New Guidelines Issued for Primary Care of People with HIV

Guidelines by the Public Health Service's Agency for Health Care Policy and Research are designed to improve the ability of family doctors, pediatricians, and other front line primary care practitioners to provide critically important early care for persons recently infected with the human immunodeficiency virus (HIV).

They are contained in a booklet, "Early Evaluation and Management of HIV Infection," which, together with a quick reference guide and booklets for persons with HIV and their caretakers, are generally available.

The guidelines were developed by a private-sector panel of physicians, dentists, nurses, social workers, physician assistants, and a man and a woman living with HIV.

The guidelines recommend that the provider try to coordinate all aspects of medical care as well as obtain needed support and case management services, when available.

The guidelines recommend

Disclosure of HIV status. The practitioner should disclose the presence of HIV to a patient or in the case of children, to the parents or caretakers, in person. Counseling should include discussion of the psychosocial and medical effects of the illness and available therapies and support services.

Patients also should be told about Federal, State, and local reporting requirements and of potential advantages and disadvantages of voluntary disclosure to family, friends, and others.

Medical evaluation and management. Detailed medical history-taking, including sexual and substance use history, is crucial and should emphasize review of HIV test results and previous infections.

Practitioners closely monitor patients' count of CD4 cells beginning with the initial medical evaluation, and every 6 months thereafter for those with counts higher than 600 cells per microliter and at least every 3 months for patients whose counts are between 600 and 200. Monitoring of CD4 count below 200 is dependent on the availability of other interventions.

Preventive therapy for *Pneumocystis carinii* pneumonia begin when a patient's CD4 cell count drops below 200 or he or she has an episode of the disease or other specific symptoms.

Pregnant women's CD4 cell count be measured when they begin a prenatal care program or at delivery if they have not had prenatal care.

Patients be screened for *Mycobacterium tuberculosis* and preventive therapy or treatment be started, if warranted. Methods to improve adherence to treatment of tuberculosis should be employed.

All HIV-infected and sexually active adults and adolescents be checked for the presence of syphilis and other sexually transmitted diseases in the initial medical evaluation and regularly thereafter.

Patients whose CD4 counts are below 500 be offered antiretroviral therapy with zidovidune (ZDV, formerly known as AZT). Patients should be informed about the potential benefits and risks of early therapy with ZDV, and other options for antiretroviral therapy should be discussed. Pregnant women should be told of possible benefits as well as risks to both themselves and their unborn babies.

Women be given regular pelvic examinations that include Pap smears.

Adolescents be assessed based on their level of sexual and physical maturity and drug dosages should be adjusted accordingly.

The provider conduct an oral examination at each visit and recommend that a dentist examine the patient at least twice a year.

The practitioner also conduct an eye examination and recommend that the patient see a qualified eye specialist according to a schedule that varies with their age and symptoms.

Contraceptive, family planning, and prenatal counseling be given to all HIV-infected women, with the focus on the patient. Her psychological state and medical and social support network should be assessed.

HIV-infected mothers be informed of the need for contingency planning for future care of their children.

Patients be provided with access to appropriate clinical trials including women, as well as pregnant women and adolescents.

The provider should obtain information regarding available case management programs and provide patients access to them.

Consumer information. Two accompanying booklets—for persons living with HIV and for caregivers of HIV-infected children—urge readers to learn all they can about HIV infection, see their practitioner regularly, and work in partnership with their provider regarding their care.

The booklets, which are available in English and Spanish, also recommend that women talk with their provider about family planning, pregnancy, breast feeding, and related matters.

The guidelines are being widely disseminated to primary care physicians and other practitioners, and the consumer guides are being made available to HIV screening sites, community and migrant health centers, public health departments, and other settings.

Copies of "Early Evaluation and Management of HIV Infection," an accompanying quick reference guide, and the consumer booklets, are free. Telephone 1–800–342–2437 (AIDS), 1–800–344–7432 (SIDA) for those who speak Spanish, and 1–800–AIDS–TTY for the deaf. Persons with telephone-equipped facsimile can get the quick reference guide, consumer booklets, and an overview of the guidelines by calling AHCPR Instant Fax (301–594–2800) 24 hours a day.

NIH to Study Immune System Supplement in HIV-Infected Women

Three agencies of the National Institutes of Health (NIH) are initiating a $14-million, 3-year study of the effects of an immune system supplement on HIV transmission from infected pregnant women to their offspring.

The National Institute of Child Health and Human Development, the National Heart, Lung, and Blood Institute, and the National Institute of

Allergy and Infectious Diseases are supporting the project.

Investigators will examine the effectiveness or HIVIG, an immune globulin preparation containing large quantities of antibodies to HIV, in preventing HIV in infants born to infected women.

Study participants also will receive zidovudine (AZT), an antiviral agent. A control group will receive a non-HIV-specific immune globulin (IVIG) and zidovudine.

The trial will enroll and follow 400 pregnant women, most of whom will be African American or Hispanic American, with documented HIV infection who are receiving AZT because of the advanced stage of their disease.

HIV Risk 10 Times Higher for Migrant Farmworkers

Migrant and seasonal farmworkers are contracting the human immunodeficiency virus (HIV) at 10 times the rate of the general population, and many lack access to the prevention, treatment, and education services that could minimize their risk, according to a report by the National Commission to Prevent Infant Mortality.

The report, "HIV/AIDS: A Growing Crisis Among Migrant and Seasonal Farm Worker Families," was made possible by a grant from the American Foundation for AIDS Research.

There are between 1.5 and 5 million migrant farmworkers across the country, but less than 15 percent of the estimated population is able to access primary care services. Migrant farmworkers represent a medically underserved population because of their mobility and language and cultural barriers.

The report recommends that

- Congress appropriate money for HIV-AIDS data collection and research;
- the Secretary of Health and Human Services establish the prevention and treatment of HIV-AIDS among farmworker women and children as a priority;
- outreach programs be funded and expanded to reach migrant farmworkers;
- the unique health care needs of farmworkers and their families be considered in health care reform efforts; and
- migrant health centers, administered by the Health Resources and Services Administration of the Public Health Service, be maintained and expanded.

Information on the report can be obtained by telephoning Jack Egan at 301–594–4301.

Infants and Toddlers Exposed to Violence Subject of New Report

Although most adults prefer to think that infants are not affected by violence, "Caring for Infants and Toddlers in Violent Environments: Hurt, Healing and Hope," a new report from the Violence Study Group of the national nonprofit organization Zero to Three, notes that, in fact, children younger than age 3 remember and try to understand their experiences of violence.

Very young children who have experienced or witnessed violence in the community or home may show symptoms of post-traumatic stress disorder in disrupted patterns of eating, sleeping difficulties (including night terrors), anxious reactions, fearfulness, and difficulties in paying attention and relating to others.

According to Joy D. Osofsky, Professor of Pediatrics and Psychiatry at Louisiana State University Medical Center and editor of the report, "Today's infants are in double jeopardy. On the one hand, they are in danger of becoming the victims of violence. On the other hand, they can become accustomed to violence, losing the ability to empathize with its victims and taking on the role of the aggressor."

"Caring for Infants and Toddlers in Violent Environments" was written, with support from the Ford Foundation, to help readers understand the specific meanings of violence for very young children, for parents, and for people who work in violent environments.

Drawing on the experiences and expertise of parents, child care providers, community police officers, and mental health professionals, the report presents research findings and case reports illustrating what is known about the impact of early experiences of violence on development. It suggests ways for adults to cope successfully with their own experiences of violence, so that they in turn can help very young children cope with potentially devastating trauma.

Contributors to the report include James Garbarino, Erikson Institute; Betsy McAlister Groves, Boston City Hospital Child Witness to Violence Project; Beverly Roberson Jackson, Zero to Three; J. Ronald Lally, Far West Laboratory for Educational Research and Development; Alicia F. Lieberman, University of California, San Francisco; Steven Marans, Yale Child Study Center; Dolores G. Norton, University of Chicago; Joy D. Osofsky, Louisiana State University Medical Center; Marilyn M. Segal, Family Center of Nova University; Charles H. Zeanah, Louisiana State University Medical Center; and the late Sally Provence.

Copies of "Caring for Infants and Toddlers in Violent Environments" are available for $4.95 plus $2.50 for postage and handling from Zero to Three, 2000 14th Street North, Suite 380, Arlington, VA 22201-2500; tel. 703–528–4300; FAX 703–528–6848.

Hazardous Bedding May Cause Some Cases of Sudden Infant Death

Investigators supported by the National Institute of Child Health and Human Development (NICHD) have found evidence that rebreathing expired air may have contributed to the death of infants initially diagnosed as having succumbed to Sudden Infant Death Syndrome (SIDS). These infants were found prone (face down) on bean bag pillows. Other types of soft bedding also may be hazardous to infants.

Each year in the United States, between 6,000 and 7,000 children die with a diagnosis of SIDS. The exact causes remain unclear, but recent studies from abroad have implicated the prone sleeping position with a greater risk of SIDS.

In light of this evidence, the American Academy of Pediatrics issued a statement in 1992 recommending that parents place their infants on their side or back when putting them down to sleep. And on January 5, 1994, the Consumer Product Safety Commission issued a safety alert advising that parents not place infants to sleep on soft bedding products.

Presently, there is no formal recommendation for infant sleep position, but in this country the most prevalent practice has been to place infants in the prone position. NICHD is support-

ing critical research to investigate why the prone sleeping position may make an infant more vulnerable to SIDS.

Investigators provided important evidence to the Consumer Product Safety Commission that rebreathing expired air may have caused suffocation of infants found dead on bean bag pillows. In these cushions, the resistance to airflow is low, and in a relatively closed space the infant could rebreathe its expired air.

"Surveys conducted in the United States show that the most common practice is to place infants younger than age 8 months to sleep on a crib mattress covered with a sheet," said Dr. Marian Willinger of NICHD's Pregnancy and Perinatology Branch. "The work by researchers and the Consumer Product Safety Commission emphasizes the importance of this practice."

At least one study indicates that infants spontaneously sleep face down. Researchers studied the prone sleeping behavior of a group of infants ages 2 to 6 months and found that all of the infants spontaneously placed their face down while sleeping.

Soft bedding seemed to elicit this behavior more frequently than hard bedding (35 percent of sleep time versus 14 percent of sleep time). Inspired CO_2 was higher when the infant was face down on soft bedding than on hard bedding. Findings indicate that some infants may be more vulnerable than others to suffocation from rebreathing expired air.

Oxygen levels in the blood were normal for all infants while sleeping face down except for one. This infant, who had a history of slow feeding and hypotonia in the neonatal period, did not arouse or change from the face-down position without intervention. The carbon dioxide level in this infant was rising and there was a significant lack of oxygen in the blood; most infants would arouse themselves from sleep under these circumstances.

The NICHD, in collaboration with the Centers for Disease Control and Prevention and the Indian Health Service, is also supporting two case-control studies of medical and environmental risk factors for sudden infant death. Infant sleep practices, including the types of bedding used, are being studied to find out if certain patterns of bedding are more frequently observed with infants who die of SIDS than with infants who do not die.

OTA Examines Role of Biological Factors in Substance Abuse

The Congressional Office of Technolgy Assessment (OTA) has issued a background paper that describes the biological components of substance abuse and addiction.

It is the first of two documents being published as part of an assessment of technologies for understanding the root causes of substance abuse and addiction. The second publication will discuss the complex interactions of biochemical, physiological, and sociological factors leading to substance abuse and addiction.

OTA is a nonpartisan analytical agency that aids the Congress in the complex and often highly technical issues that increasingly affect society.

The complexity of human responses, coupled with the number of drugs that are abused, complicates the understanding of the role of biology in drug use and abuse. Nevertheless, say OTA researchers, scientists know the site of action of many drugs in the brain, and sophisticated new devices are expected to improve that understanding.

Two biological factors contribute to substance abuse and addiction—the effects drugs of abuse exert on the individual and the biological status of the person taking drugs. The former relates to the acute mechanisms of action of these drugs in the brain and the long-term effects that occur after chronic exposure. The latter pertains to the biological constitution that affects a person's response to a drug.

What separates drugs of abuse from other psychoactive drugs, say OTA investigators, is that most of them produce in people who use them some effect, such as pleasure, detachment, or relief from distress, that provokes and supports their continued use and abuse. Beyond their immediate rewarding properties, drugs of abuse, when used on a chronic, long-term basis, can cause either permanent changes in the brain or alterations that may take hours, days, months, even years to reverse after drug cessation.

While it seems likely that substance abuse and addiction involve a genetic component, it has not been fully characterized, and alone it is insufficient to produce substance abuse and addiction.

The full assessment of substance abuse and addiction was requested by the House Committee on Government Operations and the Senate Committees on Governmental Affairs and on Labor and Human Resources.

Copies of the 68-page background paper, "Biological Components of Substance Abuse and Addiction," may be obtained for $4.25 each from the Superintendent of Documents, Government Printing Office, P.O. Box 371954, Pittsburgh, PA 15250-7954; tel. 202–783–3238. The GPO stock number is 052-003-01350-9.

Native Americans Get $2.2 Million to Fight Substance Abuse

A total of 15 Native American organizations and tribal entities serving Indian and Native people across the United States have received more than $2.2 million from the Robert Wood Johnson Foundation to address substance abuse, making use of cultural values and traditions among other things.

The grants represent the beginning of the first phase of a $13.5-million initiative, "Healthy Nations: Reducing Substance Abuse Among Native Americans." In this phase, the selected tribal governments and organizations will plan a public awareness campaign, prevention and early intervention programs, and additional treatment initiatives.

"The unique part of the Healthy Nations Program is that grantees will develop strategies that are based on Native American values and traditions to garner community-wide support in confronting the issues and healing the wounds that substance abuse has caused," said Steven A. Schroeder, MD, President of the foundation. "Through traditional ceremonies and activities, Native Americans enforce their beliefs that sharing, generosity, reciprocity, and mutual respect among tribal members are key to a strong, healthy community," he added.

Substance abuse is directly associated with significant rates of illness, disability, and mortality among Native Americans, including alcoholism, tuberculosis, diabetes mellitus, unintentional injuries, homicide, and suicide, at levels that far exceed the U.S. population in general.

Three factors identified as contributing to substance abuse that will be addressed by the Healthy Nations projects are (*a*) a deteriorating sense of cultural heritage, (*b*) a lack of consistent messages against substance abuse within communities, and (*c*) strong peer group pressures.

Grantees that successfully develop project plans in phase one will be eligible to apply to the foundation for up to $1 million each in 4-year implementation funds.

The Healthy Nations program is co-directed by Spero M. Manson, PhD, and Candace M. Fleming, PhD, at the National Center for American Indian and Alaska Native Mental Health Research at the University of Colorado Health Sciences Center.

Workshop on Low Literacy Communication Skills for Health Professionals

The University of New England's Third Annual Institute on Low Literacy Communication Skills for Health Professionals will be held in Biddeford, ME, July 10–13, 1994.

The workshop is designed for health educators, health directors, care providers, counselors, and administrators who use, produce, and distribute information to the public.

The 1993 National Adult Literacy Survey documents that 47 percent of adults read too poorly to understand most printed health information, which means material must be presented in a format the audience can read, and wants to read.

Principles of effective writing, graphic design, and other necessary skills to produce low cost, easy-to-read, culturally appropriate health materials will be presented.

The Institute's co-leaders are Jane Root, PhD, and Sue Plimpton, MPH. Their article "Materials and Strategies that Work in Low Literacy Health Communication" appeared in the January-February 1994 issue of *Public Health Reports*.

Dr. Root is a nationally recognized literacy expert, trainer, and co-author of "Teaching Patients with Low Literacy Skills," and the "Literacy Volunteers of America Training Manual." Ms. Plimpton is the Director of the University's Health Literacy Center and is a national presenter on literacy and health. In the past 3 years, her "Literacy and Health Promotion Project" has developed a training model on easy-to read communications.

Emphasizing individualized learning, the workshop will

- identify learning difficulties of poor readers and culturally diverse populations and how they can be addressed by simplifying materials,
- enable participants to understand the rules for writing easy-to-read materials,
- develop a planning process for materials development, including needs assessment methodologies, readability formulas, and field-testing strategies,
- practice principles of good graphic design, and
- enable participants to produce their own pamphlets ready for distribution.

Information can be obtained by telephoning the University College of Professional and Continuing Studies at (207) 283–0171, ext. 122. Space is limited to 38 participants.

Journal Seeks Manuscripts on Mental Disorder, Substance Abuse Tie-in

The Journal of Mental Health Administration is soliciting manuscripts for a forthcoming special issue on comorbidity of mental disorders and substance disorders.

The peer-reviewed Journal of Mental Health Administration publishes manuscripts on the organization, financing, policy, planning, and delivery of mental health and substance abuse services.

Contributions for the special issue are invited on topics including epidemiology, services utilization and costs, services research issues, and evaluation and systems issues for persons with dual disorders (including polydrug use). Any age group may be addressed.

Manuscripts should be approximately 15–25 pages in length and contain an abstract preceding the text.

Manuscripts should be sent by September 1, 1994, to Bruce Lubotsky Levin, DrPH, Editor, Journal of Mental Health Administration, Florida Mental Health Institute, University of South Florida, 13301 Bruce B. Downs Blvd., Tampa, FL 33612-3899; tel 813–974–6400; FAX 813–974–4406; Internet: levin@fmhi.usf.edu.

AARP Publishes Study on Elderly Housing

The American Association of Retired Persons (AARP) has published a study focusing on housing issues relevant to older Americans.

"Progress in Elderly Housing" describes the current housing circumstances of older people and how those circumstances have changed over the past decade.

The report analyzes data from the 1980 and 1989 American Housing Surveys and examines the number of older households and their composition by age, by incidence of homeownership and renting, by housing type and size of structure, by housing costs and home values by occupant age, by number of older single-person households in government-assisted housing, and by housing tenure and quality. Particular attention is given to the situation of older women, older minorities, and older persons living in rural areas.

A copy of "Progress in Elderly Housing" may be obtained by writing Consumer Team, Public Policy Institute, AARP, 601 E St., NW, Washington, DC 20049.

National Library of Medicine Offers New Data Base for Research

A new online data base joins the National Library of Medicine's international online network. HSTAR (Health Services/Technology Assessment Research) now provides access to the published literature of health services research.

HSTAR is unusual among NLM data bases in that it contains not only selected pertinent references and abstracts from MEDLINE® and several other NLM databases but references to government reports, books, book chapters, meeting abstracts, and newspaper articles. Most of the literature cited is from 1985 to the present. It contains 1.3 million records and is updated weekly.

HSTAR was developed by the National Library of Medicine in cooperation with the Agency for Health Care Policy and Research (AHCPR) as part of the Library's recent mandate from the Congress to expand its information

services in such areas as health services research methods, technology assessment, clinical practice guidelines, health care delivery systems, financing, evaluation, planning, and quality assurance. AHCPR will continue to contribute research reports, clinical practice guidelines, and other categories to the data base.

The new data base should be of great use to administrators, planners, policy makers, third-party payers, health service researchers, and the medical information specialists who serve these groups.

HSTAR is available under the same conditions as MEDLINE and most of the other NLM data bases, that is, at about $18 per connect hour. It may be accessed using the Library's Grateful Med® software for IBM-PC and Macintosh microcomputers. The cost of an average HSTAR search using Grateful Med is about $1.25.

More information about the contents of the HSTAR data base is available from the National Information Center on Health Services Research and Health Care Technology, NLM, 8600 Rockville Pike, Bethesda, MD 20894; tel. 301–496–0176. Internet: nichsr@nlm.nih.gov.

Grants to 11 Communities Target Cultural Barriers to Health Care

Moving to fill a gap that is not addressed by any of the current health reform proposals, two of the nation's leading health care foundations will provide $5.5 million in grants to finance innovative projects in 11 communities aimed at reducing the social and cultural barriers that hinder access to care.

The Opening Doors Program of the Robert Wood Johnson Foundation and the Kaiser Family Foundation was designed to respond to the inequity arising when health insurance alone does not guarantee adequate health care. Inadequate care can arise when social and cultural differences exist between the patient and the care giver, such as differences in language, cultural beliefs about the body and illness, and the role of family members in the decision making process.

Grant recipients were selected from more than 800 applicants, a testament to the demand across the country for health care services that are culturally sensitive. The 11 grantees in New York City, Oakland and Redding, CA, Champaign, IL, DeLand, FL, Indianapolis, IN, Flagstaff and Phoenix, AZ, Research Triangle Park, NC, Rochester, NY, and Seattle, WA, will share $2.8 million over 3 years in the $5.5 million program, with grants ranging from $88,000 to $400,000. A second series of grants will be announced in early 1995.

The 1994 projects will address nonfinancial or "sociocultural" barriers to health care by

- correcting for verbal and nonverbal cultural disparities, including jargon and dialects, that often cause misunderstanding and mistrust;
- taking into account the often widely differing assumptions about health practices and beliefs between patient and provider. Western medicine is based on the expectation of patient compliance, making few allowances for racial, ethnic, and cultural factors; and
- providing care that is convenient to the lifestyles of the community members being served.

The Johnson Foundation, located in Princeton, NJ, is the largest philanthropy devoted exclusively to improving the health and health care of all Americans. The Kaiser, based in Menlo Park, CA, is an independent health care philanthropy dedicated to improving the health care of the poor in the United States and South Africa.

Opening Doors is administered for the two foundations by Greater Southeast Healthcare System in Washington, DC. Inquiries regarding the grant application process should be directed to 202–574–6943.

WHO Publishes New Booklets on Aging Workers, TB Therapies

The World Health Organization (WHO) has published two new booklets, one on the health and performance of elderly workers and a second on the best treatment for tuberculosis in the current worldwide epidemic.

"Aging and Working Capacity, Report of a WHO Study Group" explores the large number of factors that influence both the health of aging workers and their performance on the job. Citing global demographic trends that point to an increasingly aged workforce, the report emphasizes specific measures that can help prevent a premature decline in work capacity and thus contribute to economic productivity.

Fundamental questions considered include the nature of age-related changes in mental and physical abilities and the extent to which these changes are compatible with work demands. Factors that can help preserve working capacity and protect workers against disability are also considered.

The 49-page report opens with a discussion of the implications of global demographic trends for national employment policies. The second section reviews what is known about age-related changes that may impair performance and thus call for adjustments in either the workplace or the assignment of responsibilities and job tasks. Changes considered include a decline in muscular, cardiovascular, and respiratory functions and in vision and hearing. There are also reminders of certain areas in which older workers continue to perform at a very high level.

Other sections summarize data on the health problems of aging workers and discuss different working conditions of special concern to older workers. Stressful work environments, such as shiftwork and conditions of heat and cold, are considered in a separate section, which concentrates on differences in the adaptive capacity of younger and older workers.

The remaining sections outline different health promotion strategies for aging workers and describe measures that can support work capacity as workers age. The report concludes that one of the best forms of support is a combination of health promotion and job redesign, noting that work demands should change, just as workers themselves change as they grow older. Particular attention is given to the special strengths of older workers and the need for social and employment policies to make the best use of these qualities.

"Treatment of Tuberculosis, Guidelines for National Programs" provides a concise didactic guide to the formulation of standardized effective treatment regimens for use in national programs for the control of tuberculosis.

Citing several recent advances in

the treatment of this disease, the 43-page book urges national programs to adopt intensive short-course chemotherapeutic regimens, particularly since these shorter regimens help guard against the serious problems caused by patient nonadherence and the consequent development of drug-resistant disease. Problems caused by the growing epidemic of HIV infection, which is a potent facilitator of tuberculosis, are also considered.

Noting that chemotherapy has failed to achieve acceptable cure rates in most developing countries, the book presents compelling arguments against the continued use of the common 12–18-month treatment regimen. As a preferred strategy, the book recommends the use of the newer intensive, 6-month regimens as more efficacious, less costly in the long run, and less toxic to tuberculosis patients with HIV infection.

In terms of preventing drug-resistant disease, the newer regimens also have the advantage of fully supervised administration of chemotherapy, especially during the first 2 months of treatment.

The core of the manual consists of guidelines for the standardization of short-course chemotherapy. These standardized treatment regimens, which are set out in text and tables, are specific to four different categories of patients, defined according to the site of disease and the patient's history of treatment. To guide decisions in cases where resources are limited, each category is also assigned a level of priority for treatment, moving from "highest" for new cases of smear-positive pulmonary tuberculosis to "low" for chronic tuberculosis, where the likelihood of multidrug-resistant disease is great.

Further practical guidance is provided in chapters devoted to patient monitoring, the problems of patient nonadherence and dropout, and the special case of HIV infection and tuberculosis. Other chapters provide brief guidance on program-wide strategies and drug regimens that can help achieve an acceptable cure rate, explain why short-course therapy is now highly cost-effective, and discuss the quality assurance of antituberculosis drugs.

Additional information about essential antituberculosis drugs is set out in a series of three annexes, which provide model prescribing information for each drug, including clinical advice on side effects and adverse reactions, and summarize the cost of recommended treatment regimens.

Each booklet is available for $9 from WHO Publications Center USA, 49 Sheridan Ave., Albany, NY 12210.

New NGA Study Examines Medicaid Reimbursement for State, Local Clinics

State and local health department clinics have been a frequent source of preventive and primary health care for Medicaid recipients. Medicaid reimbursement rates, however, often have been insufficient to cover the actual costs associated with such services, and the health departments cannot shift the costs to other patients who are predominantly medically indigent and impoverished.

A new National Governors' Association (NGA) report, "Medicaid Cost-Based Reimbursement for State and Local Health Department Clinic Services," finds that 23 States have developed alternative methods of payment, particularly cost-based reimbursement systems, under which public health department clinics are paid the full costs, or a proportion of the actual costs incurred, to render services to Medicaid-eligible patients.

The study also provides State and Federal policy makers with much needed information on States that have chosen to establish often complicated payment systems. Important characteristics of these systems include the development of average cost per service or encounter rates, extensive cost reporting systems, or procedures for performing cost justifications or retrospective cost settlements to adjust for costs incurred.

The report discusses the findings of NGA's survey of State Medicaid agencies on Medicaid coverage and payment policies for services delivered by State and local health department clinics. The study established a baseline of information on how States are reimbursing their State and local health department clinics for services delivered to Medicaid-eligible patients. The study also sought to determine the degree to which States have implemented cost-based payment policies for Medicaid preventive and primary care services provided by public clinics.

In addition, the approaches used in two States, Maryland and Tennessee, are analyzed in greater detail in an effort to shed light on the policy and fiscal implications of adopting cost-based reimbursement. In light of the growing trend toward Medicaid managed care in States across the nation, these case studies also raise questions about the future of cost-based reimbursement systems and the role that public health departments may play in providing primary care.

The report concludes that the extent to which public health department clinics will continue to serve as important primary care providers to low-income populations appears to depend not only on the adequacy of the reimbursement rates they receive, but also on their ability to adapt to the realities of a managed care environment.

Copies of the report are available for $15, plus $4.50 for shipping and handling, from NGA Publications, P.O. Box 421, Annapolis Junction, MD 20701; tel. 301–498–3738.

$2.2 Million in Research Grants Awarded to Study U.S. Health Care Issues

Eleven researchers from a wide range of disciplines have received $2.2 million to carry out studies intended to increase understanding of health and health care policy issues in the United States as part of Robert Wood Johnson Foundation's new $8 million Investigator Awards in Health Policy Research.

The foundation originated the investigator awards program in 1993 to encourage experts from diverse academic backgrounds to think creatively about the most important problems influencing health and the health care system and to contribute to the broad intellectual foundation of future health care policy.

"Among this first round of investigator awards are some of the most creative approaches to achieving an understanding of broad social problems in the health care field," commented Robert G. Hughes, PhD, Director of Program Research at the foundation. "The awardees group includes people with an expertise in economics, political science, sociology, journalism, and public policy, who

reflect the program's goal of bringing in diverse intellectual perspectives to health policy issues."

The awardees are

- University of California at Berkeley—James C. Robinson will study, from an economic perspective, the transformation of the health care delivery system from a fragmented cottage industry to a competitive market of integrated delivery organizations.
- Columbia University—Annetine C. Gelijns will study the forces that drive the rate and direction of technological change in medicine nationally and examine policy mechanisms that can accommodate medical innovation and cost containment concurrently.
- Harvard University—Theda Skocpol will examine major episodes of actual or attempted health care reforms in U.S. national politics from the 1930s to the 1990s and how the changing institutional and political contexts and dynamics affect the possibilities for reform.
- Johns Hopkins University—Carol S. Weisman will examine issues concerning the health care of American women including equity and appropriateness in women's health care and their implications for health services research, design and management of health services, and health policy.
- Johns Hopkins University—Richard G. Frank and Thomas G. McGuire (Boston University) will develop a model for integrating mental health and substance abuse care within the mainstream medical care system.
- University of Maryland—Thomas R. Oliver will conduct a systematic analysis of innovative leadership in health policy to discover patterns in entrepreneurial leadership and the process of innovation.
- University of Minnesota—Lawrence R. Jacobs will examine how public opinion shapes the current debate over health care reform, and the relationships among public opinion, media coverage, and the decisions of Congress and the Clinton Administration.
- Northwestern University—Michael L. Millenson will examine the medical-quality management and measurement movement and produce a book on the current state-of-the-art for employers, policymakers, and the lay public.
- Stanford University—W. Richard Scott will develop and evaluate an integrated theoretical model of changes in the organization of medical care and collect new data on changes in medical care organizations in the San Francisco Bay area between 1960 and 1995.
- Yale University—Mark J. Schlesinger will study the perceptions, competing values, and expectations underlying contemporary health policy and examine how they interact to affect public attitudes and the policymaking process.

Direction and technical assistance for the program is provided by the Foundation for Health Services Research (FHSR), which will serve as the national program office. The primary contact at FHSR is Robin Osborn, the program's deputy director.

Oral Health Clearinghouse Established for Special Care Dental Patients

For the first time, there is a central resource for special care dental patients and practitioners—the National Oral Health Information Clearinghouse (NOHIC), a new service of the National Institute of Dental Research of the Public Health Service.

Special care patients have medical or disabling conditions that lead to oral health problems whose treatment often lies outside the realm of traditional dental care. They include

- people with genetic disorders or systemic diseases that affect oral health. Cleft lip or palate, or both, for example, are among the most common birth defects and pose major treatment challenges for practitioners. Similarly, many systemic diseases such as diabetes mellitus or Sjogren's Syndrome can have serious oral complications.
- people whose medical treatments cause oral problems, such as mouth sores or dry mouth that often result from chemotherapy or radiation therapy for head and neck cancers, or from a variety of medications.

The growing number of special care patients in the general population poses problems for both patient and practitioner. For patients, the problem is twofold. They not only need oral health care information related to their condition, but they must also be able to find health professionals who are trained to help them. For practitioners, the problem is lack of readily accessible, comprehensive information about providing oral health care to special patients. The clearinghouse was created in response to this need for a central bank of information for both special care patients and their health care providers.

NOHIC offers a variety of services to help patients and professionals find and obtain information. NOHIC maintains a computerized catalog that provides descriptions and ordering information for a broad array of publications and other materials. In addition, the clearinghouse collects and maintains information on key organizations and programs involved in special care and the services avaliable from these groups. NOHIC also produces and distributes patient education materials, including fact sheets, brochures, and information packets.

Free materials, information, and referral to other helpful resources can be obtained from National Oral Health Information Clearinghouse, Box NOHIC, 9000 Rockville Pike, Bethesda, MD 20892; tel. (301) 402–7364. Internet: NIDR@aerie.com

Organ Donations Increased in 1993, New Figures Show

The number of organ donors in the United States increased by 7 percent in 1993, according to preliminary figures released by the United Network for Organ Sharing (UNOS).

Cadaveric organ donors totaled 4,824 in 1993. More than 33,300 patients currently are registered on the organ transplant waiting list. As many as seven organs can be recovered from one donor—two kidneys, two lungs, a heart, liver, and pancreas.

UNOS also reported that the percentage of black and Hispanic organ donors rose from 8.8 percent in 1988 to 11.5 percent in 1993. This is hopeful news for these minorities, since they are disproportionately affected by kidney disease, and matching kidney donors from other races are difficult to find. Kidneys are the only organ for which tissue typing plays a major role in transplants.

UNOS attributes the increases to the transplant community's intense public education efforts, especially among minorities.

"There has been little growth in the number of organ donors in previous

years, and it is encouraging to see that the public is responding to this dire need," said Judith Braslow, who heads the Division of Organ Transplantation (DOT) in the Health Resources and Services Administration (HRSA) of the Public Health Service.

With the passage of the National Organ Transplantation Act of 1984, HRSA contracted with UNOS to develop and maintain a national computerized list of patients waiting for organ transplants. UNOS also operates a 24-hour organ placement center that matches donors and recipients.

DOT has a contract with UNOS to maintain a registry of all transplant recipients from the time of surgery until transplant failure or death. The information is summarized and published biannually for each transplant program so that the public may compare local transplant success rates to national standards.

Abstracts Sought for 1995 Symposium on Small Area Public Health Statistics

The Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) of the Public Health Service will sponsor the Statistical Methods Symposium on Small Area Statistics in Public Health: Design, Analysis, Graphic and Spatial Methods, on January 25-26, 1995, in Atlanta, GA.

A short course on Geographic Information Systems, taught by Robert Marx, U. S. Bureau of the Census, will be offered on January 24, 1995, in conjunction with the symposium. The symposium and course are open to the public.

Scientists are encouraged to submit abstracts related to small area statistics. Abstracts will be considered for either oral or poster presentation. The following areas are suggested:

"Borrowed strength" methods for small area estimation, "contextual approaches" to the analysis of small areas, small area statistics and ethnic subpopulations, estimation and forecasting from small samples, detection of temporal and spatial trends in disease patterns, geographic information systems, and mapping and graphical methods for public health research.

Abstracts should be postmarked no later than August 1, 1994.

Registration and abstract information or additional information regarding scientific content of the symposium may be obtained from S. Jay Smith, MIS, MS, Chair, 1995 CDC and ATSDR Symposium on Statistical Methods at 404-488-4300, or internet: SJS@CEHEHL1.EM.CDC.GOV).

Global Malaria Vaccine Effort Under Way

Scientists have overcome two major obstacles in the struggle to develop a malaria vaccine to combat one of the world's most widespread diseases, which yearly kills up to 1 million children in Africa and causes from 300 to 500 million clinical cases, according to the United Nations Development Program-World Bank-World Health Organization Special Program for Research and Training in Tropical Diseases.

Despite more than 100 years of research, there is no effective vaccine to prevent malaria.

The vaccine, called SPf66 and developed by Colombian scientist Manuel Patarroyo, has passed new human trials in a region of Africa with rampant malaria. Preliminary conclusions show that the vaccine induces a strong immune response against malaria without causing any harmful side effects. The development of an immune response is a necessary step for the human body's immune system to fight an invading disease.

The results of Phases I and II trials of SPf66 in the Kilombero district, Tanzania, East Africa, gave the green light to proceed with the final phase of human tests, which are now under way. These tests will determine whether the vaccine reduces the number of malaria attacks. The first results from this Phase III trial will be available by October 1994. If these tests are successful, scientists hope that an effective vaccine could be available for wide use by 1998.

Malaria has been controlled in many areas of the world by the use of insecticides to kill the parasite-carrying mosquito or by the destruction of the mosquito habitat. These methods have not been practical or cost-effective across much of Africa or in regions of Latin America and Asia, making a vaccine the best alternative.

SPf66 is a combination of synthetic peptides (compounds of two or more amino acids), which, if successful and mass produced, would be likely to be affordable. Professor Patarroyo predicts a price, using production facilities to be provided by the Colombian Government, that would fall within the higher range of costs at which other vaccines are made available to the Expanded Program on Immunization of the United Nations Childrens Fund (UNICEF) and the World Health Organization (WHO)—say less than $5 an injection.

HRSA Awards $4.7 Million for National Health Service Corps Fellowships

The Health Resources and Services Administration (HRSA) of the Public Health Service has awarded $4.7 million in grants to 36 States for the first National Health Service Corps Fellowship of Primary Care Health Professionals Program.

The awards, aimed at health professions students, begin a new program to increase the recruitment and retention of primary care health professionals in underserved areas.

The first students will be placed in the summer of 1994 in medically underserved areas, with grants being awarded to various State primary care associations and cooperative agreement agencies for overall coordination within the State.

Initial grants will be awarded for a 1-year period and will focus on networking, community experience, clinical experience, and mentoring. Grants can be used for administrative costs, salaries, student-resident stipends, housing allowances, or costs associated with group meetings of the network members.

Eligible participants for the fellowship must have completed 1 year of medical or dental school, or 1 year of training as a nurse practitioner, certified nurse-midwife, physician assistant, or mental health professional.

The 36 State awards range from $57,000 to $150,000 and are administered by HRSA's Bureau of Primary Health Care.