

Fiscal Year 2023 Appropriations – Senate Report Language – Labor-HHS-Education

On July 28, 2022, the Senate Committee on Appropriations released the [Report for the Departments of Labor, Health and Human Services, and Related Agencies for Fiscal Year 2023 Appropriations](#). The report includes specific instructions with respect to the appropriated amounts. The House previously released its [Report for the Departments of Labor, HHS, Education, and Related Agencies for FY2023](#) on June 29, 2022.

Final text merging the House and Senate appropriations provisions will be available later this year. For reference, a list of the notable SDOH provisions included in the House report language can be found [here](#). Below, we have pulled notable report language related to social determinants of health, health equity, and maternal health that were included as part of this report for the HHS Office of the Secretary, Assistant Secretary for Health, CMS, CDC, SAMHSA, HRSA, and HHS Office of Minority Health (OMH).

Table of Contents

Social Determinants of Health.....	1
Health Equity.....	5
Maternal Health.....	7

Social Determinants of Health

- **HHS Office of the Secretary - Programs of All-Inclusive Care for the Elderly.** —The Committee notes before the COVID–19 pandemic and during the COVID–19 Public Health Emergency, Programs of All-Inclusive Care for the Elderly [PACE] have been effective in keeping their medically complex, nursing home eligible population safe at home. Given the increasing demand for home and community-based services by older adults and those living with disabilities, within 120 days of enactment of this act, the Committee directs the Secretary to submit a report providing details of an implementation plan for PACE-specific model tests that examine methods of increasing access and affordability for Medicare and Medicaid beneficiaries.
- **CMS - Whole Child Health Models** — The Committee requests that CMS plan a demonstration program to address the health and social factors impacting children served by Medicaid and CHIP and to improve health equity through pediatric value-based care models and locally driven strategies. The Committee requests a report back within 180 days on CMS' plan to design the demonstration program, including cost estimates for implementation.
- **CMS - Psychosocial Rehabilitation.** — The Committee encourages CMS to support comprehensive models of community-based psychosocial rehabilitation that focus on social practice to create intentional community as therapy and break down social isolation and improve quality of life. The Committee directs CMS to consider: how CMMI could integrate the value associated with breaking down social isolation for people with SMI in current and future value-based models; how the Center for Clinical Standards of Quality could identify patient-reported outcome measures related to social isolation and loneliness that could be included in current and future value-based models; and how the Center for Medicaid and CHIP Services could encourage State Medicaid agencies to contract with payers that offer comprehensive psychosocial rehabilitation services. **(Similar language in House text)**

- **CMS - Diabetes Self-Management Training.** —The Committee is concerned that barriers to accessing the Medicare diabetes self-management training benefit have resulted in utilization by only 5 percent of newly diagnosed Medicare beneficiaries. The Committee encourages CMS to obtain additional feedback from stakeholders on the barriers to accessing the diabetes self-management training benefit and to consider changes to address these barriers to the extent permitted by the statute. **[Similar language in House text]**
- **CDC - Chronic Disease Education and Awareness.** —The Committee includes an increase of \$3,000,000 to expand public health education and awareness activities that help to improve surveillance, diagnosis, and proper treatment for chronic diseases. This competitive grant program expands and advances CDC's work with stakeholders on education, outreach, and public awareness activities for a variety of chronic diseases for which there is a clear disparity in public and professional awareness that are not already specified under CDC in this report. As this program matures, CDC is urged to identify and facilitate opportunities for coordination and best practices among grantees to benefit from shared goals, and if appropriate, with smaller partners and rare disease organizations that receive funding through other chronic disease programs. **[Similar to House language]**
- **CDC - Early Child Care Collaboratives.** —The Committee includes an increase of \$1,000,000 to enable training of early care and education providers in the implementation of healthy eating and physical activity best practices, including strategies for engaging families. Funds will also support technical assistance for integration of healthy eating and physical activity best practices into existing State and local professional development systems' early care and education settings, and health initiatives. The Committee urges an enhanced focus on equity and ensuring healthy eating and physical activity are part of early care and education quality improvement initiatives. **[Similar to House language]**
- **CDC - Healthy Aging.** —The Committee encourages CDC to expand its healthy aging work, fund applied research and translation for public health practice, and award cooperative agreements to build capacity in state, Tribal, and territorial public health departments to promote the health of older adults within an age friendly public health system.
- **CDC - Social Determinants of Health [SDOH].** — The Committee provides \$100,000,000 to expand SDOH activities to all States and territories. These activities should include expanding and implementing accelerator plans and providing grants for implementation of SDOH activities. CDC should award grants to improve the capacity of governmental and non-governmental public health organizations and community organizations to address SDOH in communities; support and conduct research on best practices; and improve health outcomes and reduce health inequities by coordinating SDOH activities across CDC. The Committee urges CDC to fund and integrate knowledge from behavioral science research as part of the effort to develop new evidence-based interventions to ameliorate social determinants' potential negative effects. The Committee believes that behavioral science research focused on understanding SDOH can increase the use of and adherence to healthy behaviors that help prevent chronic conditions such as cancer, heart disease, and diabetes. **[Similar to House language]**
- **CDC - Climate and Health.** —The Committee includes \$100,000,000 to expand the program by providing guidance, data, and technical assistance to all States, local health departments, and additional assistance to Tribes and territories, to identify possible health effects associated with a changing climate and implement health adaptation plans. Communities across the country are vulnerable to health effects from increasingly common events such as heatwaves, wildfires, floods,

droughts, and extreme storms. In addition to expanding the program, the Committee expects CDC to aid in the development and implementation of state-specific action plans to protect health from these threats. The Committee has included funding to support academic public health partners to expand research, strengthen public health workforce education and training, and foster practice-based partnerships to design and implement mitigation and adaption strategies.

[More funding than House language]

- **CDC - Adverse Childhood Experiences [ACEs].** —The Committee provides \$15,000,000 to expand ACEs surveillance, research, and prevention efforts, including expanding support for additional States. The Committee urges CDC to improve upon its previous ACEs research by focusing on building a diverse sample of participants, identifying the relative strength of risk and protective factors as well as community factors, understanding the impact of social and economic conditions on well-being, and measuring the intensity and frequency of specific ACEs and their effect on health outcomes. [More funding than House language]
- **CDC - Community and Youth Violence Prevention.** —The Committee provides \$100,000,000 to support community-based violence interventions with a focus on delivering trauma-informed services to communities with the highest rates of violence and associated risk factors that are seeking to address relevant impacts and root causes of community violence and collective trauma. The Committee directs CDC to scale up existing partnerships with organizations that have demonstrated success in reducing community violence and its risk factors, including those involving healthcare and community outreach organizations, as well as supporting academic-community collaborations and research to advance the science and practice of violence prevention, while reducing inequities from which such violence stems.
- **CDC - Public Health Infrastructure and Capacity.** —The Committee includes \$600,000,000 in public health funding that is not segmented 102 by disease, condition, or activity rather, it is provided to be used for cross-cutting, core public health infrastructure needs, including but not limited to workforce, health information and data systems, public health policy and communications, equity, financial management, community partnership development, and organizational capacity. By providing maximum flexibility, this funding will allow public health agencies to determine and address their greatest needs and build core capabilities that will strengthen and support existing programmatic functions. The Committee directs that no less than 70 percent of this funding be awarded to health departments. The Committee encourages CDC to strengthen infrastructure in local health departments by continuing to directly award funds to local health departments, and by urging State health department recipients to allocate resources to local health departments. The Committee urges CDC to publicly track and report to the Committee how funds provided to State health departments are passed through to local health departments. [Less funding than House language]
- **CDC - Diabetes.** —The Committee includes an increase of \$5,000,000 to prevent diabetes and its complications, and to reduce inequities through prevention strategies, translational research, and education. In addition, the Committee includes an increase of \$5,000,000 for the Diabetes Prevention Program to expand efforts of this public-private partnership that provides diabetes prevention for people with prediabetes. The Committee supports the dissemination of community-based prevention and control programs and encourages flexibility for organizations serving low-income populations to address barriers these populations face in losing weight. [Similar to House language]

- **SAMHSA - Criminal Justice Activities.** —The Committee provides \$19,994,000, an increase of \$13,725,000 for criminal and juvenile justice activities to help meet the significant unmet behavioral healthcare needs of individuals before, during, and after incarceration. The Committee notes the lack of reentry planning and transitions of care plans for individuals in need of behavioral healthcare. Successful reentry into the community requires transition planning and access to services including crisis care, residential and outpatient treatment, and primary health and mental healthcare coordination. The Committee urges SAMHSA provide technical assistance to States and community-based programs to better coordinate care and provide reentry planning for incarcerated individuals with mental and behavioral healthcare needs. (**More funding than House**)
- **SAMHSA - Interagency Task Force on Trauma-Informed Care.** — The Committee recommends \$2,000,000 to continue the Interagency Task Force on Trauma-Informed Care as authorized by the SUPPORT Act (Public Law 115–271). (**Less funding than House**)
- **SAMHSA - Projects for Assistance in Transition from Homelessness [PATH].** — The Committee recommends \$69,635,000 for PATH, which addresses the needs of individuals with serious mental illness who are experiencing homelessness or are at risk of homelessness. (**Less funding than House**)
- **SAMHSA - Comprehensive Mental Health Centers of Excellence.** — The Committee continues to be concerned about the growing need for more effective mental healthcare programs and treatment recommendations to meet the needs of those experiencing mental illness. As such, the Committee urges SAMHSA to continue supporting centers of excellence focused on the development, evaluation, and distribution of evidence-based resources regarding comprehensive treatment recommendations for mental health patients. These recommendations may include supportive services, wraparound services, and social determinants of care where applicable. The centers will also work to disseminate treatment recommendations to the broader network of mental health clinicians.
- **HRSA - Community Health Centers.** — The Committee provides \$1,918,772,000, an increase of \$170,000,000 above the fiscal year 2022 enacted level. Programs supported by this funding include community health centers, migrant health centers, healthcare for the homeless, school-based, and public housing health service grants. In addition, within the amount provided, the Committee provides up to \$120,000,000 under the Federal Tort Claims Act [FTCA] (Public Law 102–501 and Public Law 104–73), available until expended. (**Less funding than House**)
- **HRSA - Centers of Excellence.** — The Committee recommends \$28,422,000 for the Centers of Excellence Program, \$4,000,000 above the fiscal year 2022 enacted level. (**Less funding than House**)
- **Office of Minority Health - Language Access Services.** —The Committee recommendation includes an increase of \$1,000,000 to expand research, development and testing of methods to inform limited English proficient [LEP] individuals about their right to and the availability of language access services. OMH shall create a Technical Advisory Committee [TAC] for the project to consult with external experts and organizations with knowledge on or connections to limited English proficient communities. The Committee directs OMH to submit a report on this research within 18 months of the date of enactment of this act to the Committees on Appropriations. [**Similar to House language**]

Health Equity

- **HHS Office of the Secretary - Ensuring Equity in Telehealth Policies.** —The COVID–19 pandemic has exposed an array of related health disparities, including a difference in severity and outcomes by race and ethnicity; geographic location; and socioeconomic status. The rapid expansion of telemedicine has been an effective tool in mitigating barriers to care during the pandemic. The Committee recognizes that focusing on health equity when considering telehealth policies is imperative to ensuring the needs of underserved communities are met. Therefore, the Committee directs HHS to prioritize equity as a consideration when making decisions on telehealth policy during and after the COVID–19 public health emergency and to report to Congress within 60 days after the end of the public health emergency how it is using telehealth to sustain equitable access.
- **HHS Office of the Secretary - Population Health Data Modernization.** —The Committee notes that many healthcare providers that treat uninsured patients and Medicaid beneficiaries often lack population health management tools and modernized information technology systems to support comprehensive care for these individuals. To mitigate the risk of increasing disparities and inequity in the care for these patients, the Secretary is encouraged to develop-in coordination with ONC, HRSA and CMS-a roadmap for modernizing the technology systems used by healthcare providers that disproportionately treat underserved populations.
- **Assistant Secretary for Health - Office of Climate Change and Health Equity.** —The Committee includes \$3,000,000 in funding for the Office of Climate Change and Health Equity [OCCHE] within OASH. HHS established OCCHE to enhance overall population health by serving at the intersection of social determinants of health and climate resiliency. [\(Similar language in House text\)](#)
- **CDC - Racial and Ethnic Approaches to Community Health [REACH].** — The Committee includes an increase of \$10,000,000 to continue scaling this program to all States and territories, and to support grantees in building capacity for collaboration and disseminating evidence-based strategies in communities. REACH is a vital initiative to help eliminate healthcare disparities in minority communities. The Committee’s recommended level includes an increase of \$4,000,000 for Good Health and Wellness in Indian Country. [\[Similar to House language\]](#)
- **CDC - National Center for Health Statistics.** —The Committee provides an increase of \$10,000,000 for CDC to expand the sample size for the National Health Interview Survey. The Committee intends for this increase to be used to support intersectional analyses of healthcare access, chronic health conditions, including long-COVID, and mental health status by race, ethnicity, sexual orientation, and gender identity. The collection of this disaggregated data should also support the Administration’s initiative to advance equity and racial justice for Asian Americans, Native Hawaiians, and Pacific Islanders and other underserved communities. [\[Similar to House language\]](#)
- **CDC - Public Health Leadership and Support.** —The Committee includes an increase of \$18,500,000 to support CDC’s foundational public health activities and to facilitate partnerships. The Committee commends CDC for its commitment to the development of a diverse healthcare and public health workforce. Within the total, the Committee provides \$8,500,000 to expand the John R. Lewis CDC Undergraduate Public Health Scholars Program, including the opportunity for more HBCUs to participate, as well as Tribal Colleges and Universities. [\[More funding than House language\]](#)
- **SAMHSA - NSPL Text and Chat-Based Capabilities.** — The Committee notes that while Spanish language services are available for those calling 988, there are not Spanish language services for

NSPL contacts that are initiated through web-based chats or texts. Texting for individuals experiencing a mental health crisis can be important, particularly among young people for whom texting is often preferable to voice calls. In order to better serve this community, the Committee includes \$10,000,000 to provide specialized services for Spanish speakers seeking access to the NSPL through texts or chats. SAMHSA shall make this funding available to one or more organizations with the capacity and experience to offer culturally competent, Spanish language text and chat services for mental health support and crisis intervention.

- **SAMHSA - NSPL-Specialized Services for LGBTQI+ Youth.** —Within the total for 988 and Behavioral Crisis Services, the Committee includes \$29,700,000, which shall be used to provide specialized services for LGBTQ+ youth, including training for existing counselors in LGBTQ+ youth cultural competency and the establishment and operation of an Integrated Voice Response [IVR] to transfer LGBTQ+ youth to a specialty organization. This funding shall be awarded through a competitive process to an organization with experience working with LGBTQ+ youth and possessing the capacity and infrastructure to handle LGBTQ+ youth callers, chats, and texts through IVR technology and other technology solutions where appropriate. (**Less funding than House language**)
- **SAMHSA - Minority Fellowship Program.** — The Committee includes \$11,000,000 to support new grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct mental illness services for underserved minority populations. (**Less funding than House**)
- **SAMHSA - Minority Fellowship Program.** —The Committee includes \$6,789,000 to support grants that will increase the number of culturally competent behavioral health professionals who teach, administer, conduct services research, and provide direct substance use disorder treatment services for minority populations that are underserved.
- **HRSA - Native Hawaiian Health Care.** —The Committee includes no less than \$30,000,000 for the Native Hawaiian Health Care Program. Of the total amount appropriated for the Native Hawaiian Health Care Program, not less than \$10,000,000 shall be provided to Papa Ola Lokahi for administrative purposes authorized under 42 U.S.C. 11706, including to expand research and surveillance related to the health status of Native Hawaiians and strengthen the capacity of the Native Hawaiian Health Care Systems to provide comprehensive health education and promotion, disease prevention services, traditional healing practices, and primary health services to Native Hawaiians.
- **HRSA - Training for Diversity.** — The Committee supports programs that improve the diversity of the healthcare workforce. HRSA's diversity pipeline programs help advance patient care and ensure opportunity for all healthcare providers.
- **HRSA - Health Careers Opportunity Program.** — The Committee includes \$18,500,000 for the Health Careers Opportunity Program [HCOP], \$3,050,000 above the fiscal year 2022 enacted level. The Committee notes that HCOPs assist students from minority and economically disadvantaged backgrounds navigate careers into the health professions.
- **HRSA - Faculty Loan Repayment.** — The Committee provides \$2,310,000, an increase of \$1,084,000 above the fiscal year 2022 enacted level, for the Faculty Loan Repayment Program. This program provides loan repayment to health profession graduates from disadvantaged backgrounds who serve as faculty at eligible health professions academic institutions.

- **HRSA - Scholarships for Disadvantaged Students.** – The Committee provides \$55,014,000 for Scholarships for Disadvantaged Students, an increase of \$2,000,000.
- **HRSA - Health Care Simulation Labs.** —The Committee provides no less than \$3,000,000 to continue competitive grants for AHEC recipients to expand experiential learning opportunities through simulation labs designed to educate and train healthcare professionals serving rural, medically underserved communities. HRSA shall include as an allowable use the purchase of simulation training equipment.
- **HRSA - Addiction Medicine Fellowship Program [AMF].** —Within the total for BHWET, The Committee includes \$25,000,000 for AMF to foster robust community-based clinical training of addiction medicine or addiction psychiatry physicians in underserved, community-based settings who see patients at various access points of care and provide addiction prevention, treatment, and recovery services across healthcare sectors.
- **HRSA - Behavioral Health Integration into Community-Based Settings.** — Within BHWET, the Committee includes \$10,000,000 to promote the healthy social and emotional development and behavioral health needs of families in communities that are traditionally underserved or are part of a Mental Health Professional Shortage Area. (**Same funding as House**)
- **HRSA - Behavioral Health Workforce Education and Training Program.** — The Committee provides \$213,000,000 for Behavioral Health Workforce Education and Training Program [BHWET], \$90,000,000 above the fiscal year 2022 enacted level. This program establishes and expands internships or field placement programs in behavioral health serving populations in rural and medically underserved areas. (**More funding than House**)
- **HRSA - Nursing Workforce Diversity.** – The Committee includes \$23,343,000 for Nursing Workforce Diversity to increase nursing education opportunities for individuals from disadvantaged backgrounds by providing student stipends, scholarships, and preparation and retention activities.
- **Office of Minority Health - Addressing Structural Racism in Public Health.** —The Committee provides \$7,000,000 to establish a pilot program to address structural racism in public health and promote policies and practices that counter the disparate impact on the health and well-being of racial and ethnic minority populations. The program will support coalitions at the community level to identify existing policies, practices and programs that impede equitable access to care and perpetuate health disparities. The initiative will support public and non-profit entities that represent a community coalition to address structural racism in public health.
- **Office of Minority Health - Center for Indigenous Innovation and Health Equity.** —The Committee continues to recognize the importance of advancing Indigenous solutions to achieve health equity. The Committee **provides \$3,000,000, an increase of \$1,000,000 to the OMH to support the work of the Center** for Indigenous Innovation and Health Equity. [**Less funding than House language**]

Maternal Health

- **HHS Office of the Secretary - Contraceptive Deserts.** — One recent study found that contraceptive deserts vary across States, with between 17 and 53 percent of the State population living in a desert, defined as having no Title X clinic present in 2018. Furthermore, it found that low-income people and people of color are more likely to live in contraceptive deserts. The Committee requests that the Secretary undertake a study of contraceptive deserts and the extent

to which changes to Federal policy can improve access. The Committee requests this report, along with recommendations, within 180 days of enactment. **(Similar language in House text.)**

- **CMS - Contraceptive Access under the Affordable Care Act.** The Committee directs CMS to engage in patient education to ensure patients understand their rights under the ACA to access, identify violations, and take enforcement actions for non-compliance with these requirements. **(Similar language in House text)**
- **CMS - Free Choice of Provider.** — The Committee is deeply concerned that States continue to exclude Planned Parenthood and other qualified reproductive health providers from their Medicaid programs in violation of Federal law and directs CMS to enforce Medicaid's long-standing protections to ensure that beneficiaries are able to access services.
- **CDC - Safe Motherhood/Infant Health.** —The Committee recommendation builds on the commitment made in the fiscal year 2022 bill by providing an increase of \$81,000,000 for this portfolio of programs to improve the health of pregnant and postpartum individuals and their babies, including to reduce disparities in maternal and infant health outcomes. CDC is directed to use the funding increase for the expansion of Maternal Mortality Review Committees [MMRCs] and Perinatal Quality Collaboratives [PQCs] to additional States and territories and for increased support to current States and territories, as well as to increase support for other programs, including Sudden Unexplained Infant Death [SUID]. State MMRCs are working to collect complete data on pregnancy and delivery-related deaths, but more must be done to ensure the accuracy and completeness of the data. The Committee encourages CDC to prioritize funding to help MMRCs build stronger data systems and improve data collection at the State level to create consistency in data collection, analysis and reporting across State MMRCs. The Committee requests CDC to provide a report to the Committees on Appropriations within 90 days of enactment of this act on barriers to effective and consistent data collection and opportunities to improve coordination among State MMRCs. Finally, within the total, the Committee includes \$5,000,000 for the SUID and Sudden Death in the Young Registry to expand the number of States and jurisdictions participating in monitoring and surveillance; and \$3,500,000 to award grants or cooperative agreements to States, Indian Tribes, and Tribal organizations to improve data collection. This data works to identify, develop, and implement best practices to prevent infant death, including practices to improve safe sleep, in coordination with appropriate nonprofits. **[More funding than House language]**
- **CDC - Neonatal Abstinence Syndrome [NAS] Surveillance.** —The Committee includes an increase of \$1,000,000 to address the rise in NAS resulting from the overuse of opioids and other related substances during pregnancy. Funding should be used to conduct research on the use of opioid and other substances during pregnancy and related adverse outcomes from infancy through childhood, and identify best practices for care, evaluation, and management to help children.
- **CDC - Surveillance for Emerging Threats to Mothers and Babies Network [SET-NET].** —The Committee includes an increase of \$37,000,000 to expand SET-NET's funded entities to additional U.S. States, the District of Columbia, U.S. territories, four Tribal entities, and additional threats. The program supports CDC's collaboration with State, Tribal, territorial, and local health departments to monitor the impact of emerging health threats, including COVID-19, on pregnant people and their babies and inform public health and clinical decision-making to improve the health of pregnant and postpartum people and infants. Additionally, CDC was provided additional funding in fiscal year 2019 to expand its Zika surveillance to determine the long-term health impacts of infants born to mothers infected with the Zika virus. The Committee requests an

update in the fiscal year 2024 CJ on CDC's findings from this ongoing surveillance. [More funding than House language]

- **SAMHSA - Maternal Mortality and Neonatal Abstinence Syndrome [NAS].** — The Committee encourages SAMHSA to conduct a study on existing pilot programs on treatment related to maternal mortality and NAS to determine if such programs can be scaled to address this important issue.
- **SAMHSA - Pregnant and Postpartum Women Program.** —The Committee includes \$41,931,000, an increase of \$7,000,000, for the Pregnant and Postpartum Women program, which uses a family-centered approach to provide comprehensive residential substance use disorder treatment services for pregnant and postpartum women, their minor children, and other family members.
- **HRSA - Integrating High-Quality Contraceptive Care.** — The Committee includes \$50,000,000 to support grants for training and quality improvement efforts to make available patient-centered contraceptive care within health center primary care settings.
- **HRSA - Maternity Care Target Areas [MCTAs].** —The Committee includes \$5,000,000, an increase of \$4,000,000 above the fiscal year 2022 enacted level, within the Corps to implement requirements contained in the Improving Access to Maternity Care Act, including establishing criteria for and identifying MCTAs and collecting and publishing data on the availability and need for maternity care health services in health professional shortage areas. (Same funding than House)
- **HRSA - Integrating High-Quality Contraceptive Care.** — Within the total for PCTE, the Committee includes \$5,000,000 to provide training to primary care physicians in counseling, provision, and follow up care for all forms of highly effective reversible contraception methods.
- **HRSA - Certified Nurse Midwives.** —The Committee includes \$25,000,000 to grow and diversify the maternal and perinatal health nursing workforce by increasing and diversifying the number of Certified Nurse Midwives with a focus on practitioners working in rural and underserved communities.
- **Office of Minority Health - Achieving Equitable Maternal Health Outcomes.** —The Committee recommendation provides \$7,000,000 for awards to community-based and other eligible organizations located in geographic areas with high rates of adverse maternal health outcomes, particularly among racial/ethnic minority families. The awards will support activities that include but are not limited to identifying evidence-based and evidence-informed practices for: addressing social determinants of health; promoting evidence-based health literacy, and pregnancy, childbirth, and parenting education programs; providing support from perinatal health workers; and providing culturally congruent, linguistically appropriate, and trauma-informed training to perinatal health workers.