

ORWH FY 05 SUPPORTED SPECIAL PROJECTS

I.

Funds to NIAAA for “Governors’ Spouses Initiative to Curb Underage Drinking”

Contact: Ting-Kai Li, M.D., Director

Award: \$100,000

NIAAA

The ORWH supported *A Leadership to Keep Children Alcohol Free* national initiative. ORWH’s continued support has been extremely important to the *Leadership* in continuing activity at both the state and national levels. Not only has its funding been crucial in sustaining the initiative’s momentum, but it has also been a determining factor in attracting successive new groups of Governors’ spouses to the project as elections and changes in Governorships take place. Both individually and as a group, Governors’ spouses have a deep commitment to women’s and children’s health issues. ORWH’s participation is a clear indication to them that the initiative holds a high priority on the national women’s health agenda.

II.

“Sister to Sister” Everyone has a Heart

NHLBI

Contact: Donald Christoferson, NHLBI

“Sister to Sister” reported that the kickoff to the Woman’s Heart Day Campaign was a success. In all there were over 21,300 attendees. Of those, 8,368 were screened. “Sister to Sister” was also pleased to report that there were 324,902,354 media impressions from across the country. Three particular unexpected pieces of exciting news are that: 1) the 2006 campaign will be expanded from 2 months to 6 months, 2) the Today Show and good Morning America promoted the campaign, and 3) the international component was launched in D.C. on January 27th. On February 18, 2005 8208 women were screened in 12 cities across the U.S with half of those screened between the ages of 40 and 60. 63% have HDL cholesterol (the “good” cholesterol) lower than 60 mg/dl. 64% have a body mass index greater than the acceptable level of 24.9. 56% have blood pressure greater than the acceptable level of 120/80 mm/hg, putting them at risk for heart disease. About 44% of those with high cholesterol did not know they had this risk factor. Roughly half of those screened had two or more major risk factors.

III

ORWH Website

OIT

Contact: Laura Curtis, OIT

Award: \$57,200

Activities performed under this MOU for the redesign of the ORWH Website include:

- Redesign the current ORWH website for Section 508 Compliance
- Determine what changes are needed to address ‘look and feel’ issues, based on ORWH input
- Prepare the site content layout based on usability design provided by ORWH
- Convert the content on the existing ORWH website to newly redesigned website
- Launch the new Section 508 Compliant Website.

IV.

Committee on Understanding Premature Birth

Contact: Joyce Rudick

Award: \$10,000

IOM

An IOM committee defined and addressed the health related and economic consequences of premature birth. The broad goals were to: 1) describe the current state of the science with respect to premature birth; 2) address the broad costs—economic, medical, social, psychological, and educational—for children and their families; and 3) establish a framework for action in addressing the range of priority issues, including a research and policy agenda for the future.

Potential sponsors included the March of Dimes, National Institutes of Health, Centers for Disease Control and Prevention, Office of Minority Health and Office of Women’s Health at the Department of Health and Human Services, Health Resources and Services Administration, Department of Housing and Urban Development, Environmental Protection Agency, W.K. Kellogg Foundation, and the Pew Charitable Trusts.

V.

Update – Women of Color Health Data

ICD

Contact: Joyce Rudick

Award: \$69,080

The purpose of this project was to revise and update the “Women of Color Health Data Book” developed under 263-MD-633273. This update provides information on the current status of health conditions in women of color. Many changes have occurred since the second edition was published in 2003 and it is critical that ORWH disseminate current data. Patterns of disease differ across the diverse racial and ethnic subgroups in America. Differences in knowledge, attitudes, and beliefs impact on health behaviors and practices and on disease outcomes. There are a few data sources from which one can obtain comprehensive information on the health of women, and even fewer on culturally diverse racial, ethnic subgroups of women. It is important that information on other factors that impact health, social and economic conditions, education, or access to health services be presented and their associations with health outcomes be defined.

