

# OPA RESEARCH & EVALUATION UPDATE

Office of Population Affairs, Office of Research and Evaluation

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Office of Population Affairs (OPA) - funded principle investigators have recently published a variety of peer-reviewed journal articles on a range of family planning topics. When available, links to abstracts in PubMed or full articles in open-access journals are provided. The contents of this edition were published or presented July – September 2011.

## OPA-Funded Research Publications

### Contraceptive Use Among U.S. Teens and Young Adults

This study examined important differences in contraceptive use between teens and young adults and by race/ethnicity, as well as how respondents answered questions about having ever used contraception; using it when they first had sex; using it the most recent time they had sex; and using condoms consistently. Findings showed some notable changes in contraceptive use occurred between 2002 and 2006-08, including an increase in the percentage of young women who had used newer hormonal methods (such as the patch or the ring) and long-acting methods (such as the IUD) at least once in their life and an increase in the percentage of young men who used a condom at most recent sex. Contraceptive use patterns continue to differ by age and by race/ethnicity.

Welti, K., Wildsmith, E., & Manlove, J. Trends and Recent Estimates: Contraceptive Use Among U.S. Teens and Young Adults. (2011). *Child Trends*, 1-7.

Available at [http://www.childtrends.org/Files/Child\\_Trends-2011\\_08\\_01\\_RB\\_ContraceptiveUse.pdf](http://www.childtrends.org/Files/Child_Trends-2011_08_01_RB_ContraceptiveUse.pdf)

### The Effect of Pack Supply on Oral Contraceptive Pill Continuation

Researchers examined the effect of an increased oral contraceptive pill (OCP) supply on 6-month continuation rates. Seven hundred women initiating OCP use at an urban family-planning clinic were randomized to receive three or seven cycles of OCPs. Participants were contacted by telephone 6 months after enrollment to assess OCP continuation and adverse events. Participants who received seven packs had higher 6-month continuation than participants who received three packs (51% compared with 35%). Those who received a prescription were less likely to continue OCP use than those who received packs (42% compared with 21%). Researchers concluded that a greater OCP supply at the time of initiation can improve continuation rates, especially among women younger than 18 years of age.

White, K.O., & Westhoff, C. (2011) The Effect of Pack Supply on Oral Contraceptive Pill Continuation: A Randomized Controlled Trial. *Obstetrics & Gynecology*, 118(3) 615–622.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21860291>

### Academic and Social-Emotional Adjustment of Younger Siblings of Childbearing Adolescents

Living with an adolescent childbearing sister represents a major family stressor that affects mothers' parenting and well-being and adversely affects youths' adjustment, according to researchers. Two hundred forty-three Latino younger siblings (62% female) and their mothers participated; 121 of the Latino younger siblings lived with a childbearing adolescent sister and 122 did not. Results showed that, for boys, the relationship between living with a childbearing adolescent sister and youth outcomes was related to mother's stress and parenting (i.e., monitoring and nurturance). For girls, however, the relationship was related to the mother's monitoring only.

Chien, N.C. & East, P.L. (2011) The Younger Siblings of Childbearing Adolescents: Parenting Influences on Their Academic and Social-Emotional Adjustment. *Journal of Youth Adolescence*, 14(4), 284-297.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21965104>

### **Predicting School Readiness Levels Among Teenage Parents' Children**

Researchers predicted high and low school readiness shortly before kindergarten among 800 children born to a teenage mother and/or father. Four domains (socioeconomic resources, maternal characteristics, parenting, and exposure to adults) predicted high or low school readiness, but often not both. Promising factors associated with both high and low readiness among teen parents' children came from four domains: maternal education and gains in education (socioeconomic), maternal age of at least 18 and fewer depressive symptoms (maternal characteristics), socio-emotional parenting quality and home environment improvements (parenting), and living with fewer children and receiving non-parental child care in infancy (exposure to adults). The findings preliminarily suggest policies that might improve school readiness: encouraging maternal education while making child care available, focusing teen pregnancy prevention efforts on school-age girls, basic socioeconomic supports, and investments in mental health and high-quality home environments and parenting.

Mollborn, S. & Dennis, J.A. (2011) Ready or Not: Predicting High and Low Levels of School Readiness Among Teenage Parents' Children. *Child Indicators Research*, 1-35.

Available at <http://www.colorado.edu/ibs/pubs/hs/hs2010-0002.pdf>

## **Research by OPA-Funded Principal Investigators**

### **Duration of Lactation and Incidence of Maternal Hypertension**

Little or no lactation has been associated with an increased risk for incident hypertension, but the effect of exclusive breastfeeding is unknown. The authors conducted an observational cohort study of 55,636 women who had given birth one or more times. From 1991 to 2005, participants reported 8,861 cases of incident hypertension during 660,880 person-years of follow-up. Little or no lactation was associated with an increased risk of incident hypertension. Compared with women who breastfed their first child for greater than or equal to  $\geq$  12 months, women who did not breastfeed were more likely to develop hypertension. Also, women who never breastfed were more likely to develop hypertension compared to women who exclusively breastfed their first child for  $\geq$  6 months. In conclusion, little or no lactation was associated with an increased risk of incident maternal hypertension, compared with the recommended  $\geq$  6 months of exclusive or  $\geq$  12 months of total lactation per child, in a large cohort of women who had given birth one or more times.

Stuebe, A.M., Schwarz, E.B., Grewen, K., Rich-Edwards, J.W., Michels, K.B., Foster, E.M., Curhan, G., & Forman, J. (2011) Duration of Lactation and Incidence of Maternal Hypertension: A Longitudinal Cohort Study. *American Journal of Epidemiology*, 174(10), 1147-1158.

Abstract available at <http://aje.oxfordjournals.org/content/174/10/1147.short>

### **Laparoscopic Compared with Hysteroscopic Sterilization at 1 Year**

An evidence-based clinical decision analysis was performed using laparoscopic sterilization, hysteroscopic sterilization in the operating room, and hysteroscopic sterilization in the office. Findings showed that the proportion of women having a successful sterilization procedure on the first attempt is 99% for laparoscopic, 88% for hysteroscopic sterilization in the operating room, and 87% for hysteroscopic sterilization in the office. The study concluded that women choosing laparoscopic sterilization are more likely than women choosing hysteroscopic sterilization to have a successful sterilization procedure within 1 year. However, the risk of failed sterilization and subsequent pregnancy must be considered when choosing a method of sterilization.

Garipey, A.M., Creinin, M.D., Schwarz, E.B., & Smith, K.S. (2011). Reliability of Laparoscopic Compared with Hysteroscopic Sterilization at 1 Year. *American College of Obstetricians and Gynecologists*, 118(2), Part 1, 273-279.

Available at

[http://journals.lww.com/greenjournal/Fulltext/2011/08000/Reliability\\_of\\_Laparoscopic\\_Compared\\_With.11.aspx](http://journals.lww.com/greenjournal/Fulltext/2011/08000/Reliability_of_Laparoscopic_Compared_With.11.aspx)

### **Mental Health Characteristics and Health-Seeking Behaviors of School-Based Health Center Users and Nonusers**

The purpose of this study is to compare the mental health risk profile and health utilization behaviors of adolescent school-based health center (SBHC) users and nonusers and discuss the role that SBHCs can play in addressing adolescent health needs. The sample included 4,640 students in grades 9 and 11 who completed the California Healthy Kids Survey between fall 2000 and spring 2005 at four high schools in Alameda County, California. Controlling for demographic variables and general health status, students who reported frequent feelings of sadness, trouble sleeping, suicide ideation, alcohol or marijuana use, the recent loss of a close friend or relationship, or other difficult life event were significantly more likely to seek SBHC services than their peers. Neither health insurance status nor a student's "usual" source of health care was predictive of general SBHC use, but being on public assistance or having no insurance was predictive of a student seeking SBHC mental health services. These findings suggest that SBHCs are able to attract students with the most serious mental health concerns and can play an important role in meeting needs that might otherwise go unmet. The provision of SBHC mental health services in particular may fill a need among adolescents with public or no insurance.

Amaral, G., Geierstanger, S., Soleimanpour, S., Brindis, C. (2011) Mental Health Characteristics and Health-Seeking Behaviors of Adolescent School-Based Health Center Users and Nonusers. *Journal of School Health*, 81(3), 138-45.

Available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1746-1561.2010.00572.x/pdf>

### **Birthplace, Language Use, and Body Size Among Mexican American Women and Men**

Mexican immigrant status has been associated with decreased obesity, but this pattern may be changing. Researchers drew from 2001-2006 NHANES data on Mexican Americans to examine whether body mass index (BMI) and waist circumference vary by country of birth and among the U.S.-born by language. Among women, U.S.-born Spanish speakers had the highest mean BMI, followed by immigrant women, while U.S.-born English speakers had the lowest mean BMI. Immigrant men had a lower mean BMI than U.S.-born men. These patterns were similar for waist circumference and persisted after adjusting for socioeconomic status (SES) and other covariates. Immigrant women do not appear to be protected against a large body size, compared with immigrant men. Among the U.S.-born, women who retain Spanish are at higher risk for larger body size than exclusive English speakers. Initiatives targeting obesity should address differentials in body size patterns among immigrant and U.S.-born Mexican American men and women.

Guendelman, S., Fernandez, A., Thornton, D., Brindis, C. (2011) Birthplace, Language Use, and Body Size Among Mexican American Women and Men: Findings From the National Health and Nutrition Examination Survey (NHANES) 2001-2006. *Journal of Health Care for the Poor and Underserved*, 22(2) 590-605.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21551936>

### **Health of Adolescents and Young Adults: 21 Critical National Health Objectives**

The 21 Critical National Health Objectives (CNHOs) for Adolescents and Young Adults derived from Healthy People 2010 addressed the most significant threats to the health of individuals aged 10-24 years. This study assessed trends in the 21 CNHOs between 1991 and 2009, and from baseline years for which 2010 targets were established to 2009, and the extent to which targets were achieved. For one CNHO (new HIV diagnoses), national data were not available. For CNHOs measured by census systems, the percentage of change in each health outcome was calculated between 1991 and 2009 and between baseline years and 2009. Any change  $\geq 5\%$  was considered as an improvement or deterioration. Adolescents and young adults achieved two targets (rode with a driver who had drunk alcohol, physical fighting), improved for 12 CNHOs, made mixed progress by sub-objective for two, showed no progress in four, and regressed in achieving two (Chlamydia infections; overweight). Although encouraging trends were seen in young people's health, the United States achieved only two CNHOs. Attention is needed to improve the health and reduce disparities among young people.

Jiang, N., Kolbe, L.J., Seo, D.C., Kay, N.S., Brindis, C.D. (2011) Health of Adolescents and Young Adults: Trends in Achieving the 21 Critical National Health Objectives by 2010. *Journal of Adolescent Health*, 49(2), 111-112.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21783043>

### **Latina Adolescents' Perceptions of their Male Partners' Influences on Childbearing: Findings from a Qualitative Study in California**

Teenage births among Latina women living in the United States remain higher than any other racial/ethnic group. This study explored the role that male partners play in the occurrence of pregnancy and their influence on teenage mothers' future plans in a sample of women pregnant with their first child. Qualitative analysis revealed that partners played a significant role in the use of contraception, timing and desire for pregnancy and young women's post-pregnancy plans for education, work and childrearing. Men's older age, concerns about contraceptive use and fertility, reluctance to use condoms, and readiness for parenthood put their partners at increased risk for pregnancy. More acculturated men were supportive of young women's educational goals in many cases, whereas less acculturated males subscribed to more rigid gender roles which required that their partners remain at home after the birth of their child. These findings have important implications for programs that seek to reduce teenage pregnancy in the U.S. Latino population.

Schwartz, S.L., Brindis, C.D., Ralph, L.J., Biggs, M.A. (2011) Latina Adolescents' Perceptions of their Male Partners' Influences on Childbearing: Findings from a Qualitative Study in California. *Culture, Health and Sexuality*, 13(8):873-86.

Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/21707264>

## **Relative Research Publications**

### **Journal of Family Social Work Highlights**

Research findings from seven Adolescent Family Life (AFL) Program-funded programs are highlighted in this issue of the *Journal of Family Social Work*. The AFL Program is administered by the Office of Adolescent Pregnancy Programs (OAPP), within the Office of Population Affairs, Office of the Assistant Secretary for Health U.S. Department of Health and Human Services. This special issue with AFL grantees provides information helpful for those family social workers and other health practitioners who work with pregnant and parenting teens and their families. The first three articles highlight risk and protective factors teen mothers possess and the fourth article reveals findings that mothers routinely underreport their children's immunizations. The last three articles examine the impact young mothers' social supports, relationships with the fathers of their children, and relationships with health practitioners have on young mothers and their children.

Conway, P., Jensen, J.G., & Scott, A.R., et. al. (2011) Preface. *Journal of Family Social Work*, 14(4), 281-428.

Abstract available at <http://www.tandfonline.com/doi/abs/10.1080/10522158.2011.587173#preview>

## **Presentations by OPA-Funded Principal Investigators**

**The Implementation of Family Planning Waivers in Six States, Effects on Unintended Pregnancy and Birth Control Use** by E.K. Adams, Jenny Kenney and Katya Galactionova was presented by Jenny Kenney at the International Health Economics Association (IHEA) Congress, July 11-13, Toronto, Canada.

Both Illinois (IL) and New York (NY) used a broader Medicaid expansion for parents just prior to their family planning waivers and results indicated this policy, in conjunction with the family planning waiver, reduced unintended births among Medicaid women by 4 to 5 percentage points in these states. The effect on unintended Medicaid births from Oregon's (OR) family planning waiver was somewhat smaller at almost 2 percentage points. There was also evidence of reduced unwanted births among the broader population of teens in IL and NY and increased birth control post partum among teens in OR. Yet, unintended birth remains high even after these waiver expansions especially for teens, unmarried and women with low educational levels.

## Highlights from the 2011 Annual Title X Grantee Meeting

**Family Planning Annual Report – 2010 Findings and Trends** was presented by Christina I. Fowler and Kate Krieger from the Research Triangle Institute at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

An overview of 2010 Family Planning Annual Report (FPAR) findings and trends was presented. There were 89 grantees in 2010 and, from year 2005 to year 2010, the number of grantees increased by 2% and the number of delegates and sites declined by 4% and 1%, respectively. Females comprised 92% and males comprised 8% of users at Title X Family Planning sites in 2010 and most users were non-Hispanic White (42%) and over 29 years of age (27%). Researchers concluded that reporting of FPAR data has improved and that remaining challenges include the transition to electronic health records and the existence of weak or inadequate data systems.

**Male Family Planning Research Project Interim Findings on Male Visits and Services** was presented by David Fine and David Johnson from the Center for Health Training and OPA, respectively, at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

The goal of the Male Family Planning Research Initiative is to assess a multi-component intervention at family planning clinics. This is a five year effort, from Fall 2008 to 2013, and aims to increase the number of males served at family planning clinics, as well as increase reproductive health services to male family planning clients. Data from the pre-intervention period compared the first two years of the project indicate annual male family visits increased 72% at Planned Parenthood of Montana (PPMT) and 58% at Family Health Centers of San Diego (FHC). Also, over the same period of time at PPMT, sexually transmitted infection (STI) screening increased by 50% and at FHC HIV screening tripled. At both sites, STI screening was unrelated to race/ethnicity of the client.

**Relationship Satisfaction and Power Dynamics in Couples' Reproductive Health Behaviors** was presented by Selma Caal, Kristen Peterson, Elizabeth Wildsmith, and Jennifer Manlove from Child Trends at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

Researchers completed a total of 30 in-depth interviews with 15 unmarried African-American couples. Three main themes emerged from the qualitative interviews with couples. (1) There was little agreement within couples about reports of relationship quality and birth control use patterns (e.g. type and consistency of birth control use). (2) The ambivalent attitude towards pregnancy intentions was related with inconsistent and ineffective birth control use among couples. (3) Two types of relationship power dynamics existed within couples: power over the couple's finances and power over the couples' emotional connection. The major implication of findings is that some couples do not jointly make birth control decisions; rather, the person who holds the emotional power in the relationship makes birth control decisions for the couple. Findings also indicate that birth control use among couples is not only shaped by couple dynamics, but also by individual emotional needs—to bond with the partner—through ambivalent pregnancy intentions.

**Fertility Awareness Method Use Among Young Adult Low-Income Minority Women** poster was presented by Lina Guzman, Selma Caal, Manica Ramos, Jennifer Manlove, and Megan Barry from Child Trends at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

This poster presentation presented findings from a study aimed at learning about fertility awareness methods (FAM) use among minority women. This study is based on qualitative semi-structured interviews with a total of 58 African-American (52%) and Hispanic (48%) women aged 18-29 who had ever used FAM. Main findings indicated that a substantial percentage of women in our sample were not using FAM accurately. However, researchers found that the vast majority of women are abstaining or using another method of birth control during what they perceived to be their fertile period. These findings are encouraging because it suggests that the behavioral components of accurate FAM use are already present, what is lacking is knowledge. This is promising because behavior is often harder to change. Nonetheless, these findings speak to a clear gap in knowledge of fertility and have important implications for service providers.

**Increasing Family Planning Utilization Among Young Adult Hispanic Women: Opportunities and Challenges** poster was presented by Lina Guzman, Selma Caal, Manica Ramos, Jennifer Manlove, and Kristen Peterson from Child Trends at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

A better understanding of the family planning service needs of Hispanic women, as well as of their perceived barriers and motivators to using services is needed to help improve outreach efforts to engage and better serve these populations. This study is based on a total of 14 focus groups, three groups conducted with service providers and 11 conducted with immigrant and non-immigrant Hispanic women (n = 95). Approximately half of the young women were foreign-born, and 28 only spoke Spanish. Women were largely low-income, with 62% making less than \$25,000. Researchers found an intersection of multiple barriers that created conditions which hampered the accessibility and attractiveness of reproductive health services. The results of the preliminary analysis reveal that Hispanic women's access to reproductive health care is a complex issue, which is influenced by policy environments and clinic practices, which in turn, interact with women's cultural beliefs, customs, and norms.

**Integration of Family Planning Services into an STD Clinic Setting** was presented by Judith C. Shlay, L. Dean McEwen, Deborah Bell, Moises Maravi, Deborah Rinehart, Hai Fang, Sharon Devine, Theresa Mickiewicz, and S. Dreisbach at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

Denver Metro Health Clinic (DMHC) has utilized Title X funding to offer initial family planning services (FPS) with sexually transmitted disease (STD) clinical services for at-risk populations. This study aimed to measure utilization of FPS among STD clients seen at DMHC, measure additional time and time cost required to offer FPS, assess staff perceptions of providing integrated services, and identify strategies that facilitate integrating FPS and STD services in STD clinics. Between 1/06-12/10, 46,155 clients eligible for FPS were seen (39% female and 61% male). Among those eligible, 63% received FPS, with a greater proportion of FPS provided to males (59.8%) than females (40.2%). Efficient staffing plans, streamlined clinic flow, and automatic identification of FP eligibility through an integrated electronic medical record allow staff to integrate these services. Also, integration of FPS with STD services is feasible in an STD clinic, provides two valuable services to at-risk populations in one visit and is more cost-effective and time-efficient than offering these services in separate clinical visits.

**Introducing CycleBeads in Title X Clinics** was presented by Katherine L. Cain at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

According to researchers, half of pregnancies in the U.S. each year are unintended and 7% of women between the ages of 15-44 are at risk for unwanted pregnancy, but are not using contraceptives. This study proposed to test the provision of Standard Days Method (SDM)/CycleBeads in Title X programs through regional training centers. The study developed and tested a process to introduce SDM within a framework of expanded choice and assessed acceptance, correct use, and satisfaction. After a 3-month follow-up of CycleBeads users, findings indicated that 100% of users correctly identified fertile days and 50% understood how to use CycleBeads to track cycle length. Implications were that CycleBeads could be successfully introduced into clinics and clients could choose the SDM and use it successfully and satisfactorily.

**Understanding and Improving Family Planning Services through Language Assistance** was presented by Dina Refki from the Center for Women in Government & Civil Society, University of Albany at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

A survey of family planning health centers across the state assessed 1) organizational operating systems, policies, protocols and procedures related to language assistance and 2) perceptions of staff about the barriers to language assistance and strategies they feel have been effective in overcoming barriers. Findings indicated that there was a positive correlation between inclusion of language access goals in the strategic plan and other indicators of language access. One area of concern was that staff was serving as interpreters in the medical encounter, yet were never tested for language proficiency or trained in medical interpreting. In addition, policies were never enforced or made available to staff and there was confusion among staff regarding who is an LEP patient. Conclusions were that language access is complex, costly and burdensome on staff. However, clinics need to raise the standards they adopt for language access.

**Conducting Quality Assessment of Family Planning Services** was presented by Heike Thiel de Bocanegra, Denis Hulet, Hye-Youn Park, and Philip Damey from the University of California at San Francisco at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

Researchers compared and contrasted Title X providers with non-Title X-funded public and private providers in their ability to achieve better patient access, quality of care, outcomes, and to control costs. The study question asked to what extent Title X funding contributed to adherence to STD screening guidelines. Title X providers demonstrated a higher adherence to screening guidelines through high screening rates of young women and selective screening of older women. Private providers tended to have high CT screening rates regardless of client age and benchmarks for testing of women 26 years and over could reduce unnecessary testing. Recommendations for interventions include monitoring and establishing benchmarks to reduce over-screening of older women and strengthening focus on monitoring of and providing technical assistance to providers who over-test older women.

**Natural Family Planning: Who Uses it and Why?** was presented by David Fine, Karen Dluhosh, Afsaneh Rahimian, and Sarah Goldenkranz from the Center for Health Training at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

Presentation delivered information on the extent of Natural Family Planning (NFP) use and client characteristics in family planning Title X clinics. Data was collected via interviews, focus groups, and client data and findings indicated that all patients in Region X family planning clinics reporting NFP user were female and most lived in urban areas (75%). Also, users were between the ages of 20-24 (27%), and were non-Hispanic White (82%). Data summary indicated that less than 1% of clients were NFP users.

**Natural Family Planning – Title X Client and Provider Perspectives** was presented by Paul G. Whittaker, Linda Hock-Long, and Rebecca Merkh from the Family Planning Council at the 2011 Annual Title X Grantee Meeting, August 2011, Miami, FL.

This project aimed to explore women's and Title X providers' knowledge, attitudes and beliefs about NFP and barriers and facilitators to NFP delivery. Findings indicated that providers were receptive to NFP, but had reservations and thought NFP might be hard for clients to use successfully. Providers also identified a need for provider training and client educational material. Client survey data indicated that only a minority of clients had suitable cycle and fertility knowledge. In addition, NFP users indicated difficulty with correct use and worried that pregnancy might occur.

## News from Federal Agencies

### Title X Annual Conference

This biannual conference was held in Miami, FL this year and provides an opportunity for all Title X grantees to share current, relevant information on a variety of topics relevant to the provision of high quality Title X family planning services. This meeting is sponsored by the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Health, and the Office of Population Affairs, Office of Family Planning (OPA/OFP), which is the agency that administers the Title X Family Planning Program. The intended audience includes individuals working in grantee agencies who have decision-making responsibility for Title X activities. Examples of attendees include directors, program managers, educators, and/or senior clinical staff at Title X service agencies, directors or managers of regional and national training centers, other Title X funded projects, and OPA regional office staff. As a result of attending this conference, participants were able to:

- Discuss the latest issues related to family planning and reproductive health service delivery, including health care reform, teen pregnancy prevention, and the National HIV/AIDS Strategy.
- Relate the most current policies and priorities of HHS and OPA to Title X family planning projects.
- Review current research and special OPA initiatives regarding Title X service delivery.

### New Resource Guide on Services for Trafficking Victims

The Office of Refugee Resettlement (ORR), Anti-Trafficking in Persons Division (ATIP) has published *Services Available to Victims of Human Trafficking: A Resource Guide for Social Service Providers*. The resource guide provides information about the resources available for both pre-certified and certified victims, including children with letters of eligibility. It describes the many community and State-funded resources available for victims, including options for food, shelter, clothing, medical care, legal assistance, and job training. In addition, the guide provides information on how adults and children can obtain Certification and Eligibility Letters. The majority of the booklet outlines the types of Federal benefits and services available to trafficking victims in various immigration categories. Included in the guide is a chart for each government program, describing eligibility information for certified adults, children with letters of eligibility, lawful permanent residents, U.S. citizens, and others. The resource guide is available at [http://www.acf.hhs.gov/trafficking/Trafficking\\_Svcs\\_9\\_30\\_11.pdf](http://www.acf.hhs.gov/trafficking/Trafficking_Svcs_9_30_11.pdf).

### HRSA's Women's Health USA 2011

HRSA recently released *Women's Health USA 2011*, the tenth edition of an annual data book identifying priorities, trends, and disparities in women's health. The 2011 edition highlights several new topics, including secondhand tobacco smoke exposure, Alzheimer's disease, preconception health, unintended pregnancy, oral health care utilization and barriers to health care. For the first time, the special population section of the report features data on the health of lesbian and bisexual women, as well as Native Hawaiian and other Pacific Islander women. Data on American Indian and Alaska Native women are also featured. *Women's Health USA 2011* is available in print and online at <http://www.mchb.hrsa.gov/whusa11/> and an online version now includes individually downloadable data tables and corresponding figures. Print copies can be ordered through the HRSA Information Center toll-free at 1-888-ASK-HRSA or online at [www.ask.hrsa.gov](http://www.ask.hrsa.gov). For more information about women's health visit [www.hrsa.gov/womenshealth](http://www.hrsa.gov/womenshealth) and for more information about maternal and child health visit [www.mchb.hrsa.gov/researchdata](http://www.mchb.hrsa.gov/researchdata).

### Births: Final Data for 2009

The CDC National Center for Health Statistics released a national vital statistics report that presented 2009 data on U.S. births according to a wide variety of characteristics. Data are presented for maternal characteristics including age, live-birth order, race and Hispanic origin, marital status, hypertension during pregnancy, attendant at birth, method of delivery, and infant characteristics (period of gestation, birth weight, and plurality). Findings indicate that the number of births declined to 4,130,665 in 2009, 3% less than in 2008. Birth rates for women in each 5-year age group 20 to 39 years declined, but the rate for women 40-44 years continued to rise. The number and rate of births to unmarried women declined, whereas the percentage of non-marital births increased slightly. The cesarean delivery rate rose again, to 32.9%. The preterm birth rate declined to 12.18%; the low birth weight rate was stable at 8.16%. The full report is available at [http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60\\_01.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr60/nvsr60_01.pdf).