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a helpful advocacy tool for volunteers and staff.

Currently, March of Dimes Chapters leading on state birth defects surveillance initiatives are selectively using the report cards to promote the establishment of new or expansion of existing state surveillance programs. For example, chapters in California, Florida, Illinois, Iowa, Massachusetts, Mississippi, Montana, Ohio, Oregon, Pennsylvania, South Carolina, Tennessee, Texas, Vermont, and West Virginia have secured March of Dimes press coverage as a result of the report cards. These chapters are using the visibility from press coverage to enhance their lobbying efforts.

The 1999 and 2002 reports are available on TFAH's web site www.healthyamericans.org.

USPS Deficit Increases

At the end of February, the United States Postal Service (USPS) released information projecting a \$2 billion deficit for FY 2002. Mail volume was down by 5% from last year between September and January. The new budget estimate is not expected to affect ongoing settlement negotiations, but may mean future increases in postal rates.

The *Advocacy Update* delivers legislative news about March of Dimes issues on a monthly basis.

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Report Grades State Birth Defects Surveillance Programs

The Trust for America's Health (TFAH), a national non-profit organization that is continuing the work of the Pew Environmental Health Commission, released on February 20, 2002 a report entitled *Birth Defects Tracking and Prevention: Too Many States Are Not Making the Grade*. This report builds on the 1999 report issued by the Pew Commission of which Dr. Howse was a member. Because some chapters found the state report cards in the 1999 report to be a useful advocacy tool, the March of Dimes has funded dissemination of the 2002 report.

In conjunction with the release of the 2002 report, Dr. Howse participated in a TFAH sponsored teleconference with reporters from

across the country. She discussed the importance of state birth defects surveillance programs and described March of Dimes activities in support of such programs. In a simultaneously released statement to the media, Dr. Howse stated that "Recognizing [the important of state surveillance programs], the March of Dimes is working at both the state and federal levels to improve existing surveillance systems and create new programs where none exist. March of Dimes advocacy resulted in the enactment of the Birth Defects Prevention Act of 1998 and the Children's Health Act of 2000, two laws that established the federal support structure for birth defects surveillance."

The TFAH report discusses the importance of tracking birth defects. Using the National Birth Defects Prevention Network's (NBDPN) database, TFAH examined state birth defects registries giving each a letter grade of A, B, C, D or F. Grades were based on criteria that includes the ability to carry out tracking, data use, prevention and research capacity, data sharing capacity and resources.

In the March of Dimes news release, Dr. Howse described the report cards as a snapshot of ongoing activity in individual states and explained that they would be

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Senators Urged to Increase Support for Birth Defects Surveillance and Research

On March 6 Dr. John Harris, Director of the California Birth Defects Monitoring Program, testified before the Senate Health, Education, Labor and Pensions Committee Subcommittee on Public Health. On behalf of the March of Dimes, Dr. Harris urged committee members to help prevent birth defects by increasing federal support for birth defects surveillance and research. Specifically, he urged Senators to commit additional federal funds to improve understanding of the relationship between birth defects and the environment.



Senator Hillary Rodham Clinton (D-NY) chaired the hearing entitled "Health Tracking: Improving Surveillance of Chronic Conditions and Potential Links to Environmental Exposures," the third in a series of hearings on the topic called by the Senator over the past year. Senator Clinton is expected to introduce legislation on health tracking within the next few weeks. Joining Dr. Harris in testifying at the March 6 hearing were Dr. Richard Jackson, Director, National Center on Environmental Health at the Centers for Disease Control and Prevention (CDC); Dr. Henry Falk, Assistant Administra-

tor, Agency for Toxic Substances and Disease Registry; Dr. Kenneth Olden, Director, National Institute of Environmental Health Sciences; Dr. F.E. Thompson, Mississippi State Health Officer and member of the Association of State and Territorial Health Officials; Dr. George Thurston, NYU School of Medicine and the Nelson Institute of Environmental Medicine; Dr. Thomas Burke, The Johns Hopkins University School of Hygiene and Public Health; and, Dr. Shelley Hearne, Executive Director, Trust for America's Health.

As part of his testimony, Dr. Harris pointed out that state birth defects surveillance programs collect the data used to detect trends in birth defects and direct the way for further research. The National Center on Birth Defects and Developmental Disabilities at the CDC is currently funding cooperative agreements in 28 states and territories to initiate or improve state birth defects monitoring programs (see article on page 3). But current funding levels are not sufficient to support programs in all interested states. Dr. Harris told the Senators the March of Dimes recommends

that every state establish and maintain a birth defects tracking program.

Dr. Harris continued his testimony by describing the broad collaborative study being done by the 8 regional Centers for Birth Defects Research and Prevention that are also funded by the CDC. This study is the largest ever undertaken on the causes of human birth defects.

He pointed out that "Adding resources to this study and these Centers will help create a national source of information on potential causes of birth defects and, over time, will generate data critical to identifying substances in our environment that are harmful to developing fetuses. This collaborative study will enable scientists to study the epidemiology of some rare birth defects for the first time, and the compiled data and banked DNA



will facilitate future research as new hypotheses and improved technologies emerge."

"The March of Dimes urges you to make investment in birth defects surveillance, research and prevention a legislative priority for this Congress," concluded Dr. Harris.

Dr. Harris' written testimony is available on the public affairs section of the March of Dimes web site www.marchofdimes.com

SCHIP Annual Enrollment Report

FY 2001 SCHIP Enrollment by State

Ala.	68,179	Ky.	66,796	N.D.	3,404
Alaska	21,831	La.	69,579	Ohio	158,265
Ariz.	86,863	Maine	27,003	Okla.	38,858
Ark.	2,884	Md.	109,983	Ore.	41,468
Calif.	693,048	Mass.	105,072	Penn.	141,163
Colo.	45,773	Mich.	76,181	R.I.	17,398
Conn.	18,720	Minn.	49	S.C.	66,183
Del.	5,567	Miss.	52,436	S.D.	8,937
D.C.	2,807	Mo.	106,594	Tenn.	8,615
Fla.	298,705	Mont.	13,518	Tx.	500,950
Ga.	182,762	Neb.	13,933	Utah	34,655
Hawaii	7,137	Nev.	28,026	Vt.	2,996
Idaho	13,276	N.H.	5,982	Va.	73,102
Ill.	83,510	N.J.	99,847	Wash.	7,621
Ind.	56,986	N.M.	10,347	W.Va.	33,144
Iowa	23,270	N.Y.	872,949	Wis.	57,183
Kan.	34,241	N.C.	98,650	Wyo.	4,652

Note: Number of children ever enrolled during fiscal year 2001
Source: Centers for Medicare & Medicaid Services, *The State Children's Health Insurance Program Annual Enrollment Report*, February 6, 2002

State Surveillance Programs Receive Support from CDC

On February 22, the National Center for Birth Defects and Developmental Disabilities at the Centers for Disease Control and Prevention (CDC) announced that \$3.2 million in federal funds has been awarded for the first year of a three-year commitment to create or improve state birth defects surveillance programs in 20 states. With the addition of these new awardees, CDC is providing financial support for 28 state programs.

Each year, an estimated 150,000 babies are born with birth defects. Recognizing that surveillance provides direction to research leading to the causes of these disorders, the March of Dimes con-

tinues to make expanding birth defects surveillance programs a Foundation-wide advocacy priority. The March of Dimes is working at the federal and state levels to achieve this goal.

The Foundation's Washington office led the advocacy effort to ensure that CDC received the funding necessary to support these cooperative agreements. CDC financial resources are vital to birth defects programs, particularly at a time when state budgets are tight. Important to the March of Dimes is that in addition to collecting data on birth defects, these state agreements require use of the information to help children and families

by linking them to needed services. The March of Dimes will be working with each state agency to implement the agreements and the Washington office is already at work securing additional federal funds for FY 2003.

The states awarded cooperative agreements in the FY 2002 cycle are Ala., Alaska, Colo., Hawaii, Ind., Ky., Maine, Mich., Minn., Mont., Mo., N.H., N.M., N.C., Okla., S.C., Utah, Va., W.Va, and the District of Columbia.

In many of these states March of Dimes chapters have made birth defects surveillance their highest advocacy priority for 2002.