

Improving community support for HIV and AIDS prevention through national partnerships	672
<i>Kenneth R. Williams, Margaret I. Scarlett, Richard Jimenez, Beverly Schwartz, and Peggy Stokes-Nielson</i>	
Progress in efforts to prevent the spread of HIV infection among youth	678
<i>John R. Moore, Lisa Daily, Janet Collins, Laura Kann, Michael Dalmat, Benedict I. Truman, and Lloyd J. Kolbe</i>	
Increasing the involvement of national and regional racial and ethnic minority organizations in HIV information and education	687
<i>Priscilla B. Holman, William C. Jenkins, Jacob A. Gayle, Carlton Duncan, and Bryan K. Lindsey</i>	
Developing a national HIV/AIDS Prevention Program through state health departments	695
<i>Marvin E. Bailey</i>	
Community-based organizations and CDC as partners in HIV education and prevention	702
<i>Marvin E. Bailey</i>	
Evaluating the CDC program for HIV counseling and testing	708
<i>Deborah L. Rugg, Robin J. MacGowan, Kathleen A. Stark, and Nancy M. Swanson</i>	
AIDS Community Demonstration Projects for HIV prevention among hard-to-reach groups	714
<i>Kevin R. O'Reilly and Donna L. Higgins</i>	
Communicating surveillance, epidemiologic, and laboratory information on HIV infection and AIDS	721
<i>Allison L. Greenspan and James W. Curran</i>	
HIV safety guidelines and laboratory training	727
<i>Carlyn L. Collins, Robert J. Mullan, and Robin R. Moseley</i>	
NATIONAL CENTER FOR HEALTH STATISTICS DATA LINE	733
PROGRAMS, PRACTICES, PEOPLE	735
States can lead the way to health care reform, governors think — Interagency task force urges long-range studies on effects of steroid use — PHS funds creation of a perinatal addiction prevention center — For women and infants in 15 U.S. communities — a “Healthy Start” — HHS funds early cancer detection for low-income women in eight states — Most children cope with chronic neighborhood violence, some have behavior problems — HHS minority health resource center offers range of services, <i>Eleanor Dixon</i>	
1991 SUBJECT AND AUTHOR INDEX	739
STATEMENT OF OWNERSHIP, MANAGEMENT, AND CIRCULATION	615
COVER 3: PHS strategies reflect the long range goal of building the capacity of public health systems	



U.S. DEPARTMENT OF
HEALTH AND HUMAN
SERVICES

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youth has been improved by CDC's working to help schools provide comprehensive school health education programs since 1974. In 1986, CDC's staff members in the Office of School Health Education began planning a nationwide school-based program to prevent HIV infection in youth. The program was implemented in September 1987 by providing support to 15 national organizations and 50 State and 12 local departments of education that serve jurisdictions with the highest cumulative number of reported AIDS cases. By the fall of 1988, CDC was providing fiscal and technical assistance to 19 national organizations, all 50 States, 5 Territories, and 16 local departments of education. The mission of the program has been broadened to include out-of-school youth also.

These programs help establish a foundation for understanding the link between personal behaviors and health, especially sexual behavior and health. They help youth avoid or reduce behavioral risks associated with leading causes of mortality, morbidity, and disability—behaviors associated with unintentional and intentional injuries; tobacco, drug, and alcohol use; sexual behaviors associated with HIV infection, other sexually transmitted diseases, and unintended pregnancy; health-related physical activity; and nutrition and eating behaviors.

Conclusion

The epidemic of HIV infection and AIDS has placed enormous strains on the public health system of our nation, requiring heroic efforts to meet the challenge. Although weaknesses remain, the response to this epidemic has in many ways brought new strength to the public health structure. Despite the huge challenges, lessons learned thus far provide direction and hope for the future.

Reference

1. National Research Council: Evaluating AIDS prevention programs, edited by S. L. Coyle, R. F. Boruch, and C. F. Turner. National Academy Press, Washington, DC, 1989.

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MARIAN P. TEBBEN, Executive Editor

1991 SUBJECT AND AUTHOR INDEX

Volume 106

January–February, issue 1, pages 001–104
March–April, issue 2, pages 105–224
May–June, issue 3, pages 225–352
July–August, issue 4, pages 353–472
September–October, issue 5, pages 473–600
November–December, issue 6, pages 601–752

Key to classification of subject index:

a original article
abs abstract
br brief report
e editorial
ltr letter

This index to PUBLIC HEALTH REPORTS is divided into a subject index and an author index. The subject index has one or more entries for each item published. In addition to the subject headings, categorical headings include ABSTRACTS, DATA LINE, EDITORIALS, LETTERS TO THE EDITOR, and PUBLICATION ANNOUNCEMENTS AND REVIEWS.

SUBJECT INDEX

ABSTRACTS

the adventures of Buddy Rock. 203
an alcohol and drug abuse consultation and liaison service in a medical complex. 211
application of the principles of community-based programs. 269
asthma awareness initiative seeks to increase knowledge in five target groups. 213
collegiate networking as a way of combating the spread of AIDS. 210
a community plan to reduce injuries from falls among elderly Native Americans. 204
evaluation of community-based violence prevention programs. 276
the hug of life: children saving children. 202
interventions in early childhood. 275
mother-daughter puberty education. 204
nutrition management for persons with HIV infection. 209
panel discussion 1: lessons learned—the community experience. 237
panel discussion 2: funding of community interventions to prevent violence. 242
pesticide risk assessment and reduction among migrant farmworkers in North Carolina. 207

prevention of violence among elementary and high school students. 202
a project for hepatitis B infection control using prenatal screening and infant immunization. 206
a proposal for smoking cessation services provided by medical students to hospitalized smokers. 210
Proyecto Vida (Project Life)—a perinatal AIDS education model for indigent Hispanic women. 205
students educating students—a model for reducing teen pregnancy in SE Minnesota. 205
use it or lose it: an exercise program designed for the elderly. 212
use of supermarket chain to promote low-fat foods in San Antonio. 209
a veterinary-based environmental surveillance system for carcinogens. 208
violence prevention strategies targeted at the general population of minority youth. 270
violence prevention strategies targeted towards high-risk minority youth. 272
weapons and minority youth violence. 274

ABUSE, PHYSICAL

is battered women's help seeking connected to the level of their abuse? a 360
survey of state public health departments on procedures for reporting elder abuse. a 151

ABUSE, SUBSTANCE

an alcohol and drug abuse consultation and liaison service in a medical complex. abs 211
building skills of recovering women drug users to reduce heterosexual AIDS transmission. a 297
DAWN data indicates fewer drug-related emergency room episodes. br 103
demographic characteristics, drug use, and sexual behavior of IV drug users with AIDS in Bronx, New York. a 78
designing an AIDS information campaign for intravenous drug users and sex partners. a 460
estimates of economic costs of alcohol and drug abuse and mental illness, 1985 and 1988. a 280
the feasibility of collecting drug abuse data by telephone. a 384
followup study of possible HIV seropositivity among abusers of parenteral drugs in 1971–72. a 451
a national survey of state maternal and newborn drug testing and reporting policies. a 292
NIAAA documents many facets of alcohol abuse. br 349
NIDA prevention effort links teenage AIDS, drug use, and sexual behavior. br 102
trends in cocaine abuse reflected in emergency room episodes reported to DAWN. a 59

ACCIDENTS

consequences of the nuclear power plant accident at Chernobyl. a 32

ADOLESCENTS

- "best friends" program helps adolescent girls avoid pregnancy. br 594
- NIDA prevention effort links teenage AIDS, drug use, and sexual behavior. br 102
- students educating students—a model for reducing teen pregnancy in SE Minnesota. abs 205

ADVERTISING

- paid advertising a powerful tool for state health agencies. br 595
- paid advertising for AIDS prevention—would the ends justify the means? a 645
- tobacco advertising in retail stores. a 570

AFRICA

- a presidential health mission to Africa. a 105

AIDS (see also HIV INFECTION)

- AHCPR begins new survey on cost and use of AIDS health, social services. br 467
- AIDS among women to double by 2000. br 216
- AIDS awareness in North Dakota—a knowledge and attitude study of the general population. a 120
- the AIDS community demonstration projects for HIV prevention among hard-to-reach groups. a 714
- AIDS knowledge in low-income and minority populations. a 115
- "America Responds to AIDS": its content, development process, and outcome. a 616
- building skills of recovering women drug users to reduce heterosexual AIDS transmission. a 297
- collegiate networking as a way of combating the spread of AIDS. abs 210
- demographic characteristics, drug use, and sexual behavior of IV drug users with AIDS in Bronx, New York. a 78
- designing an AIDS information campaign to reach intravenous drug users and sex partners. a 460
- FDA's Center for Biologics Evaluation and Research comments on the report of the expert panel. ltr 31
- FDA standardizes testing of AIDS workers' gloves. br 217
- first 3 years of the National AIDS Clearinghouse. a 634
- monitoring the exposure of "America Responds to AIDS" PSA campaign. a 651
- most physicians and nurses favor mandatory AIDS tests. br 593
- national AIDS hotline: HIV and AIDS information service through a toll-free telephone system. a 628
- NIDA prevention effort links teenage AIDS, drug use, and sexual behavior. br 102
- paid advertising for AIDS prevention—would the ends justify the means? a 645
- a private organization and public agency partnership in community health education. a 667
- Proyecto Vida (Project Life)—a perinatal AIDS education model for indigent Hispanic women. abs 205
- report of an expert panel on the public health laboratory role in early intervention and treatment of human immunodeficiency virus infections. a 27
- strategies of media marketing for "America Responds to AIDS" and applying lessons learned. a 623
- "Understanding AIDS"—the national AIDS mailer. a 656

ALASKAN NATIVE

- Hopkins opens American Indian and Alaskan Native health center. br 471

ALCOHOL

- an alcohol and drug abuse consultation and liaison service in a medical complex. abs 211
- black-white differences in alcohol use by women: Baltimore survey findings. a 124
- a comprehensive local program for the prevention of fetal alcohol syndrome. a 484
- estimates of economic costs of alcohol and drug abuse and mental illness, 1985 and 1988. a 280
- NIAAA documents many facets of alcohol abuse. br 349
- NIAAA profiles alcohol problems of women. br 597
- quantifying the disease impact of alcohol with ARDI software. a 443

ASTHMA

- asthma awareness initiative seeks to increase knowledge in five target groups. abs 213

BEHAVIOR

- drug use and sexual behavior of indigent African American men. a 586
- is battered women's help seeking connected to the level of their abuse? a 360
- knowledge, attitudes, beliefs, and behaviors of the business community relative to HIV-AIDS. a 663
- most children cope with chronic neighborhood violence, some have behavior problems. br 738

BIRTH RECORDS

- using linked program and birth records to evaluate coverage and targeting in Tennessee's WIC program. a 176

BIRTH WEIGHT

- the association of prenatal nutrition and educational services with low birth weight rates in a Florida program. a 426
- interpretative views on Hispanics' perinatal problems of low birth weight and prenatal care. a 420

BLACKS (see MINORITIES)

- AIDS knowledge in low-income and minority populations. a 115
- black-white differences in alcohol use by women: Baltimore survey findings. a 124
- differences in hypertension prevalence among U.S. black and white women of childbearing age. a 393
- drug use and sexual behavior of indigent African American men. a 586
- minerals in hair, serum, and urine of healthy and anemic black children. a 557

BLOOD PRESSURE

- differences in hypertension prevalence among U.S. black and white women of childbearing age. a 393
- home blood pressure monitoring for mild hypertensives. a 85
- resting pulse rate of children and young adults associated with blood pressure and other cardiovascular risk factors. a 400

CANCER

- cancer mortality in Cuba and among the Cuban-born in the United States: 1979-81. a 68
- HHS funds early cancer detection for low-income women in eight states. br 737
- NCI offers fellowships in cancer prevention. br 470
- NIH consensus statements available on immunoglobulin and breast cancer. br 104
- a study guided by the health belief model of the predictors of breast cancer screening of women ages 40 and older. a 410
- use of process evaluation to guide health education in Forsyth County's project to prevent cervical cancer. a 73

CARCINOGENS

- a veterinary-based environmental surveillance system for carcinogens. abs 208

CARDIOVASCULAR DISEASE

- AHCPR to fund study on how to recognize a heart attack. br 470
- evaluating South Carolina's community cardiovascular disease prevention project. a 536
- mortality, cardiovascular risk factors, and diet in China, Finland, and the United States. a 41
- NHLBI launches heart attack alert program. br 593
- resting pulse rate of children and young adults associated with blood pressure and other cardiovascular risk factors. a 400

CENTERS FOR DISEASE CONTROL

- CDC, FDA set up new vaccine reporting system. br 104
- CDC's HIV public information and education programs. November-December issue
- forum on youth violence in minority communities: setting the agenda for prevention. A summary. May-June issue

CHILD HEALTH

- the adventures of Buddy Rock. abs 203
- childhood injury prevention in a suburban Massachusetts population. a 437
- educational effort encourages weaning from baby bottle to drinking cup. br 352
- the hug of life: children saving children. abs 202
- minerals in hair, serum, and urine of healthy and anemic black children. a 557
- neighborhood women serve as maternal-child health advocates in Chicago. br 595
- NICHD funds seven new child research centers. br 222
- PHS to award Healthy Start funds for maternal, child health in fall. br 467
- a presidential health mission to Africa. a 105
- requiring formal training in preventive health practices for child day care providers. a 523
- resting pulse rate of children and young adults associated with blood pressure and other cardiovascular risk factors. a 400
- state rankings for child well-being indicators detailed in new data book. br 351
- violence is a greater killer of children than disease. a 231

CHOLESTEROL

- prevalence of elevated serum cholesterol in personnel of the U.S. Navy. a 167

COAL MINERS

- participation rate rebounds in national study of coal miners. br 347

COMMUNICABLE DISEASES

- preventing secondary infections among HIV-positive persons. a 503
- reporting of communicable diseases by university physicians. a 579
- shigellosis from swimming in a park pond in Michigan. a 317
- the surveillance of communicable disease in Vermont: who reports? a 95

COMMUNITY HEALTH CENTERS

- financing geriatric programs in community health centers. a 375

CONFERENCE

- conference planned on smokeless tobacco and effects on health. br 103
- forum on youth violence in minority communities: setting the agenda for prevention. A summary. 225-278
- the national conference on cholesterol and high blood pressure control. cover 3, January-February
- report on a seminar on financing and service delivery issues in caring for the medically underserved. a 19

CONTRACEPTION

- NIH study challenges link between contraception and pre-eclampsia. br 221
- a racial and ethnic comparison of family formation and contraceptive practices among low-income women. a 494

COST OF ILLNESS

- AHCPR begins new survey on cost and use of AIDS health, social services. br 467
- estimates of economic costs of alcohol and drug abuse and mental illness, 1985 and 1988. a 280

DATA BASES AND DATA FILES

- the feasibility of collecting drug abuse data by telephone. a 384
- HHS Minority Health Resource Center offers range of services. br 738
- HRSA updates area resource file data base. br 472
- promoting heart health for southeast Asians: a data base for planning interventions. a 304

DATA LINE

- National Center for Health Statistics (NCHS) data line. 100, 214, 345, 465, 591, 733

DAY CARE

- requiring formal training in preventive health practices for child day care providers. a 523

DENTAL HEALTH

- educational effort encourages weaning from baby bottle to drinking cup. br 352
oral health abstracts called for November APHA meeting. br 104
PHS focuses on preventing and treating oral diseases among adults and children. br 222

DEPARTMENT OF HEALTH AND HUMAN SERVICES

- HHS funds early cancer detection for low-income women in eight states. br 737
HHS funds eight regional medical libraries. br 598
HHS Minority Health Resource Center offers range of services. br 738
HHS sets new rules for student loan defaults. br 224

DIABETES

- association between exercise and other preventive health behaviors among diabetics. a 543

DIET

- mortality, cardiovascular risk factors, and diet in China, Finland, and the United States. a 41
new dietary guidelines released by USDA and DHHS. br 218
specific strategies needed to implement dietary guidelines: IOM. br 596

DIOXINS

- dioxins symposium slated for North Carolina. br 351

DISADVANTAGED

- new book on health of disadvantaged offered. br 471

DISASTERS

- consequences of the nuclear power plant accident at Chernobyl. a 32

DRUG ABUSE (see ABUSE, SUBSTANCE)

ECONOMIC COSTS

- estimates of economic costs of alcohol and drug abuse and mental illness, 1985 and 1988. a 280
financing geriatric programs in community health centers. a 375
quantifying the disease impact of alcohol with ARDI software. a 443
quantifying the disease impact of cigarette smoking with SAM-MEC II software. a 326

EDITORIALS

- a comprehensive HIV prevention program. 601
HRSA's long range plan for meeting the health care needs of the underserved. 1
today's challenges to the Public Health Service and to the nation. 473

EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

- the association of prenatal nutrition and educational services with low birth weight rates in a Florida program. a 426
mother-daughter puberty education. abs 204

ELDERLY

- benefits of improved aging not distributed equally among rich and poor. br 220
a community home inspection approach to preventing falls among the elderly. a 192
a community plan to reduce injuries from falls among elderly Native Americans. abs 204
financing geriatric programs in community health centers. a 375
Institute of Medicine panel debunks pessimism about health outlook for the aged. br 219
library of medicine offers bibliographies on ills of the elderly, prison health care. br 221
new reimbursement system for nursing homes slated for test in four states. br 468
National Eye Institute plans nationwide study of age-related diseases. br 469
survey of state public health departments on procedures for reporting elder abuse. a 151
use it or lose it: an exercise program designed for the elderly. abs 212

EMERGENCY MEDICAL SERVICES

- consequences of the nuclear power plant accident at Chernobyl. a 32
DAWN data indicates fewer drug-related emergency room episodes. br 103
trends in cocaine abuse reflected in emergency room episodes reported to DAWN. a 59

ENVIRONMENTAL HEALTH

- environmental conference proceedings available. br 471
a veterinary-based environmental surveillance system for carcinogens. abs 208
IOM subcommittee suggests remedies for shortage of occupational, environmental physicians. br 598

EPIDEMIOLOGY

- staff patterns of epidemiologists in the health departments of 12 southern states. a 583
the surveillance of communicable disease in Vermont: who reports? a 95

ERRATA

- errata in Chernobyl article. 352
erratum in prenatal paper. 472

EVALUATION

- evaluating South Carolina's community cardiovascular disease prevention project. a 536
evaluating the CDC program for HIV counseling and testing. a 708
evaluation and implementation of public health registries. a 142
evaluation of "Guia para Dejar de Fumar," a self-help guide in Spanish to quit smoking. a 564
a system for evaluating the use of media in CDC's national AIDS information and education program. a 639
using linked program and birth records to evaluate coverage and targeting in Tennessee's WIC program. a 176

EXERCISE

association between exercise and other preventive health behaviors among diabetics. a 543
a fitness classic. br 600
use it or lose it: an exercise program designed for the elderly. abs 212

EYE CARE FEES

comparison of examination fees and availability of routine vision care by optometrists and ophthalmologists. a 455

FAMILY PLANNING

a racial and ethnic comparison of family formation and contraceptive practices among low-income women. a 494

FERTILITY

NCHS Data Line. br 214

FLUORIDE

new PHS report reviews benefits, risks of fluoride. cover 3, March-April
PHS focuses on preventing and treating oral diseases among adults and children. br 222

FOOD AND DRUG ADMINISTRATION

CDC, FDA set up new vaccine reporting system. br 104
FDA's Center for Biologics Evaluation and Research comments on the report of the expert panel. ltr 31
FDA standardizes testing of AIDS workers' gloves. br 217

FOUNDATIONS

HRSA's collaborative efforts with national organizations to expand primary care for the medically underserved. a 10
Johnson Foundation offers grant funds to states. br 351

HANSEN'S DISEASE CENTER

PHS to share Hansen's center with U.S. prisoners. br 219

HEALTH CARE

HHS announces two new homeless health programs. br 350
HRSA's long range plan for meeting the health care needs of the underserved. e 1
Johnson Foundation offers grant funds to states. br 351
report on a seminar on financing and service delivery issues in caring for the medically underserved. a 19
states can lead the way to health care reform, governors think. br 735
today's challenges to the Public Health Service and to the nation. e 473

HEALTH CENTER

Hopkins opens American Indian and Alaskan Native health center. br 471

HEALTH EDUCATION

community-based organizations and CDC as partners in HIV education and prevention. a 702
increasing the involvement of national and regional racial and ethnic minority organizations in HIV information and education. a 687
a private organization and public agency partnership in community health education. a 667
progress in efforts to prevent the spread of HIV infection among youth. a 678
Proyecto Vida (Project Life)—a perinatal AIDS education model for indigent Hispanic women. abs 205
requiring formal training in preventive health practices for child day care providers. a 523
a system for evaluating the use of media in CDC's national AIDS information and education program. a 639
use of process evaluation to guide health education in Forsyth County's project to prevent cervical cancer. a 73

HEALTH MAINTENANCE ORGANIZATION

use of physician assistants in a managed health care system. a 90

HEALTH PROMOTION AND DISEASE PREVENTION

Boston's Codman Square Community Partnership for Health Promotion. a 186
current status of health promotion activities in four midwest cities. a 310
evaluating South Carolina's community cardiovascular disease prevention project. a 536
Institute of Medicine panel debunks pessimism about health outlook for the aged. br 219
requiring formal training in preventive health practices for child day care providers. a 523

HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)

HRSA's collaborative efforts with national organizations to expand primary care for the medically underserved. a 10
HRSA's long range plan for meeting the health care needs of the underserved. e 1
HRSA publishes report on modeling, forecasting. br 472
HRSA's role in primary care and public health in the 1990s. a 6
HRSA updates area resource file data base. br 472
report on a seminar on financing and service delivery issues in caring for the medically underserved. a 19

HEALTH SERVICES UTILIZATION

AHCPR begins new survey on cost and use of AIDS health, social services. br 467
the association of prenatal nutrition and educational services with low birth weight rates in a Florida program. a 426
nutrition and health services needs among the homeless. a 364
today's challenges to the Public Health Service and to the nation. e 473

HEALTH STATUS

"Health, U.S." describes health status disparities among minorities. cover 3, May-June.
new book on health of disadvantaged offered. br 471

HEART DISEASE AND STROKE

- AHCPR to fund study on how to recognize a heart attack. br 470
- evaluating South Carolina's community cardiovascular disease prevention project. a 536
- NHLBI launches heart attack alert program. br 593

HEPATITIS VACCINE

- availability and use of hepatitis B vaccine in laboratory and nursing schools in the United States. a 529

HISPANICS

- AIDS knowledge in low-income and minority populations. a 115
- the association of prenatal nutrition and educational services with low birth weight rates in a Florida program. a 426
- building skills of recovering women drug users to reduce heterosexual AIDS transmission. a 297
- cancer mortality in Cuba and among the Cuban-born in the United States: 1979-81. a 68
- evaluation of "Guia para Dejar de Fumar," a self-help guide in Spanish to quit smoking. a 564
- interpretive views on Hispanics' perinatal problems of low birth weight and prenatal care. a 420
- Proyecto Vida (Project Life)—a perinatal AIDS education model for indigent Hispanic women. abs 205

HIV INFECTION (*see also* AIDS)

- AIDS community demonstration projects for HIV prevention among hard-to-reach groups. a 714
- communicating surveillance, epidemiologic, and laboratory information on HIV infection and AIDS. a 721
- community-based organizations and CDC as partners in HIV education and prevention. a 702
- a comprehensive HIV prevention program. e 601
- current approaches to prevention of HIV infections. a 111
- developing a national HIV/AIDS Prevention Program through state health departments. a 695
- evaluating the CDC program for HIV counseling and testing. a 708
- FDA's Center for Biologics Evaluation and Research comments on the report of the expert panel. ltr 31
- followup study of possible HIV seropositivity among abusers of parenteral drugs in 1971-72. a 451
- HIV safety guidelines and laboratory training. a 727
- how the response to the epidemic of HIV infection has strengthened the public health system. a 608
- improving community support for HIV and AIDS prevention through national partnerships. a 672
- increasing the involvement of national and regional racial and ethnic minority organizations in HIV information and education. a 687
- knowledge, attitudes, beliefs, and behaviors of the business community relative to HIV-AIDS. a 663
- most physicians and nurses favor mandatory AIDS tests. br 593
- NIAID, AmFar launch huge new study of HIV infection. br 102
- nutrition management for persons with HIV infection. abs 209
- opportunistic infection drug research funds approved by NIAID. br 216
- organizational structure and resources of CDC's HIV-AIDS prevention program. a 604
- preventing secondary infections among HIV-positive persons. a 503

- progress in efforts to prevent the spread of HIV infection among youth. a 678
- report of an expert panel on the public health laboratory role in early intervention and treatment of human immunodeficiency virus infections. a 27
- a system for evaluating the use of media in CDC's national AIDS information and education program. a 639

HOMELESS

- the diversity of case management needs for the care of homeless persons. a 15
- HHS announces two new homeless health programs. br 350
- nutrition and health services needs among the homeless. a 364

HOMOSEXUALITY

- demographic characteristics, drug use, and sexual behavior of IV drug users with AIDS in Bronx, New York. a 78

HOSPITALS

- hospital employment levels up despite decline in numbers of community hospitals. br 348
- outpatient visits continue 11-year rise in American hospitals. br 470
- a survey of newspaper coverage of HCFA hospital mortality data. a 517

HYPERTENSION

- differences in hypertension prevalence among U.S. black and white women of childbearing age. a 393
- home blood pressure monitoring for mild hypertensives. a 85
- promoting heart health for southeast Asians: a data base for planning interventions. a 304

IMMUNIZATION

- availability and use of hepatitis B vaccine in laboratory and nursing schools in the United States. a 529
- don't wait to vaccinate. cover 3, July-August
- New York state's two-dose schedule for measles immunization. a 338
- a project for hepatitis B infection control using prenatal screening and infant immunization. abs 206

IMMUNOGLOBIN

- NIH consensus statements available on immunoglobulin and breast cancer. br 104

INDIAN HEALTH SERVICE (*see* Native Americans)

INFANTS

- a comprehensive local program for the prevention of fetal alcohol syndrome. a 484
- differences between Oklahoma Indian infant mortality and other races. a 97
- educational effort encourages weaning from baby bottle to drinking cup. br 352
- for women and infants in 15 U.S. communities a "Healthy Start." br 737
- interpretive views on Hispanics' perinatal problems of low birth weight and prenatal care. a 420

piecing together the crazy quilt of prenatal care. a 353
prevalence of *Chlamydia trachomatis* infection in pregnant patients. a 490
reducing infant mortality in the United States through "Healthy Start." a 479
today's challenges to the Public Health Service and to the nation. e 479

INFORMED CONSENT

NIAID, AmFar launch huge new study of HIV infection. br 102
nurses' knowledge, attitudes, and beliefs regarding organ and tissue donation and transplantation. a 155
opportunistic infection drug research funds approved by NIAID. br 216

INJURY (see also VIOLENCE)

childhood injury prevention in a suburban Massachusetts population. a 437
a community plan to reduce injuries from falls among elderly Native Americans. abs 204
motorcycle helmet use in Texas. a 576

INSTITUTE OF MEDICINE, NATIONAL ACADEMY OF SCIENCES

Institute of Medicine panel debunks pessimism about health outlook for the aged. br 219
IOM committee links vaccines with adverse health consequences. br 594
specific strategies needed to implement dietary guidelines: IOM. br 596
IOM subcommittee suggests remedies for shortage of occupational, environmental physicians. br 598

INTERNATIONAL HEALTH

WHO updates international health book for travelers. br 470

LABORATORY

communicating surveillance, epidemiologic, and laboratory information on HIV infection and AIDS. a 721
HIV safety guidelines and laboratory training. a 727
report of an expert panel on the public health laboratory role in early intervention and treatment of human immunodeficiency virus infections. a 27

LETTER TO THE EDITOR

FDA's Center for Biologics Evaluation and Research comments on the report of the expert panel. 31

LIBRARIES

HHS funds eight regional medical libraries. br 598

LIFE EXPECTANCY

NCHS Data Line. br 214

MANAGEMENT

strategic planning for public health practice using macroenvironmental analysis. a 134

MARKETING

strategies of media marketing for "America Responds to AIDS" and applying lessons learned. a 623
WIC program participation—a marketing approach. a 547

MATERNAL AND INFANT HEALTH

addressing barriers to perinatal care: a case study of the Access to Maternity Care Committee in Washington state. a 47
the association of prenatal nutrition and educational services with low birth weight rates in a Florida program. a 426
a comprehensive local program for the prevention of fetal alcohol syndrome. a 484
for women and infants in 15 U.S. communities a "Healthy Start." br 737
interpretive views on Hispanics' perinatal problems of low birth weight and prenatal care. a 420
PHS funds creation of a perinatal addiction prevention center. br 736
PHS to award Healthy Start funds for maternal, child health in fall. br 467
piecing together the crazy quilt of prenatal care. a 353
prevalence of *Chlamydia trachomatis* infection in pregnant patients. a 490
problems in estimating the number of women in need of subsidized prenatal care. a 333
neighborhood women serve as maternal-child health advocates in Chicago. br 595
reducing infant mortality in the United States through "Healthy Start." a 479
today's challenges to the Public Health Service and to the nation. e 473

MEASLES

New York state's two-dose schedule for measles immunization. a 338

MEDICAID

addressing barriers to perinatal care: a case study of the Access to Maternity Care Committee in Washington state. a 47
new reimbursement system for nursing homes slated for test in four states. br 468
piecing together the crazy quilt of prenatal care. a 353

MEDICALLY UNDERSERVED

HRSA's collaborative efforts with national organizations to expand primary care for the medically underserved. a 10
the diversity of case management needs for the care of homeless persons. a 15
HRSA's collaborative efforts with national organizations to expand primary care for the medically underserved. a 10
HRSA's long range plan for meeting the health care needs of the underserved. e 1
report on a seminar on financing and service delivery issues in caring for the medically underserved. a 19
the role of public health in providing primary care for the medically underserved. a 2

MEDICAL TRAINING

- a proposal for smoking cessation services provided by medical students to hospitalized smokers. abs 210
- a proposal for strengthening medical school training in STD prevention techniques. a 196

MEDICARE

- new reimbursement system for nursing homes slated for test in four states. br 468

MENTAL HEALTH

- estimates of economic costs of alcohol and drug abuse and mental illness, 1985 and 1988. a 280
- NCHS Data Line. br 214
- neighbor networking helps depression, NIMH learns. br 472
- NIMH funds new centers for minority mental health research. br 597
- rural communities suffer poor mental health care. br 471
- suppressed anger believed more deadly to women. br 217

MIGRANTS' HEALTH

- pesticide risk assessment and reduction among migrant farmworkers in North Carolina. abs 206

MINORITIES

- alternatives to gang membership: the Paramount Plan. abs 241
- application of the principles of community-based programs. abs 269
- Boston's violence prevention project. abs 237
- charge to the participants: from analysis to action. a 233
- closing remarks: prevention of violence: a public health commitment. a 265
- the coalition for alternatives to violence and abuse. abs 239
- establishing a public-private partnership. abs 242
- evaluation of community-based violence prevention programs. abs 276
- the Federal role in a public-private partnership. abs 243
- focusing public attention on violence prevention. abs 242
- "Health, U.S." describes health status disparities among minorities. cover 3, May-June.
- HHS Minority Health Resource Center offers range of services. br 738
- interventions in early childhood. abs 275
- the Kansas City Project. abs 237
- the necessity of social change in preventing violence. a 225
- needed: a new pathway to the prevention of violence, closing keynote address. a 263
- new way of fighting. abs 240
- NIMH funds new centers for minority mental health research. br 597
- opening keynote address: the prevention of minority youth violence must begin despite risks and imperfect understanding. a 229
- the prevention of violence—a top HHS priority. a 268
- reports of the working groups: application of principles of community intervention. a 244
- reports of the working groups: interventions in early childhood. a 258
- reports of the working groups: violence prevention strategies directed toward high-risk minority youths. a 250
- reports of the working groups: violence prevention strategies targeted at the general population of minority youth. a 247

- reports of the working groups: weapons and minority youth violence. a 254
- violence is a greater killer of children than disease. a 231
- violence prevention strategies targeted at the general population of minority youth. abs 270
- violence prevention strategies targeted towards high-risk minority youth. abs 272
- weapons and minority youth violence. abs 274

MORBIDITY AND MORTALITY

- cancer mortality in Cuba and among the Cuban-born in the United States: 1979–81. a 68
- differences between Oklahoma Indian infant mortality and other races. a 97
- mortality, cardiovascular risk factors, and diet in China, Finland, and the United States. a 41
- reducing infant mortality in the United States through "Healthy Start." a 479
- a survey of newspaper coverage of HCFA hospital mortality data. a 517

NATIONAL SURVEY OF FAMILY GROWTH

- NCHS Data Line. br 100, br 214, br 345

NATIVE AMERICANS

- a community plan to reduce injuries from falls among elderly Native Americans. abs 204
- a comprehensive local program for the prevention of fetal alcohol syndrome. a 484
- differences between Oklahoma Indian infant mortality and other races. a 97
- Hopkins opens American Indian and Alaskan Native health center. br 471

NUCLEAR POWER

- consequences of the nuclear power plant accident at Chernobyl. a 32

NURSES

- most physicians and nurses favor mandatory AIDS tests. br 593
- nurses' knowledge, attitudes, and beliefs regarding organ and tissue donation and transplantation. a 155

NUTRITION

- the association of prenatal nutrition and educational services with low birth weight rates in a Florida program. a 426
- nutrition and health services needs among the homeless. a 364
- nutrition management for persons with HIV infection. a 209
- slow-release iron pill developed to benefit anemic women in third world. br 218
- use of supermarket chain to promote low-fat foods in San Antonio. abs 209
- using linked program and birth records to evaluate coverage and targeting in Tennessee's WIC program. a 176

OCCUPATIONAL SAFETY AND HEALTH

- IOM subcommittee suggests remedies for shortage of occupational, environmental physicians. br 598
- participation rate rebounds in national study of coal miners. br 347

OPTOMETRISTS, OPHTHALMOLOGISTS

comparison of examination fees and availability of routine vision care by optometrists and ophthalmologists. a 455

ORGAN DONATION AND TRANSPLANTATION

nurses' knowledge, attitudes, and beliefs regarding organ and tissue donation and transplantation. a 155

PATIENT EDUCATION

asthma awareness initiative seeks to increase knowledge in five target groups. abs 213

PERINATAL CARE (see MATERNAL AND INFANT HEALTH)

PESTICIDES

pesticide risk assessment and reduction among North Carolina migrant farmworkers. abs 206

PHYSICIAN ASSISTANTS

use of physician assistants in a managed health care system. a 90

PHYSICIANS

54 volumes of state reports on physicians available from Congress. br 599

IOM subcommittee suggests remedies for shortage of occupational, environmental physicians. br 598

most physicians and nurses favor mandatory AIDS tests. br 593

PLANNING

strategic planning for public health practice using macroenvironmental analysis. a 134

today's challenges to the Public Health Service and to the nation. e 473

PREECLAMPSIA

NIH study challenges link between contraception and preeclampsia. br 221

PREGNANCY

addressing barriers to perinatal care: a case study of the Access to Maternity Care Committee in Washington state. a 47

the association of prenatal nutrition and educational services with low birth weight rates in a Florida program. a 426

"best friends" program helps adolescent girls avoid pregnancy. br 594

changes in characteristics of women who smoke during pregnancy: Missouri, 1978-88. a 52

a comprehensive local program for the prevention of fetal alcohol syndrome. a 484

interpretive views on Hispanics' perinatal problems of low birth weight and prenatal care. a 420

piecing together the crazy quilt of prenatal care. a 353

prevalence of *Chlamydia trachomatis* infection in pregnant patients. a 490

problems in estimating the number of women in need of subsidized prenatal care. a 333

a racial and ethnic comparison of family formation and contraceptive practices among low-income women. a 494

students educating students—a model for reducing teen pregnancy in SE Minnesota. abs 205

today's challenges to the Public Health Service and to the nation. e 473

PREVENTION

association between exercise and other preventive health behaviors among diabetics. a 543

childhood injury prevention in a suburban Massachusetts population. a 437

closing remarks: prevention of violence: a public health commitment. a 264

community-based organizations and CDC as partners in HIV education and prevention. a 702

a community home inspection approach to preventing falls among the elderly. a 192

a comprehensive HIV prevention program. e 601

a comprehensive local program for the prevention of fetal alcohol syndrome. a 484

current approaches to prevention of HIV infections. a 111

developing a national HIV-AIDS prevention program through state health departments. a 695

evaluating South Carolina's community cardiovascular disease prevention project. a 536

improving community support for HIV and AIDS prevention through national partnerships. a 672

NCI offers fellowships in cancer prevention. br 470

the necessity of social change in preventing violence. a 228

needed: a new pathway to the prevention of violence, closing keynote address. a 263

NIDA prevention effort links teenage AIDS, drug use, and sexual behavior. br 102

opening keynote address: the prevention of minority youth violence must begin despite risks and imperfect understanding. a 229

organizational structure and resources of CDC's HIV-AIDS prevention program. a 604

paid advertising for AIDS prevention—would the ends justify the means? a 645

PHS funds creation of a perinatal addiction prevention center. br 736

prevention of violence among elementary and high school students. abs 202

the prevention of violence—a top HHS priority. a 268

progress in efforts to prevent the spread of HIV infection among youth. a 678

a proposal for strengthening medical school training in STD prevention techniques. a 196

reports of the working groups: violence prevention strategies directed toward high-risk minority youths. a 250

reports of the working groups: violence prevention strategies targeted at the general population of minority youth. a 247

use of process evaluation to guide health education in Forsyth County's project to prevent cervical cancer. a 73

violence prevention strategies targeted at the general population of minority youth. abs 270

violence prevention strategies targeted towards high-risk minority youth. abs 272

PRIMARY CARE

HRSA's collaborative efforts with national organizations to expand primary care for the medically underserved. a 10

HRSA's role in primary care and public health in the 1990s. a 6

the role of public health in providing primary care for the medically underserved. a 2

PRISON INMATE HEALTH

library of medicine offers bibliographies on ills of the elderly, prison health care. br 221

PUBLICATION ANNOUNCEMENTS AND REVIEWS

Addressing the Physician Shortage in Occupational and Environmental Medicine. 599
Alcohol and Women. 597
Alzheimer's Disease and the Family. 221
Birth and Fertility Rates by Education: 1980 and 1985. 101
Catalog of Electronic Data Products. 100
Catalog of Publications, 1980-89. 100
Characteristics of Physicians: (by State), January 1, 1989. 599
Child Care Arrangements: Health of Our Nation's Children, United States, 1988. 101
Citizen's Alcohol and Other Drug Prevention Resources Directory. 350
Current Bibliographies in Medicine. 221
Developmental, Learning, and Emotional Problems: Health of Our Nation's Children. 215
Drinking and You. Adolescent Drinking Inventory. 349
Environmental Issues: Today's Challenger for the Future. 471
Exercise and the Elderly. 221
The Fact Is ... Alcohol and Other Drug Problems Are a Major Concern in Native American Communities. 350
Fecundity and Infertility in the United States, 1965-88. 215
Health Insurance and Medical Care: Health of Our Nation's Children, United States, 1988. 101
Health Status of the Disadvantaged: Chartbook 1990. 471
Health, United States, 1990. cover 3, May-June.
If a Child from an Alcoholic Home Comes to You. 350
Improving America's Diet and Health. 597
International Travel and Health, Vaccination Requirements and Health Advice. 470
Intravenous Immunoglobulin: Prevention and Treatment of Disease. 104
Kids Count Data Book. 351
Medication and the Elderly. Part 1. Treatment Issues. Part 2. Specific Diseases. 221
NCADI Update: Alcohol and Other Drug Use in Three Hispanic Populations: Mexican-Americans, Puerto Ricans, and Cuban-Americans. 350
Nutrition and Your Health: Dietary Guidelines for Americans. 218
Physicians, Nurses, and AIDS: Preliminary Findings from a National Study. 593
A Plan to Strengthen Public Health in the United States. cover 3, November-December
Pointers for Parents. 350
Prison Health Care. 221
Review of Fluoride Benefits and Risks. cover 3, March-April
The Second Fifty Years: Promoting Health and Preventing Disability. 220
Seventh Special Report to the U.S. Congress on Alcohol and Health. 349
Sleep Disorders of Older People. 221
Stopping Alcohol and Other Drug Use Before It Starts: The Future of Prevention. 350
10 Steps to Help Your Child Say No. 350
Treatment of Early Stage Breast Cancer. 104
Trends in Hospital Personnel 1981-1988. 348
Wanted and Unwanted Childbearing in the United States:

1973-1988. 101

Where to Write for Vital Records: Births, Deaths, Marriages, and Divorces. 100

PUBLIC HEALTH LABORATORIES

communicating surveillance, epidemiologic, and laboratory information on HIV infection and AIDS. a 721
Dientamoeba fragilis detection methods and prevalence: a survey of state public health laboratories. a 322
FDA's Center for Biologics Evaluation and Research comments on the report of the expert panel. ltr 31
HIV safety guidelines and laboratory training. a 727
report of an expert panel on the public health laboratory role in early intervention and treatment of human immunodeficiency virus infections. a 27

PUBLIC HEALTH REGISTRIES

evaluation and implementation of public health registries. a 142

PUBLIC HEALTH SERVICE (PHS)

a fitness classic. br 600
PHS funds creation of a perinatal addiction prevention center. br 736
PHS launches action plan on women's health issues. br 469
PHS strategies to reflect the long range goal of building the capacity of public health systems. cover 3, November-December
PHS to award "Healthy Start" funds for maternal, child health in fall. br 467
new PHS report reviews benefits, risks of fluoride. cover 3, March-April
today's challenges to the Public Health Service and to the nation. e 473

REHABILITATION

rehabilitation research center created by HHS. br 594

RESEARCH

NICHD funds seven new child research centers. br 222
NIH funds construction at research facilities. br 224
rehabilitation research center created by HHS. br 594
NIMH funds new centers for minority mental health research. br 597
opportunistic infection drug research funds approved by NIAID. br 216

RISK ASSESSMENT

pesticide risk assessment and reduction among migrant farmworkers in North Carolina. abs 206

RURAL

rural communities suffer poor mental health care. br 471

SEXUAL BEHAVIOR

demographic characteristics, drug use, and sexual behavior of IV drug users with AIDS in Bronx, New York. a 78
designing an AIDS information campaign for intravenous drug users and sex partners. a 460

drug use and sexual behavior of indigent African American men. a 586

NIDA prevention effort links teenage AIDS, drug use, and sexual behavior. br 102

SEXUALLY TRANSMITTED DISEASES (see also AIDS, HIV INFECTION)

prevalence of *Chlamydia trachomatis* infection in pregnant patients. a 490

a project for hepatitis B infection control using prenatal screening and infant immunization. abs 206

a proposal for strengthening medical school training in STD prevention techniques. a 196

today's challenges to the Public Health Service and to the nation. e 473

SMOKING CESSATION

evaluation of "Guia para Dejar de Fumar," a self-help guide in Spanish to quit smoking. a 564

a proposal for smoking cessation services provided by medical students to hospitalized smokers. abs 210

SMOKING, SMOKELESS TOBACCO

adults' accounts of onset of regular smoking: influences of school, work, and other settings. a 181

changes in characteristics of women who smoke during pregnancy: Missouri, 1978-88. a 52

conference planned on smokeless tobacco and effects on health. br 103

quantifying the disease impact of cigarette smoking with SAM-MEC II software. a 326

tobacco advertising in retail stores. a 570

SPORTS INJURIES

county health department offers discount coupons for bicycle helmets. br 104

STEROIDS

interagency task force urges long-range studies on effects of steroid use. br 735

STUDENT

HHS sets new rules for student loan defaults. br 224

SURVEYS AND EPIDEMIOLOGIC SURVEY TECHNIQUES

AHCPR begins new survey on cost and use of AIDS health, social services. br 467

black-white differences in alcohol use by women: Baltimore survey findings. a 124

changes in characteristics of women who smoke during pregnancy: Missouri, 1978-88. a 52

Dientamoeba fragilis detection methods and prevalence: a survey of state public health laboratories. a 322

evaluating South Carolina's community cardiovascular disease prevention project. a 536

the feasibility of collecting drug abuse data by telephone. a 384

motorcycle helmet use in Texas. a 576

a national survey of State maternal and newborn drug testing and reporting policies. a 292

prevalence of elevated serum cholesterol in personnel of the U.S. Navy. a 167

staff patterns of epidemiologists in the health departments of 12 southern States. a 583

a survey of newspaper coverage of HCFA hospital mortality data. a 517

TEENAGE, TEENS (see ADOLESCENTS)

TESTING

minerals in hair, serum, and urine of healthy and anemic black children. a 557

most physicians and nurses favor mandatory AIDS tests. br 593

U.S. NAVY

prevalence of elevated serum cholesterol in personnel of the U.S. Navy. a 167

VACCINE

availability and use of hepatitis B vaccine in laboratory and nursing schools in the United States. a 529

CDC, FDA set up new vaccine reporting system. br 104

IOI committee links vaccines with adverse health consequences. br 594

VETERINARY MEDICINE

a veterinary-based environmental surveillance system for carcinogens. abs 208

VIOLENCE

alternatives to gang membership: the Paramount Plan. abs 244

application of the principles of community-based programs. abs 269

Boston's violence prevention program. abs 237

charge to the participants: from analysis to action. a 233

closing remarks: prevention of violence: a public health commitment. a 264

the coalition for alternatives to violence and abuse. abs 239

establishing a public-private partnership. abs 242

evaluation of community-based violence prevention programs. abs 276

the Federal role in a public-private partnership. abs 243

focusing public attention on violence prevention. abs 242

funding of community interventions to prevent violence, panel discussion. abs 242

interventions in early childhood. abs 275

is battered women's help seeking connected to the level of their abuse? a 360

the Kansas City project. abs 237

most children cope with chronic neighborhood violence, some have behavior problems. br 738

the necessity of social change in preventing violence. a 225

needed: a new pathway to the prevention of violence, closing keynote address. a 263

new way of fighting. abs 240

opening keynote address: the prevention of minority youth violence must begin despite risks and imperfect understanding. a 229

prevention of violence among elementary and high school students. abs 202

the prevention of violence—a top HHS priority. a 268

reports of the working groups: application of principles of community intervention. a 244

reports of the working groups: interventions in early childhood. a 258

reports of the working groups: violence prevention strategies directed toward high-risk minority youths. a 250
reports of the working groups: violence prevention strategies targeted at the general population of minority youth. a 247
reports of the working groups: weapons and minority youth violence. a 254
violence is a greater killer of children than disease. a 231
violence prevention strategies targeted at the general population of minority youth. abs 270
violence prevention strategies targeted towards high-risk minority youth. abs 272
weapons and minority youth violence. abs 274

VISION

National Eye Institute plans nationwide study of age-related diseases. br 469

WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

using linked program and birth records to evaluate coverage and targeting in Tennessee's WIC program. a 176
WIC program participation—a marketing approach. a 547

WOMEN (see also MATERNAL AND INFANT HEALTH, PREGNANCY)

AIDS among women to double by 2000. br 216
black-white differences in alcohol use by women: Baltimore survey findings. a 124
building skills of recovering women drug users to reduce heterosexual AIDS transmission. a 297
HHS funds early cancer detection for low-income women in eight states. br 737
is battered women's help seeking connected to the level of their abuse? a 360
NIAAA profiles alcohol problems of women. br 597
PHS launches action plan on women's health issues. br 469
suppressed anger believed more deadly to women. br 217

YOUTH (see MINORITIES)

AUTHOR INDEX

- Adirim, Terry A., a 292
Adler, William H., a 451
Alston, Shannon, abs 212
Andersen, H. Frank, a 393
Anetzberger, Georgia, a 151
Anthony, James C., a 124
Aoyama, Carolyn, a 420
Aruffo, John F., a 115
- Bailey, Marvin E., a 695, a 702
Baker, Timothy G., a 634
Balcazar, Hector, a 420
Ball, John C., a 451
Bass, Joel L., a 437
Basso, Betty Z., a 523
Bates, Ruthann, a 634
Binkin, Nancy J., a 176
Birkhead, Guthrie S., a 338
Blostein, Joel, a 317
Borland, Ron, a 181
Bound, John, a 393
Bracht, Neil F., a 310
Brown, Edward, a 451
Buechner, Jay S., a 410, a 547
Buescher, Paul A., a 333
- Cai, Xi, a 420
Campos-Outcalt, Doug, a 579
Capper, Stuart A., a 134
Carlson, Ronald H., a 6
Castellan, Robert M., br 347
Chalmers, Nancy, a 443
Chen, Moon S., Jr., a 304
Ciesielski, Stephen, abs 207
Cohen, Larry, abs 239
Cohen, Stu, abs 269, abs 272, abs 276
Collins, Carlyn L., a 727
Collins, Janet, a 678
Colliver, James D., a 59
Cotton, Mary F., a 667
Coverdale, John H., a 115
Crane, Anabel Burgh, a 10
Cummings, K. Michael, a 570
Curran, James W., a 721
Czajka-Narins, Dorice M., a 557
- Daily, Lisa, a 678
Dalmat, Michael, a 678
Daniels, L. Ann, a 73
Davis, David, a 616, a 656
Dax, Elizabeth M., a 451
Deapen, Roger E., a 97
DeBuono, Barbara A., a 410
Dennis, Elaine, a 15
Dennis, John U., abs 208
Dianjun, Du, a 41
DiGiacomo, Ronald F., a 322
Dignan, Mark B., a 73, a 543
Dixon, Eleanor, br 738
Donovan, Robert J., a 645
Duggar, Benjamin, a 375
Duncan, Carlton, a 687
- Duncan, W. Jack, a 134
Dunn-Strohecker, Martha, a 364
Dwyer, Johanna T., a 364
- Ehrlich, Phyllis, a 151
El-Bassel, Nabila, a 297, a 586
England, Robert, a 579
- Farnham, Paul G., a 663
Feiner, Cheryl, a 78
Feldman, Judith P., a 410
Felice, Gregory, a 503
Fleishood, Lee, a 176
Foegen, William H., abs 242
Fortman, Carrie S., abs 206
Freeborn, Donald K., a 90
Friedland, Gerald, a 78
Frost, Floyd J., a 322
Fulton, John P., a 410
- Garcia, Francisco, abs 205
Gayle, Jacob A., a 687
Gentry, Eileen M., a 651
Geronimus, Arline T. a 393
Gfroerer, Joseph C., a 384
Gibbs, Deborah A., a 645
Gillum, Richard F., a 400
Ginter, Peter M., a 134
Ginzburg, Harold M., a 32
Glanz, Karen, a 517
Goodman, Richard A., a 443
Gordon, Kathy, a 297
Graven, Stanley N., a 426
Greeley, Liz, br 345, br 465
Green, Lawrence W., abs 242
Greenberg, Marjorie, br 591
Greenspan, Allison L., a 721
Grendon, John H., a 322
Guang-Lin, We, a 41
Guanyi, Geng, a 41
Guild, Priscilla A., a 333
Guthrie, Robert, a 304
- Haddy, Theresa B., a 557
Hadler, Stephen C., a 529
Hall, Gregory G., abs 202
Hamrick, Kim, abs 274
Harmeson, Philip, a 120
Harmon, Robert G., e 1, a 6
Hausman, Alice, abs 276
Hausser, Susan, abs 205
Havel, Richard D., abs 209
Hellinger, Fred J., br 467
Hendrix, Kate, abs 275
Henry, Rebecca C., a 142
Higgins, Donna L., a 714
Hill, David, a 181
Hoffman, William, a 451
Hogan, Joanne G., a 142
Hogelin, Gary, a 536
Holloway, Joan, a 15
Holman, Priscilla B., a 604, a 687
Hooker, Roderick S., a 90
Houk, Vernon N., a 225
- Hughes, Arthur L., a 384
Humphrey, Alan B., a 547
Hurley, Leo B., a 85
- Jacklin, Beth, abs 270, abs 272
Jason, Janine, a 639, a 645
Jenkins, Ronnie S., abs 240
Jenkins, William C., a 687
Jimenez, Richard, a 672
Jorgensen, Cynthia M., a 651
- Kahl, Patricia, a 78
Kann, Laura, a 678
Katz, Martha F., abs 243
Keiser, Niki Hutton, a 623
Kelman, Sander, a 280
Kennedy, Richard D., a 97
Kolbe, Lloyd J., a 678
Konen, Joseph C., a 543
Koplan, Jeffrey P., a 41
Kopstein, Andrea N., a 59
Korhonen, Heikki, a 41
Kovenock, David, a 410
Kramer, C. Amor, abs 203
Kroger, Fred, a 645
Kuun, Patty, a 304
- Lacey, Ella P., a 155
Lackland, Daniel T., a 536
Land, Garland H., a 52
Lang, Cynthia, abs 269
Lange, W. Robert, a 451
Langlois, Jean A., abs 204
Lawrence, James, a 570
Li, Wen, a 304
Lillie-Blanton, Marsha, a 124
Lindsey, Bryan K., a 687
Lisella, Lynn W., a 628
List, Noel, a 375
Longo, Lance P., abs 211
Lund, Adrian K., a 576
- McCarthy, Mary, a 85
McDonough, Stephen, a 120
Mace, Marcia L., a 536
MacGowan, Robin J., a 708
Machala, Maggi, a 353
MacKenzie, Ellen, a 124
Mamolen, Margaret, a 95
Marín, Barbara V., a 564
Marín, Gerardo, a 564
Marks, James S., a 41
Martin, Randi, abs 209
Masis, Kathleen B., a 484
Mason, James O., a 265, e 473, a 479
Matten, Marlene R., a 155
May, Philip A., a 484
Mehta, Kishor A., a 437
Melrod, Joan, a 196
Michielutte, Robert, a 73
Midanik, Lorraine T., a 85
Miller, Leonard S., a 280
Mills, Ileene J., a 338
Miner, Margaret W., a 353

- Mitchell, Mark, abs 237
Molloy, Patricia J., abs 275
Moore, John R., a 678
Morse, Dale L., a 338
Moseley, Robin R., a 727
Much, David H., a 490
Muir, Tristi W., abs 205
Mullan, Robert J., a 727
Murphy, Paulette E., a 634
- Nadkarni, Mohan, abs 210
Nichols, Stuart, a 297
Nissinen, Aulikki, a 41
Noble, Gary R., a 604, a 608
Northrop, Daphne, abs 272, abs 274
Novello, Antonia C., a 231
Novick, Lloyd F., a 338
Novotny, Thomas E., a 326
- O'Donnell, Lydia, abs 276
Oliver, Gwen, abs 213
O'Reilly, Kevin R., a 714
Ostos, Tony, abs 241
Ostrovsky, Marvin, a 437
Otero-Sabogal, Regina, a 564
- Parker, David L., a 443
Parra, William C., a 604
Patterson, Sheila M., abs 202
Peoples-Sheps, Mary D., a 333
Pérez-Stable, Eliseo J., a 564
Perloff, Richard M., a 460
Petty, Gary, a 460
Pietinen, Pirjo, a 41
Pirie, Phyllis L., a 310
Pomeroy, Claire, a 503
Porter, Bruce, a 579
Poulton, Anita, abs 213
Prothrow-Stith, Deborah, abs 237, a 263
Pulcino, Mary Lou, abs 204
Pyle, Robert, a 451
- Quinnan, Gerald V., Jr., ltr 31
- Radecki, Stephen E., a 494
Ramirez, Sharon, br 345
Ray, Sheila, a 375
Reddick, Anne, a 536
Reidy, Ruth, a 360
Remington, Patrick L., a 536
Resnick, Bernard, a 85
Rice, Dorothy P., a 280, a 326, a 443
Rice, George, a 47
Richardson, Charles E., a 155
Roper, William L., a 111, a 229, e 601
Rosenberg, Mark L., a 233
Rosenblatt, Roger A., a 47
Roush, Sandra W., a 529
Rudd, Joel, a 517
Rugg, Deborah L., a 708
- Sabogal, Fabio, a 564
Salmon, Charles T., a 639
Sarvela, Paul D., a 155
- Scarlett, Margaret I., a 667, a 672
Schatz, Gary C., a 529
Schilling, Robert F., a 297, a 586
Schinke, Steven P., a 297
Schlaff, Anthony L., a 186
Schleuning, Dianne, a 47
Schrager, Lewis, a 78
Schramm, Margaret M., a 95
Schwartz, Beverly, a 672
Sciandra, Russell, a 570
Scott, H. Denman, a 410, a 547
Sen Gupta, Nandini, a 292
Shai, Donna, a 68
Shapiro, Craig N., a 529
Sharp, Penny C., a 73
Shultz, James M., a 326, a 443
Siegel, Earl, a 333
Silverthorne-McIntosh, Sofia, abs 212
Sinnock, Pomeroy, a 634
Sky-Peck, Howard H., a 557
Sliepecevic, Elena M., a 155
Smith, Eric J., a 85
Smith, John L., a 547
Smith, Robert A., a 410
Smith, Sandra, br 100, br 214, br 465, br 591, br 733
Solomon, David J., a 142
Soroka, Mordachai, a 455
Spillman, Thomas C., a 176
Staples-Horne, Michelle J., abs 202
Stark, Kathleen A., a 708
Steinberg, Jane K., a 196
Stephens, Dorothy, a 15
Stockbauer, Joseph W., a 52
Stokes-Nielson, Peggy, a 672
Stroh, George Jr., a 443
Sullivan, Louis W., a 105, a 268
Summerour, Paula, br 345
Summerson, John H., a 543
Sundwall, David N., a 2
Sutherland, Steven J., abs 205
Swanson, Nancy M., a 708
- Taren, Douglas L., a 426
Tavani, Cleonice, a 2, a 19
Taylor, Jeffrey, a 142
Timmerman, Tina, a 120
Toomer, Monica, a 15
Trent, Linda Kelly, a 167
Trowbridge, Frederick L., a 176
Truman, Benedict I., a 678
- Urton, Maxine M., a 192
- Vallbona, Carlos, a 115
Van Amburg, George H., a 142
Vartiainen, Erkki, a 41
Veblen-Mortenson, Sara, a 310
Vogt, Richard L., a 95
Von Korff, Michael, a 360
- Waller, Robert R., a 628
Warren, Rueben C., a 225
Washington, Linda, br 100
- Weinzimer, Robert J., br 100
Weisbrod, Rita R., a 310
Wellman, Joanne, a 196
Werth, James L., Jr., abs 210
Westover, Bonita J., a 616
Wheeler, Frances C., a 536
White, Sara L., a 557
Wiecha, Jean L., a 364
Williams, Allan F., a 576
Williams, Kenneth R., a 667, a 672
Williamson, David, a 41
Willis, Winnie O., a 523
Wilson-Brewer, Renee, abs 270, abs 272
Woehlke, Paula L., a 155
Woernle, Charles H., a 583
Womack, Katie N., a 576
Wong, Faye L., a 176
Woods, Diana R., a 616
Wright, W. Russell, a 155
- Yeatts, Dale E., a 375
Yeh, Sze-Ya, a 490
Yip, Ray, a 176
Young, Larry D., a 73
- Zaharlick, Amy, a 304
Ze-Yu, Guo, a 41

PHS Strategies Reflect the Long Range Goal of Building the Capacity of Public Health Systems

A detailed Public Health Service (PHS) action plan to build public health capacity at State and local levels has been published as a supplemental issue of *Public Health Reports* now being distributed to subscribers.

"A Plan to Strengthen Public Health in the United States" was prepared at the direction of Dr. James O. Mason, HHS Assistant Secretary for Health, and head of the Public Health Service. He convened the Public Health Service Task Force to Strengthen Public Health in the United States and its report was issued first in January 1991 (1).

The plan was designed to ensure that the country's public health system is able to achieve the challenges for this decade that are outlined in "Healthy People 2000: National Health Promotion and Disease Prevention Objectives," issued in 1990 (2).

The 86-page publication outlines public health actions that the PHS agencies have proposed to take in two time frames, fiscal years 1990-91 and 1992 and beyond. The actions include Federal activities having the explicit purpose of building the capacities of public and private partners to organize and deliver public health services. Such activities include providing technical assistance and awarding funds for specialized programs. The plan includes actions that represent federally conducted activities in support of the public health system, such as conducting research and developing data systems.

Essentially an internal PHS planning document, the plan was reviewed by State and local health officials, who

suggested its wider distribution. Copies of the supplement are being distributed at Dr. Mason's direction to State, county, and local health departments; a variety of private, voluntary, and professional organizations; and within the academic community. Distribution to health officials is being made by the Centers for Disease Control, the PHS agency responsible for the planning activity.

The document addresses major concerns about the capability of the public health system to continue to meet the country's expectations for basic public health protection. Such concerns were expressed by the Institute of Medicine in its report, "The Future of Public Health" (3). The PHS plan is organized according to the three key public health functions identified by the Institute's report: assessment, policy development, and assurance. There are 13 separate PHS strategies grouped under the three functions, with the actions of each of the PHS agencies listed under each strategy. Assessment is defined as monitoring the health of the public, policy development is promoting scientifically sound health policy, and assurance is guaranteeing the benefits of public health for all.

The plan notes that the success of capacity building efforts depends on renewed commitment to developing scientific knowledge, increasing the capacity to recognize and characterize new or emergent health problems, and translating new and existing knowledge into feasible intervention strategies.

In keeping with the Institute report, the plan focuses special attention on

the capacity of State and local agencies in each of the core functions of public health, and on what the PHS will do to help those agencies identify and meet public health priorities in the 1990s.

Because of the broad focus of the Healthy People 2000 Objectives, the plan addresses the entire public health system. Actions are specific to the capacities of an array of PHS partners, such as tribal governments, academic health centers, industry, health care providers, professional and voluntary associations, community-based organizations, and others.

Copies of Public Health Reports, Vol. 106, Supp. 1, 1991, "A Plan to Strengthen Public Health in the United States," may be requested from CDC, PHP, MS D22, Atlanta, GA 30333.

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