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp>

3. Pregnancy Assistance Fund

- a. The PAF Program was a \$25 million per year competitive grant program for States and Tribes that aimed to improve the health, educational, social, and economic outcomes of expectant and parenting teens, women, fathers, and their families. Services frequently included case management, educational support services, parenting skills information, health care

- services and concrete social supports such as transportation and referral to housing or childcare.
- b. Grantees were located in 22 States and 3 tribes
 - c. High schools, community service centers, and/or Institutions of Higher Education
 - d. <https://opa.hhs.gov/grant-programs/pregnancy-assistance-fund-paf>

Office of Regional Health Operations (ORHO)

1. **OASH Region 2 Women's Health Bulletin**
 - a. The Region 2 Women's Health Bulletin offers biweekly reliable, up-to-date health information on women's health publications, funding opportunities, resources/toolkits, and upcoming webinars/events
 - b. Regional Partners: Community Based Organizations, Local & State Government Employers, Public & Private Sector Stakeholders
 - c. Region 2: NJ, NY, PR, USVI
 - d. <https://public.govdelivery.com/accounts/USOPHSOASH/signup/10221>
2. **Improving Maternal Health in Region 5: Addressing Health Disparities to Reduce Morbidity and Mortality and Improve Outcomes**
 - a. Managing and initiating collaborative provider engagement to improve maternal health, including patient care and outcomes, and address factors contributing to maternal morbidity and mortality. These types of engagements seek to increase communication, knowledge transfer, and resource-sharing among the maternal and infant health stakeholders in Region 5 and beyond. In addition, oversaw the delivery of professional education on the following topics: strategies to address substance use disorder (SUD) and birth equity; engaging women with SUD in prenatal care by mitigating fear, shame and stigma; observing Black Maternal Health Week; stress and mental health among pregnant and parenting mothers during COVID-19; home blood pressure monitoring; and medication-assisted treatment and services for pregnant women with opioid use disorder.
 - b. Professional education for providers serving perinatal population
 - c. CDC, HRSA, Region 5 Perinatal Quality Collaboratives, health and social service providers, Community clinics, State Maternal Child Health Bureau staff, maternal mortality review committees, academic institutions, philanthropic organizations, and other Federal agencies
 - d. N/A
3. **Climate Change and Women's Health**
 - a. Support the Office of Climate Change and Health Equity by incorporating the health impact of climate change, highlighting issues that disproportionately and uniquely impact women and girls in day-to-day and other agency discussions. The overall goal is to increase the visibility of climate change and women's health, as well as focus on an area of concern regarding the impact of extreme heat during pregnancy.
 - b. Nationwide
 - c. Regional Partners: Community Based Organizations, Local & State Government Employees, Public & Private Sector Stakeholders and Providers of services to women, particularly perinatal women.N/A
4. **Trauma-Informed Care: Understanding and Responding to the Effects of Adverse Experiences throughout the Lifespan Case-based Virtual Course**
 - a. Trauma-Informed Care case-based virtual training course for health care providers-42 free, on-demand, interactive, virtual patient case scenarios

- addressing a range of core competencies. Training is evidenced-based and peer-reviewed and includes CME. Self-assessment of key content, knowledge and skill. 3399 cases completed & 611 hours of CME awarded. Spring 2019 to September 30, 2019.
- b. Nationwide
 - c. Health care professionals, with an emphasis on being appropriate content for physicians and advanced practice providers and Professional education for providers serving perinatal population.
 - d. [Aquifer.org/courses/trauma-informed-care/](https://aquifer.org/courses/trauma-informed-care/)
5. **Region 8 HHS/FEMA COVID-19 resource guide for disproportionately impacted communities.**
- a. Spring/summer 2020, Region 8 lead the coordination and development of the Region 8 HHS/FEMA COVID-19 resource guide for disproportionately impacted communities, inc. women and families. Facilitated meetings w/reg. HHS and FEMA staff, compiled resources into a draft and final document that was distributed to partners/stakeholders across Region 8.
 - b. Region 8 States: CO, MT, ND, SD, UT, WY
 - c. Region 8 HHS and FEMGA, grantees and partners.
 - d. N/A

Office of Disease Prevention and Health Promotion (ODPHP)

1. **Physical Activity Guidelines for Americans, 2nd edition**

- a. The second edition of the Physical Activity Guidelines for Americans provides evidence-based recommendations for individuals 3 and older to safely get the physical activity they need to stay healthy. Pre-school aged children, school-aged youth, adults, older adults, women during pregnancy and the postpartum period, and adults with chronic health conditions or disabilities
- b. Nationwide
- c. The Office of Disease Prevention and Health Promotion, the Centers for Disease Control and Prevention, the National Institutes of Health, and the President's Council on Sports, Fitness & Nutrition.
- d. <https://health.gov/our-work/nutrition-physical-activity/physical-activity-guidelines/current-guidelines>

2. **National Youth Sports Strategy**

- a. The National Youth Sports Strategy (NYSS) provides a federal roadmap to improve the U.S. youth sports landscape. It contains action items for different sectors of society to work toward the NYSS vision: that one day all youth will have the opportunity, motivation, and access to play sports. Girls, racial and ethnic minorities, youth with disabilities, youth from households of low socioeconomic status, youth living in rural areas
- b. Nationwide
- c. The Office of Disease Prevention and Health Promotion, the Centers for Disease Control and Prevention, the National Institutes of Health, Office on Women's Health, Office of Minority Health and the President's Council on Sports, Fitness & Nutrition.
- d. <https://health.gov/our-work/nutrition-physical-activity/national-youth-sports-strategy/>

3. **Dietary Guidelines for Americans**

- a. Federal nutrition policy that provides advice on what to eat and drink to build a healthy diet that can promote healthy growth and development, help prevent diet-related chronic disease, and meet nutrient needs. All Americans from birth to older Americans and including those who are pregnant and lactating.
- b. Nationwide
- c. The Office of Disease Prevention and Health Promotion, the USDA, CDC, NIH, and FDA.
- d. www.dietaryguidelines.gov

4. **Move Your Way®**

- a. The Move Your Way® campaign is the promotional campaign of the Physical Activity Guidelines for Americans (Guidelines). The campaign is designed for physical activity contemplators and includes educational messages about how much activity Americans need to stay healthy alongside motivating messages and tips on how to overcome common barriers to physical activity. The campaign launched in late 2018 with

materials for adults, parents, youth, and older adults. In FY2020, ODPHP partnered with the OASH Office on Women's Health to expand the campaign to include people during and after pregnancy.

- b. Nationwide
- c. OASH Office on Women's Health
- d. Consumer website: health.gov/moveyourway
- e. Community Resources: <https://health.gov/our-work/nutrition-physical-activity/move-your-way-community-resources>

5. Healthy People Initiative

- a. Through 10-year national health objectives with targets, the HHS Healthy People initiative helps individuals, organizations, and communities committed to improving health and well-being address public health priorities. Across the United States, individuals, organizations, and communities use Healthy People objectives to set their own priorities. Healthy People helps them identify areas and populations with the greatest need — and focus their resources and efforts accordingly. The most current version of Healthy People is Healthy People 2030 (HP2030), which includes a topic area on Maternal, Infant and Child Health. HP2030's 355 measurable objectives provide data by demographic groups including race/ethnicity, sex, gender identity/sexual orientation, age, education and income level, disability status, geographic location, insurance status, country of origin, etc.
- b. Nationwide
- c. All HHS agencies, and some other Cabinet-level agencies, including USDA, EPA, VA, state and local governmental organizations, community-based organizations, and academic and research institutions.
- d. www.health.gov/healthypeople

6. Healthy Aging Regional Engagement

- a. ODPHP convened a series of regional workshops to create opportunities for professionals in public health and aging services networks to share innovative practices and build collaborations within states and regions. As the COVID-19 pandemic unfolded, the goal expanded to include activities specifically addressing the challenges of the public health emergency among the older adult population.
- b. Nationwide
- c. HHS regional offices, Office on Women's Health, Administration for Community Living, State health officials, Trust for America's Health, John A. Hartford Foundation
- d. <https://health.gov/our-work/national-health-initiatives/healthy-aging>

V. CONCLUSION

In summary, this report documents that HHS agencies have made women's health a priority. Each agency has a specific focus, such as maternal health, mental health, or violence against women, under a general paradigm, such as education, screening, or quality improvement. Agencies have confronted the importance of addressing women's health through initiatives from a variety of perspectives that reflect their agency missions. Other agencies activities also recognize the importance of addressing disparities in women's health to achieve equity, and several activities have focused on at-risk populations, including women in rural settings. Agencies have a specific focus, such as maternal health, mental health, or violence against women, under a general paradigm, such as education, screening, or quality improvement. Across the board, agencies have recognized the importance of data to inform their efforts. Finally, partnerships are key characteristics of many efforts and reflect a broad representation of entities.

In conclusion, we note that agencies and offices across HHS lead activities to promote public awareness of issues in women's health, encourage screening and diagnosis, and improve health care delivery for women across the life course.