

CityLights



Promoting communication and collaboration to improve the health of urban children and families

Special CDC Edition

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Finding Urban MCH at the CDC

While the Centers for Disease Control and Prevention (CDC) estimates that more than half of its budget goes to children, the word "children" does not appear in the title of any of the centers, institutes, offices, or divisions that form the basic architecture of this complex federal organization.

MCH specialists, including the leaders of MCH programs and services in America's cities, look for a door at CDC marked "MCH" as the point of entry to the wealth within. Finding none, they face the daunting prospect of navigating a maze of programs, people and projects to access and effectively use CDC's many wonders... without a map.

This special edition of *CityLights* is designed for our public health partners who are not yet maximizing CDC's many opportunities. It is a beginner's guide to MCH at CDC, with focus on urban health issues. Understanding CDC's mission and structure is key to tapping into its many urban MCH resources.

Knowing its current priorities should assure MCH providers on the front lines that CDC is focused on issues of common concern. Learning about the CDC's specific tools for prevention provides a framework for setting realistic expectations about what CDC can do for you.

To produce a special *CityLights* edition for our urban MCH colleagues and partners, as part of the CityMatCH CDC Urban MCH Project,¹ we started with the leading MCH problems facing urban children and families. Of the top ten "*Leading MCH Problems Facing Urban Families*" identified in the most

recent national CityMatCH survey of urban MCH officials, five were expressed in terms of CDC's focus on disease, injury and death: adverse perinatal outcomes, violence, adolescent pregnancy and parenting, substance abuse, and childhood under-immunization.

In June 1996, CityMatCH staff first travelled to CDC to interview lead individuals of programs and projects addressing these urban MCH problems. We sorted what we learned, using CDC "tools for prevention" as a framework. We selected resources, programs, materials which are representative of CDC's efforts in addressing selected urban MCH issues and updated and edited all information in August 1997.

This special edition is not designed to provide the definitive, comprehensive description of MCH efforts at CDC. Rather, we offer this "MCH map" as the first in a series of tools that can help colleagues better access and use CDC's many resources. We hope it is a useful tool for finding urban MCH at the CDC.

We welcome your feedback! Let us know how it has been helpful and how we can make it even better. Send your comments to citymch@mail.unmc.edu.

¹ Source: 1995 CityMatCH Survey of Maternal and Child Health Programs in major urban health departments; *CityLights*, Volume 5, No. 2, Winter 1996.

CDC Edition At-A-Glance

The first part of this edition of *CityLights* provides a general introduction to the CDC) Included are brief descriptions of its mission, current organization, priorities and "tools for prevention." Also featured are excerpts of a conversation with two key MCH leaders at CDC about tapping its vast resources to address urban MCH concerns.

The second section focuses on two leading urban MCH issues which have a disproportionate burden in America's cities - adverse outcomes of pregnancy and violence. For each issue, selected activities reflecting CDC's work on this issue relevant to urban areas are profiled, with current contact information for further follow-up. A

sampling of CDC CityResources follows the focus segments.

Similar Focus sections highlighting CDC activities around other significant urban MCH issues will be published as CDC special supplements inside future editions of *CityLights*.

In This Issue...

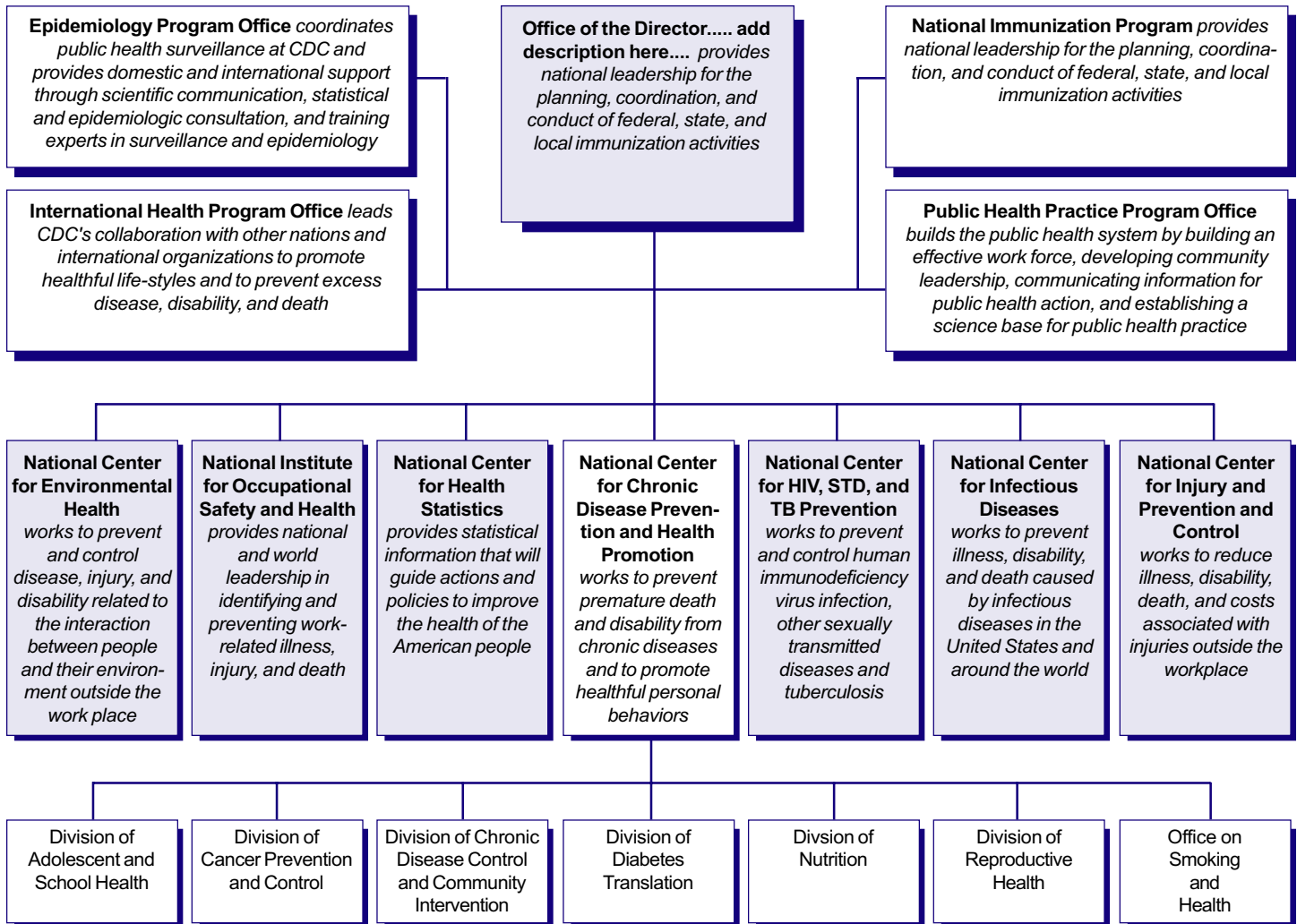
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CDC is Organized For Prevention

CDC's network of centers, institutes, and offices underscores the depth and breadth of its mission to promote health and the quality of life by preventing and controlling disease, injury, and disability. CDC's workforce of more than 5,800 people include scientists, technicians, administrators and support staff representing 167 occupations. About half of these employees work in Atlanta, Georgia; the remainder work in a variety of settings throughout the

nation and world.

The Office of the Director, Dr. David Satcher, is supported by seven offices for program planning and evaluation, communications, program support, health and safety, equal employment opportunity, women's health and the national vaccine program, plus a Washington, D.C. office. The core work of CDC is done in its seven national centers and four program offices.



What is the CDC?

The CDC is one of the Public Health Service agencies in the U.S. Department of Health and Human Services. The CDC evolved from a World War II agency designed to control malaria in war areas. Dr. Joseph Mountin, who directed the Bureau of State Services in 1941, wanted a national effort to keep military bases and war industry establishments in the southern

United States malaria-free. The federal government established such a program in 1942 and in 1946 converted it to the Communicable Disease Center.

Since then the CDC has matured to become the nation's prevention agency, working with others to prevent disease and injury. CDC's partnerships with state and local health departments; educational institutions; philanthropic foundations; international groups; and professional,

voluntary and community-based organizations are crucial to the success of this endeavor.

Collaborative efforts have focused not only on preventing new and re-emerging infectious diseases, but on violence and injury prevention, environmental threats, workplace hazards, preventing chronic disease, and addressing issues related to the promoting the health of women, children and youth.

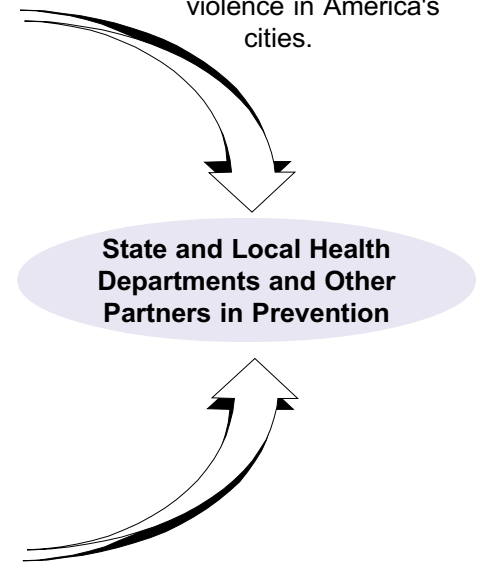
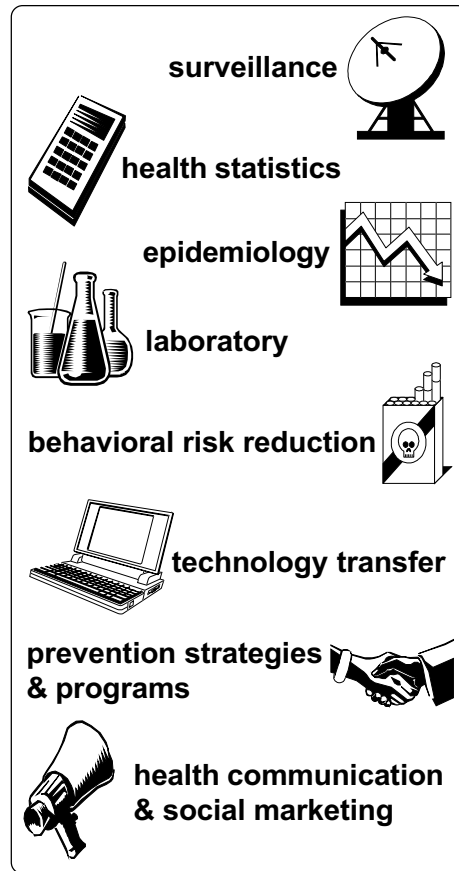
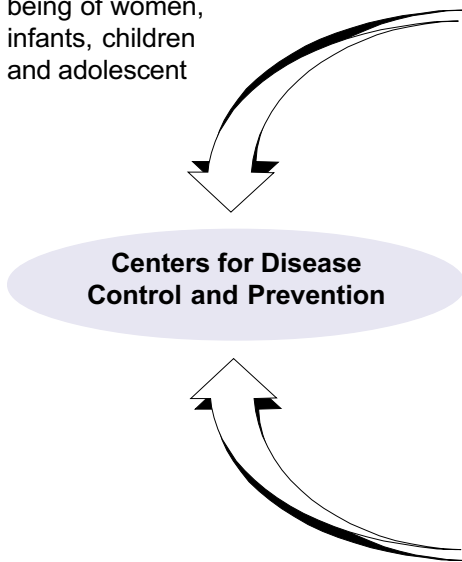
CDC has teamed up with state and local health departments and other agencies and governments in conducting epidemiological investigations of possible disease out-

The CDC uses eight essential "tools" for prevention" to achieve its mission and address its top priorities (see box). These eight tools reflect the range of activities, resources and opportunities at the CDC which can assist local and state health departments improve the health and well-being of women, infants, children and adolescent

CDC's Prevention Tools

communities. A symbol corresponding to each tool appears throughout

this edition to help label the prevention areas. Look for the symbol throughout the descriptions of the selected CDC activities, programs and resources which address adverse perinatal outcomes and youth violence in America's cities.



What are CDC Priorities

- Strengthen essential public health services.**
 These services comprise a host of activities, among them, monitoring health status to detect problems in the community; diagnosing and detecting health problems; informing and educating people about health issues in their communities and thus empowering them to take action to resolve those issues; and enforcing laws and regulations to protect public health.
- Expand our capacity to respond to urgent health threats.**
 By doing so, we improve our ability to predict public health challenges and to respond to them quickly and decisively.
- Develop nationwide prevention strategies.**
 Strategies that promote healthful behaviors and prevent chronic and infectious diseases, injuries, and disabilities will help make prevention a way of life for all people.

- Promote women's health.**
 Priorities include preventing deaths due to breast or cervical cancer and preventing HIV/AIDS, sexually transmitted diseases, tobacco use, violence and violence-related injuries, and heart disease among women. The effort also encompasses promoting reproductive health and the health of women in their later years as well as promoting health in the environment and the workplace.
- Invest in the health of our youth.**
 Here, the focus is on the vulnerability of the nation's youth to adopt unhealthful behaviors that lead to disease, death, and societal problems. Prevention strategies are directed at these public health issues: 1) the use of drugs, alcohol, and tobacco; 2) violence, suicide, and other injuries; 3) sexual activities; 4) nutrition; 5) physical activity; 6) pregnancy; and 7) immunization.

CDC Mission:

To promote health and quality of life by preventing and controlling disease, injury, and disability.

Partners in Prevention

- State and local health departments
- Academic institutions
- Professional, voluntary, and community organizations
- Philanthropic foundations
- School systems, churches, and other local institutions
- Industry and labor

To translate new health promotion and disease prevention techniques into improved health at every level.

A Conversation with MCH Leaders at CDC

CityMatCH CEO/Executive Director Magda Peck recently asked two principal MCH leaders at the CDC for their insights about urban MCH resources and strategies at the CDC.

Dr. Jim Marks is the Director of the National Center for Chronic Disease Prevention and Health Promotion (NCCDHP) and Dr. Lynne Wilcox is the Director of Reproductive Health (DRH) within the NCCDHP. (see related stories page 4)

Peck: *What is the one thing urban MCH directors and leaders in city and county health departments should know about utilizing CDC resources and services?*

Wilcox: "Understanding CDC's mission, structure, and constraints will help urban MCH directors work the



Wilcox

system more effectively. First, know CDC's mission: CDC's responsibility is national in scope. While we are eager to provide assistance to local sites, we must still keep in mind how

this local experience can be translated into more generalizable applications. When urban directors can frame their requests in ways that enhance the translation, it makes it easier for the CDC to justify investing resources in local programs. Demonstration programs, investigation of local concerns that are common to many

...policymakers are most likely to believe the message when it comes from professionals in the front line of public health
Lynne Wilcox

communities, pilot studies, multi-site activities, program evaluations, and training programs are examples of activities that can be generalized effectively.

Second, know CDC's Structure: CDC activities of interest to urban MCH directors are found throughout CDC's centers, institutes and offices. For example, immunization, birth defects, vital statistics and reproductive health are each located in different centers on the CDC organizational chart. In addition, none of these programs are physically located in the same office complex.

As you might expect, this means that we have difficulty keeping track of one another's activities... a phenomenon that often confuses professionals outside the agency. The good news is that the CDC is moving toward improving communications among programs and between programs in the field. However, an effective urban MCH director will want to be in touch with all these programs for the most up-to-date information on resources and activities."

Marks: "Simply put there is no single focus for MCH issues in the CDC. Rather we are more organized along exposures than we are by population, environment, infections, injuries and behaviors, so important issues for MCH are located in different parts of the CDC. We are working to make it easier to access the CDC around children's issues. We do have an Office of Woman's Health that can serve as a point of entry on those issues. The Division of Adolescent and School Health is probably the best place to make entry regarding adolescent issues."



Marks

Wilcox: "There are constraints to know too: CDC's activities are funded by a variety of Congressional mandates, regulations and laws. Not all CDC programs are able to operate in the

same way because of the variations in expectations of these different funding streams.

A problem all too familiar to state and local public health programs.

Again, effective directors will want to make sure they understand the structure of a specific CDC program of interest and not assume that one

program is like another.

Peck: *What are some of the key ways the CDC can help urban health departments address MCH problems in America's cities?*

Wilcox: "The short answer is 'Data 'R Us.' The role of assessment and evaluation is growing for public health departments, and this means being familiar with basic techniques of data collection and analysis. CDC can offer technical assistance to urban programs in a number of areas.

- Specific data projects. For example, using hospital discharge data to evaluate infant morbidity.
- Establishing monitoring systems for MCH outcomes.
- Program evaluation to assess the effectiveness of delivered services.
- Training programs like the City-MatCH MCH data training programs sponsored by the CDC.

Marks: "As Lynne mentioned, different programs have different congressional language supporting

One may ask, how can urban health departments access CDC dollars? The answer may be by working with the state to add a supplemental component for the city in the state grant.
Jim Marks

and directing them. So some parts have more of a service focus than others like immunization, STD, breast and cervical cancer, etc. Almost all programs have a strong data and surveillance component. As she says, 'Data 'R Us.'"

Wilcox: "I have already mentioned the national focus of CDC's mission.

Related to that is CDC's emphasis on developing local capacity for data use. We want to promote the availability of data skills at the local level so

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Lynne Wilcox

that the entire public health system can operate more effectively. Of

Continued Next Page

About the CDC

Understanding CDC Structure Key to Locating MCH Resources

Continued From Previous Page
course, depending on program activities, the CDC can also provide specific topic expertise, such as on immunization guidelines or newborn genetic screening."

Marks: "Most of our grant dollars statutorily goes to the state health department. One may ask, how can urban health departments access CDC dollars? The answer may be by working with the state to add supplemental component for the city in the state grant. If they are linked to a local medical school or school of public health, the CDC has grant mechanisms through them. Again, as Lynne mentioned, these are best cast as models or demonstration projects that will have value for others."

Also the CDC has a new program of urban research centers. Specifically this represents a recognition of the importance of public health in the urban areas as having special charac-

teristics and issues. This is currently a small program in a few cities but issues of interest to urban areas in general with linkage to those health agencies might be run through them."

Peck: *How can urban health department MCH directors help the CDC in fulfilling its role as the nation's prevention agency?*

Wilcox: "The urban MCH directors are critical partners for the CDC and have several major roles:

- CDC needs honest feedback on the needs of urban programs and the most effective ways for the CDC to address those needs. Are our current activities useful and how can we improve?

- Furthermore, the urban directors serve as public health sentinels. If urban welfare reform has major effects on the health of MCH populations, the urban directors will see those effects first. The CDC needs to know what you are recognizing as the

next trends in the nation's health.

- The urban MCH directors know that it's essential to invest in data systems even when the cost of service delivery is an on-going concern. This is a message that needs to be heard by local, state, and national policymakers. These policymakers are most likely to believe the message when it comes from professionals in the front line of public health programs."

Marks: "Helping us recognize problems and issues that are generic to urban areas as opposed to those that are unique to a single one or a few. There is always the issue of integration of categorical programs into more overall approaches. How to do this in ways that help the local programs, but retain the impact on the categorical issue is important. Identifying best practices and helping us disseminate them."

General Information on the CDC

Searching for additional information on the CDC, you may wish to visit their website at <http://www.cdc.gov>.

Here visitors will find a variety of information including:

- About CDC ●
- Whats New? ●
- Travelers Health ●
- Health Information ●
- Publications, Software, & Products ●
- Data & Statistics ●
- Training & Employment ●
- Funding ●

Additional information can also be found at this site regarding subscriptions, the *Morbidity and Mortality Weekly Report* Serial Publications and *Emerging Infectious Diseases* a CDC publication for combatting emerging infectious diseases.

Another helpful and informative CDC publication is, *Fact Book FY 1996*, which the organizational activities of the CDC. The booklet may be obtained by calling Willeen Lockhart at (404)639-0830.

Additional information on the CDC may be obtained by writing or calling the CDC at:

The Centers for Disease Control and Prevention
1600 Clifton Rd., NE, Atlanta, Ga. 30333, USA
Phone: (404) 639-3311

Need Epidemiologic Assistance?

Through the "EPI-AID" mechanism, CDC provides support and technical assistance within states and other jurisdictions to investigate urgent public health problems. Due to the rapid evolution of health care policy in a variety of settings, there is growing recognition that the EPI-AID mechanism has developed to include MCH issues.

EPI-AID investigations have included: developing strategies to monitor the health impact of welfare reform on target populations; investigating factors associated with minors' access to tobacco; developing monitoring statewide cancer control goals; and investigating the causes of an observed decrease in teenage pregnancy.

Potential EPI-AID investigations should be discussed with a state health official who has responsibility for the particular health problem (generally the state epidemiologist). After determining that epidemiologic assistance is needed, the state official requests assistance from CDC.

For further information on how to receive assistance, please contact your state epidemiologist or the State Branch, Epidemiology Program Office, CDC, 1600 Clifton Rd. NE, Atlanta, GA 30333; phone--(404) 639-3754; fax--(404) 639-4504.

Preventing Adverse Outcomes of Pregnancy

In a 1995 CityMatCH national survey of urban maternal and child health, local health departments serving cities over 100,000 in population are asked to rank in order of importance the leading maternal and child health problems faced by the families and children in their jurisdictions. Adverse perinatal outcomes - including infant mortality, low birthweight, and prematurity -

ranked among the most important in 1995. CDC has developed multiple "tools for prevention" to address this concern. Selected surveillance, epidemiology, health statistics, and prevention strategies/programs tools, which can serve as entry points into CDC's many resources and talents aimed at reducing poor pregnancy outcomes, are featured here.

Leading MCH Problems Facing Urban Families in 1995

- Lack of basic resources
- Access to care
- Violence
- Adverse Perinatal Outcomes
- Adolescent pregnancy and adolescent parenting
- Under immunization of children

Vital Statistics Data: Births and Infant Deaths

There are four life event statistics that are collected on every individual in the nation: birth, death, marriage and divorce. These "vital statistics" are collected at the local level, aggregated at the state level, and provided to

the National Center for Health Statistics (NCHS) at CDC for national level synthesis, analysis, and reporting. Various characteristics of births and deaths collected on state-specific certificates, including age, birthweight, sex, race and ethnic origin, and cause of death, are stored in databases which allows for analysis and special reports on infant mortality and low birthweight. Linking the infant death and birth records makes additional variables available for more in-depth analyses such as infant mortality rates by birthweight or gestational age. Infant mortality data are often not available at the national level until two or three years after the year in which the deaths occurred. Reporting and availability varies by state. Many states have moved to automated vital statistics systems to enhance the timeliness, accuracy and availability of birth and death data at the local and state levels. Assistance in locating and using city and state-specific birth and infant death data can be obtained for your local or state office of vital statistics. For more information contact: Kenneth Schoendorf, Infant and Child Health Studies, NCHS, Room 970, 6525 Belcrest Road, Hyattsville, MD 20782. Phone: (301) 436-3650, Fax: (301) 436-8459, E-mail: KX52@CDC.GOV



Sudden Infant Death Syndrome

CDC, in collaboration with NIH is conducting two case-control studies, one in Chicago, Ill., and another in Aberdeen, SD to identify and study risk factors for Sudden Infant Death Syndrome (SIDS). Preliminary results from the Chicago study suggest prone sleeping position, maternal cigarette smoke, lack of breast feeding and a soft sleeping surfaces as preventable risk factors for SIDS. Analysis of data from the Aberdeen Infant Mortality Study is currently underway. Results to date from both studies confirm that Native American and African Americans are at greater risk of dying from SIDS. PRAMS is currently collecting data on infant sleeping position to monitor state-specific trends in the prevalence of stomach, side and back sleeping position.

On June 21, 1996, the CDC published standardized *Guidelines for the Death Scene Investigation of Sudden, Unexplained Infants Deaths* in the *Morbidity and Mortality Weekly Report*



(MMWR, vol 45 No. RR-10, June 21, 1996). The guidelines are designed to help standardize the collection of data and help improve the quantity and quality of information collected during the investigation. These guidelines consist of detailed protocol, a data collection form and specific instructions to help complete the form. It is intended for use by medical examiners, coroners, death investigators, and police officers and others involved in infant and child death reviews. Local health departments should work with their medical examiner or coroner's office to insure these new standards are implemented in your jurisdiction.

If you are looking for technical assistance, contact Solomon Iyasu, MD, MPH, Division of Reproductive Health, Pregnancy and Infant Health Branch, MailStop K23, 4770 Buford Highway NE, Atlanta, Ga. 30341. Phone (770) 488-5187, Fax: (770) 488-5628 or by E-mail at SX11@CDC.GOV.

Infant Mortality: Research on the Black-White Gap

Poor pregnancy outcomes among African Americans of all socioeconomic groups include increased risks of maternal and infant morbidity and mortality. CDC is playing an active role in understanding what is unique about African American women that increases their risks. CDC has developed an interdisciplinary prevention approach which involves qualitative etiologic research and community participation. In this approach, pregnancy, as both a biologic and a sociologic process, becomes impor-



outcome and to describe the contexts in which pregnancies occur in African American communities. The results of these studies will be used to develop subsequent quantitative studies of risk and protective factors and to develop effective prevention and intervention strategies.

The Los Angeles Project, Healthy African American Families (HAAF), started as a contract with UCLA in 1992 and is now a cooperative agreement with Drew University via the Minority Health Professions Foundation. The ethnography will be com-

Pregnancy Risk Assessment Monitoring System

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a state population-based surveillance of women who have recently delivered a live-born infant. It is designed to supplement vital records data and to generate state-specific data for planning perinatal health programs and policy development.



PRAMS allows states to collect information on a number of topics, including: the unintendedness of the pregnancy, access to and use of prenatal care, obstetric history and nutrition, psychosocial support and stress, alcohol and tobacco use, physical violence, pregnancy-related morbidity, infant health care and economic status of the mother.

PRAMS collects data through statewide mailings with telephone follow-up for nonresponders. Samples of new mothers are drawn from birth certificates. Data collection procedures and instruments are standard-

ized to permit comparisons of data between states.

Because of the critical role of birth certificate information in this project, PRAMS programs are often run out of State Vital Statistics Offices. As of September, 1997, 16 states are participating in PRAMS including: Alabama, Alaska, Arkansas, Colorado, Florida, Georgia, Illinois, Louisiana, Maine, New Mexico, New York State, North Carolina, Washington, and West Virginia. Each PRAMS state has between 1,300 and 3,000 women participate each year.

For more information on PRAMS, contact: Mary M. Rogers, Dr. PH, PRAMS Project Officer, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, Program Services and Development Branch, Mailstop K-22, 4770 Buford Highway NE, Atlanta, Georgia 30341, Phone: (404) 488-5220, Fax: (404) 488-5628, E-mail: MJR3@CDC.GOV or your state's PRAMS coordinator.

Youth Risk Behavior Surveillance System Helps Predict Health Outcomes

The Youth Risk Behavior Surveillance System monitors six categories of priority health risk behaviors among youth and young adults:



unintentional and intentional injuries, tobacco use, alcohol and other drugs, sexual behavior, dietary behavior and physical activity.

The system includes a national school-based survey; the Youth Risk Behavior Survey (YRBS), conducted by the CDC; and state and local school-based surveys, conducted by state and local education agencies.

The YRBS is part of an epidemiologic surveillance system established by the CDC's Division of Adolescent and School Health to monitor the prevalence of youth behaviors that most influence health. The focus on behaviors (over knowledge, attitudes and beliefs), is due to their ability to predict related health outcomes. CDC

works primarily with state departments of education along with a few of the largest local educational systems. City School systems conducting the surveys, sometimes with assistance from area health departments, include: Denver, San Francisco, Baltimore, Houston, Detroit, Seattle, Dallas, Fort Lauderdale, Jersey City, Miami, Philadelphia, San Diego, San Francisco, Boston, Chicago and New York City. Local health departments interested in doing their own primary data collection on youth behaviors can use the YRBS as a tested model and modify to meet local needs. For more information contact: Laura Kann, PhD, Chief, Research and Surveillance, Division of Adolescent and School Health, MailStop K23, 7770 Buford Highway NE, Atlanta, Ga. 30341. Phone: (770) 488-3202, Fax: (770) 488-3110.

Prenatal Smoking Cessation

Smoking is associated with adverse maternal and infant outcomes including

placental complications, preterm premature rupture of membranes, ectopic pregnancy, spontaneous abortion, low birth weight, perinatal mortality and SIDS. State level assessments of exposure comes through data collected from birth records, WIC client databases and prenatal medical history forms. CDC's tools for assessment and prevention include the Behavioral Risk Factor Surveillance System (BRFSS), Pregnancy Nutrition Surveillance System (PNSS), Pregnancy Risk Assessment Monitoring System (PRAMS), Youth Risk Behavior Surveillance (YRBS), and vital statistics.

An additional tool available to cities is the Prenatal Smoking Cessation Database (PSCD). Produced by the CDC, Division of Reproductive Health, the database contains bibliographic citations, and abstracts for journal articles, books, book chapters, technical reports, educational materials and other documents regarding prenatal smoking cessation programs and risk reduction activities at the national, state, and local levels. Topics covered in the database include: Smoking Cessation Methodology, Research and Evaluation, Public Education, Professional Education and Training, Special Populations, Regulation, Legislation and Administration, and Surveillance.

In addition, CDC, Division of Reproductive Health (DRH) works through a cooperative agreement with the Association of Maternal and Child Health Programs (AMCHP) to provide assistance in the dissemination of prenatal smoking and prenatal smoking cessation information and resources, and to facilitate the exchange of ideas and experiences in prenatal smoking cessation among MCH programs.

For more information contact: Gary Stuart at CDC's Division of Reproductive Health, Mailstop K-22, 4770 Buford Highway NE, Atlanta, GA, 30341 Phone: (770) 488-5227, Fax: (770) 488-5628, E-mail: GXS4@cdc.gov.

Birth Defects and Developmental Disabilities Surveillance

CDC works to prevent birth defects and developmental disabilities with known causes and to discover unknown causes. The Division of Birth Defects and Developmental Disabilities monitors birth defects and developmental disabilities, conducts epidemiological studies, and assists state and local prevention programs with surveillance system design and evaluation, personnel training, and quality assurance. Some current programs include:

The National Birth Defects Prevention Network maintains a national network of state and population-based programs for birth defects surveillance and research; assesses the impact of birth defects upon children, families, and health care; and identifies factors that can be used to develop primary prevention strategies. The Network

also assists families and their providers in secondary disabilities prevention.

Centers for Birth Defects Research and Prevention have also been funded in five states--California, Iowa, Massachusetts, New York, and Texas--to begin unique national collaborative research into the cause of birth defects. Centers in New Jersey and Arkansas will soon be funded. Because the causes of 75% of all birth defects are unknown, the public continues to be anxious about whether environmental pollutants, drugs, specific behaviors, or genetic susceptibilities cause birth defects, developmental disabilities, or other adverse reproductive outcomes. These new Centers will accelerate the process which will lead to better understanding of the causes and risk factors of birth defects.

The Birth Defects Monitoring

Program, which monitors about 12 percent of the nation's births each year to obtain data on birth defects diagnosed in newborns. This passive case ascertainment program provides national prevalence rates for various birth defects, including Fetal Alcohol Syndrome and shows geographical and temporal variations in those rates. The Monroe County Health Department (Rochester, NY) is funded by the CDC to follow -up high-risk infants to develop methods for identifying children with FAS after the newborn period.

The Metropolitan Atlanta Congenital Defects Program, which collects and analyzes data on congenital malformations and adverse pregnancy outcomes in the Atlanta area. This program actively seeks all cases by sending personnel into area hospitals to review medical records. Data from this program have been used to make

Strategy: Working with Communities

Women and HIV: Project CARES

Project CARES (Comprehensive AIDS and Reproductive Health Education Study) was initiated in 1991 to develop and evaluate direct care interventions for women at risk of HIV infection or currently living with the virus. Project CARES is part of a larger research effort known as the Prevention of HIV in Women and Infants Demonstration Project, a collaborative initiative between the Division of Reproductive Health, the Division of HIV/AIDS Prevention, and investigators in major cities. Two sites, Philadelphia, PA, and Baltimore, MD, were selected to assess barriers to HIV risk reduction, contraceptive use, and women's health care service use.

Project CARES has two main objectives: to reduce barriers to access to the use of reproductive health services and to assist women in making changes in behavior. The sites have worked in collaboration to develop a common intervention, individual counseling delivered by specially trained peer health advocates. Cities interested in learning



Teen Pregnancy Prevention Coalitions

Thirteen community "hub" organizations in 11 states are leading or coordinating teen pregnancy prevention coalitions in community-wide demonstration programs, with CDC support. Local communities involved are: Boston, MA, Oklahoma City, OK, San Antonio, TX, Chicago, IL, Philadelphia, PA, San Bernardino, CA, Orange County, CA, FL, Pittsburgh, PA, Winter Park, FL, Kansas City, MO, Rochester, NY, Yakima, WA and Milwaukee, WI.

The purpose of this CDC initiative is to demonstrate that communities can mobilize and organize their resources in support of effective and sustainable community-wide programs to prevent initial and repeat teen pregnancies and related problems such as HIV. CDC is synthesizing the experiences of the 13 demonstration communities together with national experts to produce: guidance for conducting community needs/assets assessments, theory-based approaches to: adopting or designing intervention components in response to the needs of youth in high risk project neighborhoods; building on



monitoring and evaluating teen pregnancy prevention programs, and an evaluation guidebook for program managers that will help to standardize practical evaluation criteria and methods.

What makes this initiative innovative? Three features: (1) it focuses on the primary prevention of initial pregnancies, in addition to the prevention of repeat pregnancies; (2) it will attempt to go to scale in a community-wide, comprehensive effort; and (3) it is designed to be a true partnership between the local coalition and neighborhood residents and neighborhood planning groups. Other key features include information and resource sharing across the 13 demonstration communities; and having intervention design decisions made by communities with information provided by the CDC based on the best available evaluation research. The initiative is intended to be responsive to the values of individuals, families, and the community. It is designed not to create dependency on Federal funding since it must use local resources to pay for direct services to youth. For more informa-

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP)

was formed in 1988 by the Secretary of Health and Human Services in acknowledgment of the critical

role disease prevention and health promotion now play in the CDC's overall mission. The Center developed out of the recognition that five of the ten leading causes of death are chronic diseases, and together, chronic diseases account for 70 percent of all deaths in the U.S., and that many of these diseases, including cardiovascular disease, cancer, and diabetes, and to promote good nutrition, tobacco-free life-styles, physical activity, reproductive health and other effective interventions.

Vision:

- Enabling all people in an increasingly diverse society to lead long, healthy, satisfying lives.

Mission:

- To prevent death and disability from chronic diseases.
- To promote maternal, infant, and adolescent health.
- To promote healthy personal behaviors.
- To accomplish these goals in partnership with health and education agencies, major voluntary associations, the private sector, and other federal agencies.

The **Division of Reproductive Health** promotes the health and quality-of-life of women, men, and infants by providing scientific and programmatic expertise, leadership and support to influence public policy, health care practices, community practices, and individual behaviors.

The Division develops ongoing surveillance systems to monitor modifiable health risks including systems for monitoring maternal behaviors during pregnancy and early infancy -- Pregnancy Risk Assessment Monitoring System (PRAMS), and a national surveillance system for preventable causes of maternal and pregnancy-related deaths.

The Division conducts a wide variety of epidemiologic investigations regarding women's health, including studies of HIV infection in women, breast cancer and oral contraception, infertility, teen and unintended pregnancy, racial/ethnic disparities in infant mortality, and hysterectomy.

It also supports the development of epidemiology capacity in the states through direct assignments of epidemiologists, financial, and technical support. International work includes surveys of contraception surveillance, young adults and maternal and child health (MCH), contraception supply management, and perinatal health services research.

national birth defects prevention policy. Local health departments interested in developing their own surveillance system for congenital defects can use this program as a model.

The Metropolitan Atlanta Developmental Disabilities Surveillance Program, which uses public school records and other sources to identify mental retardation, cerebral palsy, and vision and hearing impairment among 3 to 10 year-old children. Data obtained are used to monitor trends in the occurrence of these conditions and to serve as a resource for in-depth studies.

For more information or assistance on Preventing Birth Defects and Developmental Disabilities, contact: Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC) 4770 Buford Highway NE, Mail Stop F-34, Atlanta, GA 30341-3724, (770) 488-7150.

Maternal and Child Health Epidemiology Program: *Building Skills at the State and Local Levels*

The Maternal and Child Health Epidemiology Program (MCHEP) is a collaborative effort



between the CDC and the Health Resources and Services Administration (HRSA). MCHEP provides

technical support, and in some cases, financial assistance or time-limited assignments of senior epidemiologists to MCH programs in states and other jurisdictions.

MCHEP also creates opportunities for training of staff and facilitates dissemination of methods and information nationwide through support of and participation in national meetings representing MCH workers, such as Association of Maternal and Child

Health Programs [AMCHP] and the Urban MCH Leadership [CityMatCH]. It also sponsors a national annual Maternal, Infant and Child Health Epidemiology Workshop in Atlanta every December.

The primary objectives of MCHEP are (1) to support program efforts to independently use information effectively to make decisions about the health of mothers and infants, (2) to assist programs in identifying and collecting the data needed to assess and protect their health, and (3) to conduct epidemiologic analyses of health services and policy issues essential for program planning, policy development and priority setting.

Currently, over 20 sites are supported directly at varying levels

through MCHEP. Assignees are placed in 5 states—Georgia, California, Hawaii, New Jersey, Washington—and the District of Columbia; another epidemiologist is assigned to CityMatCH to work with urban health departments. Five states (Arkansas, Oregon, Louisiana, Alaska, New Jersey), New York City, and American Samoa receive financial and technical support; Oklahoma, Missouri, New Mexico, Mississippi, Alabama, South Carolina, Puerto Rico, and Michigan receive technical support. Efforts are underway to assign MCH epidemiologists to two additional states.

CDC's expertise in providing epidemiologic assistance through MCHEP provides a strong model of collaboration between MCH programs and federal public health agencies. MCHEP provides an opportunity to develop analytic capacity and improve

Maternal and Child Health (MCH) leaders in urban health

Finding Urban MCH at the CDC Focus: Violence Prevention

departments responding to the 1995 CityMatCH Survey of Urban MCH Programs were asked to rank the leading MCH problems facing urban children and families. According to the survey, urban health departments perceived violence, defined as problems of domestic violence, family violence, spouse abuse, child abuse, crime and interpersonal violence to be the sixth most important problem in America's cities. This section provides a snapshot of violence prevention activities of the CDC and the National Center for Injury Prevention and Control (NCIPC) that can give direction to and help navigating through

this invaluable resource.

CDC uses the same public

health "tools of prevention" to examine and address the problem of violence as they apply to infectious disease, chronic disease and occupational hazards. CDC's violence prevention framework uses surveillance and data collection activities to define the magnitude and distribution of violence. Epidemiology research activities identify the risk or protective factors for violence relevant to public policies and prevention programs. Evaluation research is used to determine the efficacy of violence prevention interventions. Programs are implemented and prevention effectiveness measured through commu-

Leading MCH Problems Facing Urban Families in 1995

- *Lack of basic resources*
- *Access to care*
- *Violence*
- *Adverse Perinatal Outcomes*
- *Adolescent pregnancy and adolescent parenting*
- *Under immunization of children*

nity demonstration projects, training and public awareness and education projects. As part of its strategy against violence, CDC also provides leadership through working groups, outreach programs and conference support.

Preventing Youth Violence

CDC's youth violence prevention strategy hinges on the development, implementation and evaluation of interventions and programs. These activities are targeted primarily at teenagers and young adults (12-24 years) but, increasingly their efforts are including younger children. For these earlier ages they address basic values and attitudes, such as acceptance of violence as a way of life. For older youth, interventions being tried are designed to develop interpersonal skills to better deal with conflict and early exposure to violence. The goals of the Division of Violence Prevention in the NCIPC are to: (1) determine what works; (2) bring together health departments, community-based organizations and academic institutions to deliver interventions; (3) document the process and measure the outcomes.



In addition, to support state and local health departments, the CDC also provides funds for community-based youth violence prevention demonstration projects. CDC's strategy is to identify successful methods for delivering youth violence interventions at the community level and to determine if multifaceted community programs can reduce rates of violent behavior, injury and death associated with youth violence. The strategy framework used to address youth

National Center for Injury Control and Prevention

CDC has focused on violence as a public health problem since the early 1980's. In 1992, CDC consolidated all violence prevention activities and established the National Center for Injury Control and Prevention, making it the lead federal agency for injury prevention. This new center was formed to bring greater focus and attention to violence prevention and to provide leadership and coordination to a national program of injury control. Housed within the NCIPC is the Division of Violence Prevention, which now employs a number of behavioral scientists and has four priority areas for violence prevention: youth violence, family and intimate partner violence, suicide, and firearm injuries. NCIPC works closely with other federal agencies; national, state, and local organizations; state and local health departments and research institutions.

The CDC supports state and local health departments in their efforts to prevent violence by providing financial support and technical assistance. For example, to help clarify definitional problems existing for sexual assault and other forms of violence against women, the Family

and Intimate Violence Prevention Team (FIVPT) provides technical support to state and local sexual assault prevention programs for their surveillance activities. The FIVPT also will offer advice on conducting surveillance for rape using multiple data sources to avoid duplication of cases. CDC has funded 15 injury capacity building grants and twelve surveillance grants. These programs define and track injuries in their jurisdictions, develop interventions focused on priority injuries, mobilize broad coalitions for intervention and public education and evaluate prevention effectiveness. An just recently six new projects received cooperative agreements with the CDC. Examples of programs include the member coalition of the Los Angeles County Department of Public Health Services aimed at reducing gang violence, and conflict resolution training programs in elementary and high schools in Florida, Maryland, Missouri, New York and North Carolina. For more information contact: The National Center for Injury Prevention and Control; Mail Stop K60, 4770 Buford Highway, NE, Atlanta, GA 30341-3724 Phone: (770) 448-4362.

Death Investigation Data Set (DIDS) and the Medical Examiner/Coroner Information Sharing Program (MECISP)

DIDS and MECISP were developed by CDC in an effort to standardize and improve medical examiner and coroner (ME/C) data and to make this information more available to the public health community and human resource programs. The goals of MECISP are to promote the sharing and use of ME/C death investigation data, improve the quality, completeness, management and dissemination of information on investigated deaths. The records of medical examiners and coroners, which provide vital information about patterns and trends in mortality in the United States, are an excellent source of data for public health studies and surveillance. Coroner and medical examiner data are collected by county and state medical examiner's offices and county coroners for each person whose death resulted from violence, suicide or unintentional injury. Information is collected on the circumstance and cause of death, including



National Hospital Ambulatory Medical Care Survey

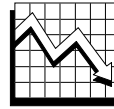
The National Hospital Ambulatory Medical Care Survey (NHAMCS) is a national survey of visits to hospital emergency and out patient departments. The sample consists of approximately 500 non-federal, short stay, and general hospitals. Data collected include age, sex date of visit, race, reason for visit, diagnosis, cause of injury, payment source, whether the visit was drug or alcohol related, and medication prescribed. A limitation of this survey is that it is a sample and, therefore, subject to sampling variability. The findings are reported annually as the National Hospital Ambulatory Medical Care Survey: Emergency Department and Outpatient Department Summary. Refer to the resource section for further contact information.



Special CDC Edition

National Telephone Survey on Violence Against Women

The CDC and the National Institute of Justice are working together through an interagency agreement to fund a random-digit-dialed national telephone survey to determine levels of violence against women and the extent of related injuries. The Center for Policy research in Denver, Colorado conducted the survey which began in late 1995 and was completed in spring of 1996. Data is currently being analyzed. Issues to be addressed include stalking, incidence and prevalence of physical and sexual violence and injury outcomes associated with violence. An analy-



sis will also be done to determine the costs of intimate partner violence in the U.S. Results of the survey will be compared with existing information from the recently revised National Crime Victimization Survey (U.S. Department of Justice, 1992) to assess whether it is sufficient to adequately measure the problem or whether a separate, periodic national survey focused on violence against women is needed.¹

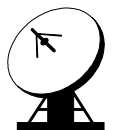
For more information, contact the Division of Violence Prevention, Mail Stop K-60, 4770 Buford Highway, NE, Atlanta, GA 30341-3724 Phone: (770) 488-4362.

National Electronic Injury Surveillance System (NEISS)

The CDC receives firearm injury data from NEISS, which is operated by the Consumer Product Safety Commission (CPSC). NEISS was established in 1972 by the CPSC to track product-related injuries. The Injury Surveillance System is made up of 91 hospitals which are a sample of all hospitals in the United States with at least 6 beds and provide 24 hour emergency service. The system includes large inner-city hospitals with trauma centers, as well as urban, suburban and rural hospitals. Data from these 91 hospitals can be used to estimate the number of nonfatal injuries treated nationally in emergency departments, including non-fatal firearm injuries. NEISS has limitations and opportunities for urban communities. NEISS cannot provide

state and local estimates of nonfatal firearm injuries, though it can still serve as a model for the development of similar systems at the state and local level. Since NEISS is a national estimate, there is some associated imprecision. NEISS excludes firearm related injuries not treated in a hospital emergency department or that go untreated. Even with these limitations, NEISS can be helpful in assessing the public health impact of nonfatal firearm injuries.

For more information, contact the Division of Violence Prevention, Mail Stop K-60, 4770 Buford Highway, NE, Atlanta, GA 30341-3724 Phone: (770) 488-4362.



National Hospital Discharge Survey (NHDS)

The National Center for Health Statistics through the National Hospital Discharge Survey (NHDS) produces estimates of hospital utilization by collecting information from a national probability sample of inpatient records from a sample of non-federal short-stay in the 50 states and the District of Columbia.

Variables collected include age, sex, race, marital status, dates of admission, and discharge diagnosis codes (N codes), procedure codes, geographic region of hospital and

but a major limitation of this data set is the lack of information concerning the cause of injuries (E codes). E-codes, detailing the cause of injury, are collected in this survey where available, but these data are often not available from the source documents for the survey.

The usefulness of these data to study violence is limited without complete cause of the injury data. The findings from this survey are available through several annual publications, a public use computer file of all the sampled records, and on CD-ROM. For more information



Violence Prevention: A Sample of CDC's Activities in Cities

NYC Education, Counseling, and Community Awareness

New York City (Brooklyn)--Education, Counseling, and Community Awareness is a community-based violence intervention project developed in partnership with Victim Services; New York Department of Health, United Community Centers of East New York; the New York City Board of Education and School District 19, and the New York University School of Social Work. The goal of the project is to change attitudes towards violence, increase community awareness, and reduce mortality and morbidity due to violence among middle school youth in the East New York section of Brooklyn through school and community based interventions. The project encompasses three varying types of intervention. First, adolescents, their families and



the community are targeted through a multifaceted approach that includes conflict resolution, a counseling and education program related to victimization; a school-wide antiviolence campaign; and a big sibling program. The second intervention is community based. Middle school children and their families are targeted through education and attitude change programs sponsored by the United Community Center; skill-building workshops on conflict resolution, parenting and safety; environmental programs for youth; and coalition building with the community to improve the physical, economic and social environment of youth. The last intervention is a community wide public health information and antiviolence awareness campaign. For more information, contact: Victim Services, New York, New York (212) 577-1370.

Peace Builders

PeaceBuilders creates a positive school, home and community climate using cost effective proven tools that reduce aggression, creates positive norms, increases parenting skills, creates inclusion for special needs children, promotes language skills, uses a common language and creates safer communities.



The PeaceBuilders program has solid data demonstrating behavioral change, reduces cues that trigger aggression, reduces visits to the principals and nurses offices, reduces absences, increases time for teaching and learning.

PeaceBuilders trains all teachers and staff using modeling, role play, self-monitoring and generalization techniques...a total climate change for the school.

Preventing Violence Against Women

The CDC appropriated \$8.3 million in fiscal 1995 to undertake a program to prevent violence against women. The emphasis of this program is to identify effective measures for reducing the threat that women face of being physically abused or sexually assaulted by partners, acquaintances, and strangers. The five goals of the program are to: describe and track the problem; increase knowledge of the causes and consequences; demonstrate and evaluate ways to prevent violence against women; support a national communication effort and foster a nationwide network of prevention and support services.



Duluth, MN. These projects will identify successful methods for delivering family and intimate violence interventions at the community level and to determine if multifaceted, community-based programs can reduce rates of violent behavior,

injury, and death associated with family and intimate violence.

For more information, contact the Division of Violence Prevention, Mail Stop K-60, 4770 Buford Highway, NE, Atlanta, GA 30341-3724 Phone: (770) 488-4362.

Cognitive/Ecological Approach to Preventing Violence

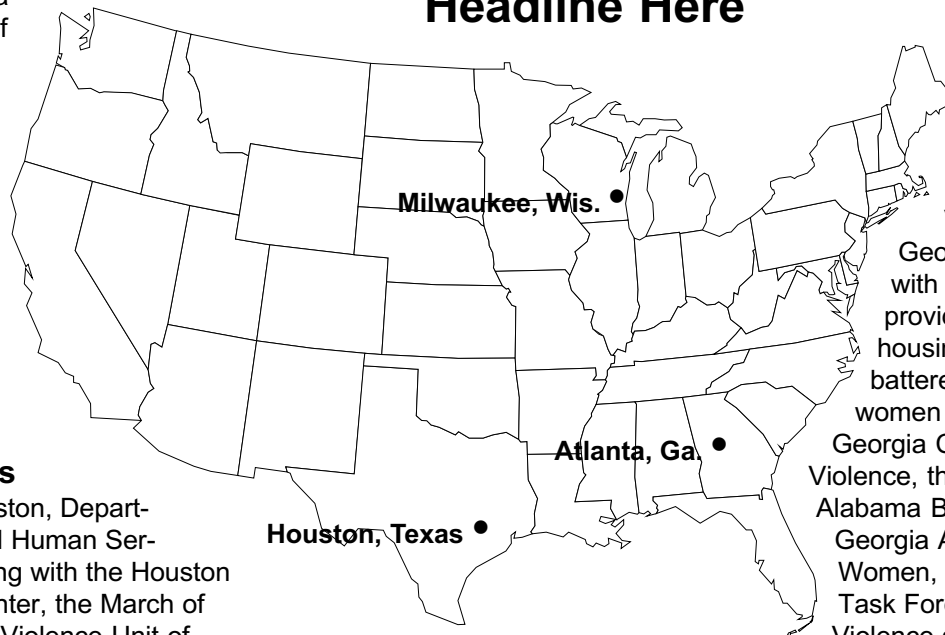
Cognitive/Ecological Approach to Preventing Violence is a school-based project in high-violence areas of Chicago and Aurora, Illinois which targets African-American and Hispanic urban youth, grades 2-6 (ages 7-13), who are at high risk for violence. The Research Center for Group Dynamics of the Institute for Social Research at the University of Michigan, sponsored by the CDC and the National Institute for Mental Health, is conducting and evaluating three levels of preventive interventions for this target group in 16 schools (8 in Chicago and 8 in Aurora). The first level of class-



room intervention is to increase awareness and knowledge about factors that influence peer and other social relationships. The second level of intervention includes training conducted through small groups and peer relationships for high-risk children. The third level adds family intervention for the high-risk children and their families. The family training develops the motivation and skills that will help them support their children in developing nonviolent behavior. Contact: Cognitive/Ecological Approach to Preventing Violence, Chicago and Aurora, Illinois. Phone: (313) 764-8385.

Provided below is a synopsis of three of the CDC funded community-based projects.

Headline Here



Houston, Texas

The City of Houston, Department of Health and Human Services is collaborating with the Houston Area Women's Center, the March of Dimes, the Family Violence Unit of the Houston Police Department and the Harris County District Attorney's Victim's Assistance Unit on a project to assess the capacity of a "mentoring project to reduce the amount of prenatal and postpartum abuse. This project targets abused women, pregnant women or pregnant women at risk for abuse who use services at the City of Houston health centers. The women who receive "mentoring will be compared with a group receiving "usual" care and a control group. Three of seven clinics in Houston providing MCH services will be included in the project. A random sample of 20% of abused women at each of the clinics will be periodically contacted for 2 years after delivery. The intervention strategies at the clinics will vary. The first clinic receives no augmentation of services, at the second the staff receives training and consultation to help them coordinate counseling and referral services for abuse clients; the third clinic receives the same intervention as the second plus a group of women from the neighborhood would be trained as "mentors." Each mentor is assigned a group of abused pregnant women to monitor weekly with a telephone call, and monthly with a visit and group session. Contact: City of Houston Department of Health and Human Services 8000 N. Stadium Drive, 4th Floor Houston, Texas 77054 Phone (713) 794-9085

Special CDC Edition

Houston, Texas

Milwaukee, Wisconsin

The Milwaukee Women's Center, Milwaukee, Wisconsin in collaboration with the Sojourner Truth House, Inc., Asha Family Services, Inc., the State Division of Health, the Milwaukee Public Schools, the State of Wisconsin Department of Corrections and the University of Wisconsin at Milwaukee Center for Addiction and Behavioral Health Research have developed a violence against women project targeting batterers and those at risk for battering, health care professionals; students (ages 12 and older) in middle school, high school and universities; and female victims of abuse. The program is (1) develop and implement a public awareness campaign to increase the number of people who are aware that violence against women is a crime and are aware of available resources; (2) demonstrate the effectiveness of different models for batterers for reducing the incidence and severity of violence against women; (3) demonstrate the effectiveness of professional training centered around domestic violence prevention for differing audiences; and (4) demonstrate the effectiveness of preventive intervention approaches with adolescents and young adults in reinforcing knowledge, attitudes, behavior, and beliefs in preventing violence against women. Evaluation of the media campaign will consist of a pre-/post-/follow-up design for each of the areas of intervention. Contact: Milwaukee Women's Center, Inc. 611 North

CityMATCH

Atlanta, Georgia

Men Stopping Violence, Atlanta, Georgia is collaborating with SHARE House, which provides emergency housing and services to battered and homeless women and children, the Georgia Commission on Family Violence, the University of Alabama Birmingham, the Georgia Advocates for Battered Women, the Douglas County Task Force on Domestic Violence and the Center for Injury Control at Rollins School of Public Health at Emory University to end violence against women. The program targets white middle class men and women living in urban and rural areas in two metro Atlanta counties. The project's goals are to develop a zero-tolerance policy for battering by: (1) Increasing the perception among criminal justice personnel that battering is a serious criminal behavior; (2) increasing the willingness of criminal justice personnel to impose meaningful sanction on batterers; and (3) Increasing the awareness of men and women in the counties about the legal sanctions of battering. The project is using several levels of intervention to end violence against women. The levels include: (1) direct intervention with batterers; (2) a court program; (3) community intervention and training; and (4) by helping shape public policy at the state and national level. Proposed interventions include introducing a batterers program in the two target counties, training law enforcement officers on the attitudes, behaviors and consequences of battering, and conducting a media campaign to raise community awareness of sanctions against violence. Program evaluation consists of comparing the intervention counties with 4 control counties. Contact: Men Stopping Violence, 1020 DeKalb Avenue, #25 Atlanta, GA 30307 Phone (404) 688-2568.

Contact Information

PRAMS: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, Program Services and Development Branch, Mailstop K-22, 1600 Clifton Road, NE, Atlanta, Georgia 30333, Phone: (404) 488-5227, Fax: (404) 488-5967.

YRBS: Recent CDC publications that provide additional information include the "Journal of School Health," Volume 65, number 8, October 1995; "Public Health Reports," Volume 108, 1993; "MMWR," Volume 44, Number SS-1, March 24, 1995; and "Reprints from the MMWR," 1990-1991, YRBS.

Project CARES: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, Women's Health and Fertility Branch,

1600 Clifton Road, NE, Atlanta, Georgia 30333, Phone: (404) 488-, Fax: (404) 488-

"Back to Sleep Campaign" call (800) 505-CRIB.

SIDS: For a literature search on the subject, you can contact the National Sudden Infant Death Syndrome Resource Center, 8201 Greensboro Drive, Suite 600, McLean, VA 22102, (703) 821-8955. If you are looking for technical assistance, contact Solomon Iyasyu, MD, MPH, Medical Epidemiologist at (770) 488-5187.

Preventing Spina Bifida or other Neural Tube Defects: Birth Defects and Genetic Disease Branch, Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC) 4770 Bufford Highway NE, Mail

Stop F-45, Atlanta, GA 30341-3724, (404) 488-7160.

Preventing Birth Defects and Developmental Disabilities: Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC) 4770 Bufford Highway NE, Mail Stop F-34, Atlanta, GA 30341-3724, (404) 488-7150.

Preventing Fetal Alcohol Syndrome and Other Alcohol-Related Developmental Disabilities: FAS Prevention Branch, Division of Birth Defects and Developmental Disabilities, National Center for Environmental Health, Centers for Disease Control and Prevention (CDC) 4770 Bufford Highway NE, Mail Stop F-45, Atlanta, GA 30341-3724, (404) 488-7370.

Economics of Reproductive and Infant Health: An Annotated Bibliography From 1980 to 1993.

Centers for Disease Control and Prevention. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1995.

Racial Differences in Preterm Delivery: Developing a New Research Paradigm. Rowley D, Tosteson H. New York: Oxford University Press. Supplement to Am J of Prev Med, November/December 1993.

Project CARES Advocates' Guide to Stages of Change Counseling. Centers for Disease Control and Prevention. Atlanta, Georgia: U.S. Department of Health and

Publications and Resources

Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health, 1994.

Guidelines for Death Scene Investigation of Sudden, Unexplained Infant Death. Centers for Disease Control and Prevention.

The Prenatal Smoking Cessation Database (PSCD) Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Technical Information Services Branch, Mailstop K-13, 4770 Bufford Hwy, NE, Atlanta, Georgia 30341, Phone: (770) 488-5080.

"Toward a Smokeless Future: Report on MCH Program Tobacco Control Activities Described in Title V Block Grant Applications,"

AMCHP, February 1994.

Preventing Secondary Conditions Associated With Spina Bifida or Cerebral Palsy: Proceedings and Recommendations of a Symposium (1994). 143 pages. Send requests to Publications Activities, National Center for Environmental Health, Centers for Disease Control and Prevention, mail Stop F29, 4770 Bufford Highway. NE, Chamblee, GA 30341-3724

Understanding the Occurrence of Secondary Disabilities in Clients With Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE): Final Report (August 1996). 71 pages. Send requests to Publications Activities, National Center for Environmental Health, Centers for Disease Control and Prevention, mail Stop F29, 4770 Bufford Highway. NE, Chamblee, GA 30341-3724

Resources

add web sites and newsletter

¹ Galavotti, C., Saltzman, L., Sauter, S., Sumartojo, E. *Behavioral Science Activities at the Centers for Disease Control and Prevention: A Selected Overview of Exemplary Programs*, American Psychologist, February 1997. Vol. 52, No. 2, 154-166.

Youth Violence Prevention: Descriptions and Baseline Data from 13 Evaluation Projects, American Journal of Preventive Medicine, November 1996. This supplement summarizes CDC-funded projects focusing on changing individual behavior via direct interactions with youth. The collective results emphasize the importance of using science in the selection of interventions that are most likely to succeed. The projects also demonstrate the importance of multi disciplinary partnerships that encourage a collaborative relationship between researcher and local communities. To obtain a complimentary copy of the supplement call (770) 488-4297 or E-mail dvinfor@cdc.gov.

Partners Against Violence: Promising Programs, Resource Guide: Vol. 1. U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, Washington, DC. December 1994.

Partners Against Violence: Information Sources, Funding, and Technical Assistance, Resource Guide: Vol. II: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice, Washington, DC. December 1994.

Posner, Marc. *Youth Violence: Locating and Using the Data*. (1996). Newton, MA: Children's Safety Network/Education Development Center Inc. Copies may be purchased for \$10 by contacting Ellen Mushlin, Education Development Center, Inc., at (617) 969-7100 x2215 or by e-mail at emushlin@edc.org

The following resources listed below can be ordered from: National Center for Injury Prevention and Control Office of Health Communications, MS K-65, 4770 Buford Highway,

NE, Atlanta, GA 30341

*Guide to Applying for Injury research Grants (099-4830)

*Injury Control in the 1990's - A National Plan for Action, 1993 (099-4140)

*Violence Among Native Americans, 1979-1992; 1996.

*Programs for the Prevention of Suicide among Adolescents and Young Adults.

*Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop, MMWR VOL 43 (RR6), April 22, 1994 (099-4380)

*Suicide in the United States 1980-1992, Violence Surveillance Summary Series, No. 1 1995 (099-4831)

*Youth Suicide Prevention Programs: A Resource guide, 1992 (000-6249)

*The Prevention of Youth Violence: A Framework for Community Action. (099-4109)

Combs, D.L., Gibson Parrish, R., and Ing, R., *Death Investigation in the United States and Canada*. 1992, CDC. This resource includes the legal requirements of each state and territorial death investigation system, as well as a directory of federal, state and county medical examiners' and coroners' offices.

Centers for Disease Control and Prevention

<http://www.cdc.gov/>

National Center for Health Statistics

<http://www.cdc.gov.nchswww/nchshome.htm>

Sources of Technical Assistance

Risk Behavior Data

National Center for Chronic Disease Control and Health Promotion

Centers for Disease Control and Prevention

Division of Adolescent and School Health

4770 Buford Hwy, N.E. (MS-K33)

Chamblee, GA 30341-3724

phone (770) 488-5080

Public Health Data

National Center for Injury Prevention and Control

Centers for Disease Control and Prevention

Division of Violence Prevention

1600 Clifton Road, N.E.

Mailstop F41

Atlanta, GA 30333

phone (770) 488-4362

National Center for Health Statistics

Centers for Disease Control and Prevention

6625 Belcrest Road

Hyattsville, MD 20782

phone (301) 436-8500

CDC Urban Research Centers

Purpose:

To develop a network of well described inner city urban populations, especially those with low SES to follow longitudinally

To examine health outcomes and quality of life in a systematic way

To evaluate ongoing interventions, health, education, economic, et al, to determine "what works" to improve quality of life

Long-term goals:

Examine poverty in relation to urban problems of violence, teen pregnancy, STD, HIV, substance abuse. Identify and justify potential intervention targets using scientific methods

Describe "what works" to improve quality of life for urban poor as determined from Urban Research Centers science and community experience

Short-term goals:

Develop community partnerships in each Urban Center

Through a systematic process involving community and public health partners determine priorities for health promotion and disease and injury prevention

Establish scientific methodology for community-based public health research involving community

partners and the community as the unit of analysis

UNIVERSITY OF MICHIGAN
SCHOOL OF PUBLIC HEALTH
(Local Name: Prevention Research Center or PRC)

Principal Investigator - Barbara Israel, P.H. (On sabbatical) Richard Lichtenstein, Ph.D. (Acting)

Project Director - Robert McGranaghan, M.P.H.

CDC Scientist assigned - Barbara Maciak, Ph.D.

NEW YORK ACADEMY OF
MEDICINE

CENTERS FOR URBAN EPIDEMIOLOGIC STUDIES (CUES)

President, New York Academy of Medicine - Jeremiah Barondess, M.D.

Executive Director, CUES - Ezra Susser, M.D., M.P.H., Dr.P.H.

CDC Scientist assigned - Theresa Diaz, M.D., M.P.H. Thomas Matte, M.D., M.P.H.

SEATTLE-KING COUNTY
HEALTH DEPARTMENT

(Local Name: Seattle Partners for Community Health)

Principal Investigator - James Krieger, M.D., M.P.H.

Project Director - Sandra Ciske, M.N.

CDC Scientist assigned - Laurie Anderson, Ph.D.



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