$15 Million Study Launched to Improve HIV-AIDs Care

The RAND Corporation will launch the largest, most comprehensive study ever undertaken of health care for persons infected with the human immunodeficiency virus (HIV) that causes acquired immunodeficiency syndrome (AIDS).

RAND will also study HIV-AIDS treatment costs and sources of financing for patients under a $15 million, 5-year cooperative agreement funded by the Agency for Health Care Policy and Research (AHCPR), an agency of the Public Health Service.

The HIV Cost and Services Utilization Study is especially designed to provide a continuing flow of information that will help improve the care given to men, women, and children with HIV-AIDS in rural as well as urban areas.

The first data from the study will be made available about 2 years after it begins. Information gained from the study will help identify practice settings and other factors that are associated with delivery of appropriate, high-quality health care.

Martin Shapiro, MD, Professor of Medicine at the University of California, Los Angeles, School of Medicine, is the principal investigator on the project for RAND, which is located in Santa Monica, CA. According to Dr. Shapiro, the project will enroll 3,700 randomly selected persons receiving care in 16 States.

Study participants will receive health care services from approximately 60 major health care providers and 120 smaller clinics or providers in 30 randomly selected locales representing various practice settings. The study design specifically provided for inclusion of women and children with HIV-AIDS in the survey sample. Data collection will consist of a baseline interview and followup interviews at 6, 12, and 18 months.

Researchers also will abstract essential data on service utilization, costs, and severity of disease from enrollees' billing records and other administrative materials maintained by the provider, notes Sam Bozzette, MD, Associate Professor of Medicine at the University of California, San Diego, and co-principal investigator on the project for RAND. He emphasizes that the confidentiality of information obtained from individual patient records will be strictly maintained.

The project builds upon the earlier AIDS Cost and Services Utilization Survey conducted by AHCPR, in which data were obtained from HIV-AIDS health care services delivery sites in 10 cities in 1991 and 1992. In contrast to these projects, most earlier studies of health care delivery to persons with HIV infection have gathered data from homogeneous patient groups, residing in single communities and receiving services from a single provider.

RAND investigators leading the project will be assisted by researchers from the National Opinion Research Center at the University of Chicago, University of Miami, University of California (Los Angeles and San Diego), Harvard, Brown, and Boston Universities, and Jefferson, Mt. Sinai, and Charles Drew medical colleges.

Nonuniversity-based researchers participating in the project include representatives from Project HOPE, the San Francisco Department of Public Health, and Kaiser Permanente of Northern California. Leading providers of services will help gather data and participate in data analyses and scholarly aspects of the research effort.

Carter Center Launches Initiative to Stop Child Deaths by Firearms

The Carter Center in Atlanta, GA, has proposed a national strategy to address the epidemic of child deaths by firearms in the United States.

The strategy, outlined in a report titled "Not Even One, a Report on the Crisis of Children and Firearms," sets forth a multipronged approach employing legislation, research, and coalition-building to reduce the risks and change the social climate fueling firearm homicides, now the second leading cause of death among children ages 5–24.

The strategy calls for immediate interventions at the Federal, State, and local levels to stimulate a shift from a reactive, criminal justice approach of punishing offenders to a preventive one based on public health principles. The push to reframe the problem in terms of public health already has been advanced by the Centers for Disease Control and Prevention (CDC) and experts at Emory University's Center for Injury Control.

"The debate dominated by the language of 'gun rights versus gun control' should give way to analysis of 'firearm injuries and deaths,'" declared William Foege, MD, Health Policy Fellow at the center. "The public health paradigm gives us a way to cut across political differences and focus on a specific part of the human element—the carnage of our children."

At the local level, the report calls for the formation of community response teams that would investigate the cause of each child death by a firearm immediately after it occurs, identify patterns, and point to appropriate preventive measures.

The Not Even One Initiative, which is under the wing of the center's Interfaith Health Program, will solicit academic and public health expertise to draft a protocol for the creation of such teams that will be tested first in the Atlanta Project and later nationwide.

The community response teams would provide a basis for a nationally consistent surveillance and data collection system, gathering not only statistics, but also insights into the environmental and behavioral factors that must be addressed to prevent future fatalities.

"A child's death by a firearm would automatically call for not just a criminal investigation, but a public health investigation that would determine all of the things that went wrong and produce recommendations for corrective actions to be taken by every responsible person, group, agency, and public organization to be sure it does not happen again," Dr. Foege said.

At the national and State levels, the strategy calls for greater regulation of gun safety features and more effective legislation for controlling access to guns.

"Lenient U.S. laws regulating firearms have failed to stem the flow of weapons to those most likely to mis-

use them and to children," said the Rev. Fred Smith, coordinator of the Not Even One Initiative.

The 25-page Carter report proposes treating firearms like any other potentially dangerous consumer item.

"Once firearms are seen as inherently dangerous consumer products, it remains only to design an effective regulatory scheme that can be applied across State and other jurisdictional lines," the report says.

It calls for a comprehensive regulatory approach to firearms including expanding the authority of the Bureau of Alcohol, Tobacco, and Firearms (BATF) to set and monitor safety standards. Although BATF has limited authority to regulate commercial aspects of firearm trade, it has no warrant to regulate firearm safety.

Other regulatory and legislative proposals in the report are

- making firearms safer and less lethal by requiring manufacturers to incorporate safety features such as trigger locks and load indicators;
- regulating where firearms are allowed and how they are carried and stored;
- promoting gun safety through education and financial disincentives for particularly dangerous firearms and ammunition, including a flat tax on handguns;
- prohibiting gun ownership, not only by convicted felons, but by all who lack the training and judgment necessary for responsible gun ownership, including all persons younger than age 18 and people with a history of impairment by alcohol and other drugs;
- making adults legally responsible, with civil penalties, when their firearms fall into the hands of youth and imposing even higher penalties when they are used in connection with a homicide; and
- creating tougher penalties for gun-related crimes.

Firearms—and handguns in particular—are profoundly implicated in the rise of violence in the United States, especially deadly injury, and it is primarily youth who are using firearms and suffering from firearm injuries at unprecedented rates, according to the Carter report. For those younger than 18, firearm homicides rose 143 percent between 1986 and 1992—nearly five times the adult rate of increase during the same period. The rates of firearm deaths for young adults, women, and male teenagers are higher than ever.

The proposal for a national strategy was drawn from a private consultation in February 1994 sponsored by the Carter Center's Interfaith Health Program in conjunction with the Carnegie Corporation and the Maternal and Child Health Bureau of the Public Health Service that brought together experts and officials concerned with the epidemic of youth violence.

Participants represented CDC, the Atlanta Project, Emory University, Duke University, Robert Wood Johnson Foundation, Maternal and Child Health Bureau, Task Force for Child Survival and Development, Center for Substance Abuse Prevention, Advocacy Institute, Harvard Medical School, Congress of National Black Churches, Joyce Foundation, and the Wexler Group.

A free copy of the "Not Even One" report can be obtained from the Carter Center Interfaith Health Program, tel. 404-420-3843.

AHCPR and HRSA Cosponsor Primary Care Study

A study of physicians who provide primary care in a managed care setting will examine whether their type of training affects the use of health care resources, medical outcomes, or costs. The $580,000 study is supported jointly by the Agency for Health Care Policy and Research (AHCPR) and the Bureau of Health Professions, Health Resources and Services Administration (HRSA), both agencies of the Public Health Service.

The 1-year study will follow adult patients of three types of physicians providing primary care in a group model health maintenance organization—family practitioners, general internists, and internists subspecializing in endocrinology, rheumatology, pulmonary medicine, and infectious disease.

Quality of care will be compared for five common chronic conditions—diabetes, hypertension, asthma, low back pain, and depression.

The Kaiser Foundation Research Institute, Oakland, CA, which was awarded the grant, will conduct the study at six of its northern California facilities.

According to the study's principal investigator, Joseph V. Selby, MD, previous studies suggest that among physicians who provide primary care, subspecialty internists appear to use more medical resources than general internists, while family practitioners may use somewhat fewer resources. He points out that previous studies have not clearly shown whether these differences persist in a managed care environment with standardized procedures for referrals, nor have they assessed the total resource utilization or costs of care over time in populations of patients.

Most of the data for the study will come from extensive patient care data routinely maintained in computer files by Kaiser Permanente.

NHSC Issues Notebooks on Community Primary Care

The National Health Service Corps (NHSC) of the Public Health Service has released a new Educational Program for Clinical and Community Issues in Primary Care to help primary care providers better understand contemporary practice settings, social conditions, and disease patterns.

Program materials are organized by topic into instructional modules in large loose-leaf notebooks of some 300–400 pages each. They are designed for case-based presentation to a wide audience of health professionals—including students, physicians, nurse practitioners, certified nurse-midwives, physician assistants, dentists, and mental health professionals.

The materials can be borrowed from State health agencies or ordered from the National Clearinghouse for Primary Care Information.

Intended to encourage discussion, the modules are to be employed in extracurricular seminars, preceptorships, independent studies, continuing education classes, and orientations to community based practice settings.

The module, "Child Abuse, Neglect, and Domestic Violence," provides material for discussion of child sexual abuse, physical abuse, adult survivors of childhood sexual abuse, and domestic violence. Alan Arbuckle, MD, a pediatrician and chief resident at the Children's National Medical Center in Washington, DC, commenting on the

module, stressed the importance of an American Academy of Pediatrics recommendation, noted in the module, that calls for a skeletal examination in all cases of suspected child abuse when the child is younger than age 2.

Arbuckle also emphasized that in learning to detect child abuse, clinicians should look not only for outward physical signs such as chronic abdominal pain but also for behavioral symptoms such as sexual acting out. The module stresses the clinician's need to assess both physical and behavioral symptoms of abuse.

The module on HIV-AIDS "represents a brief but comprehensive approach to care of patients with HIV," said Terrence Conway, MD, Acting Chairman of Medicine at Cook County Hospital in Chicago. Intended to be used to train primary care providers, the HIV-AIDS module provides material for discussion of HIV prevention, early intervention, ways to manage common opportunistic infections, and the long-term care options for HIV-AIDS patients.

The challenge of writing such a module, said Conway, is that preprepared materials cannot take into account the constantly changing guidelines for HIV-AIDS care, and that "HIV disease takes on different (characteristics) depending on the population the provider is treating."

Conway emphasized that providers have to "continually update their knowledge of this disease." He said the module should include a better developed discussion of HIV-AIDS prevention strategies. Conway also elaborated on the clinical aspects of the HIV-AIDS module—disagreeing with some information—proving that the module can be used to generate debate among training participants eager to discuss state-of-the-art early intervention treatments and infection management techniques.

All of the modules are structured to develop further communication skills to improve provider-patient interactions. To deliver comprehensive health care, said Gabriel Smilkstein, MD, in his review of the module on cross cultural issues in primary care, "it is essential to obtain patient compliance." He emphasized that compliance "can only be obtained when the physician has an understanding of the patient's health beliefs as well as the environment in which the patient functions."

Smilkstein, a University of California at Davis Professor and Medical Director of a Sacramento community based medical education-service center, said the module on cross cultural issues was an excellent resource that provides "a basic format to aid in the understanding of cross-cultural issues" in health care.

Supplementary materials in the notebooks include program evaluations, a discussion leader guide, a guide to precepting that outlines roles and responsibilities for students, preceptors, and faculty advisors, and a 15-minute video presentation on primary care practice in underserved communities entitled, "NHSC: Serving America's Communities."

Modules may be borrowed from State or Regional Primary Care Associations, State Cooperative Agreements, Area Health Education Centers, State or Regional Clinicians' Networks, or Public Health Service Regional Offices. Copies of modules may be obtained from the National Clearinghouse for Primary Care Information, 8201 Greensboro Dr., Suite 600, McLean, VA 22102; tel. 703-821-8955.

AHCPR Releases Mammography Guideline

A new clinical practice guideline sponsored by the Agency for Health Care Policy and Research (AHCPR) recommends ways to improve the quality of mammography and its potential for reducing deaths from breast cancer.

The guideline clearly outlines the roles and responsibilities of each health care worker involved in the mammography process and of the woman undergoing mammography. The guideline takes a broad view of mammography services, starting with the time a woman or her health care provider calls to schedule mammography and ending with tracking, monitoring, and followup.

Roughly 182,000 new cases of breast cancer are expected this year, and one woman in eight will develop breast cancer in her lifetime. At current rates, about 1 woman in 33 will die of breast cancer.

A key guideline recommendation is that mammography facilities give the woman the results of her test in writing on site or by mail, usually within 10 days, since many women never get their mammogram results or get them late because of communications breakdowns or confusion as to who will deliver the results.

Such errors are unacceptable and can cause a woman needless anxiety over a mammogram that is perfectly normal, or worse yet, result in treatment delays or other consequences for a woman whose mammogram is abnormal, notes AHCPR Administrator Clifton R. Gaus, ScD.

The guideline will strengthen the ability of women to interact with their providers, fully aware of the type and level of service to which they are entitled. The guideline also will strengthen the effectiveness of the Mammography Quality Standards Act that went into effect October 1, 1994.

The act establishes quality standards for mammography equipment, personnel, radiation dose, recordkeeping, and reporting and requires facilities to be certified by the Food and Drug Administration (FDA).

AHCPR and FDA are widely distributing a consumer version of the new guideline in English and Spanish. The professional versions are intended for family physicians and other providers who refer women for mammography, radiologists, and other facility staff.

Lawrence W. Bassett, MD, the Iris Cantor Professor of Breast Imaging at the University of California, Los Angeles, School of Medicine's Department of Radiological Sciences was Co-chair of the private sector panel of health experts and consumers that developed the guideline.

According to Dr. Bassett, painful breast compression can be a problem. Even one bad experience with mammography can dissuade a woman from having future screenings.

Panel Co-chair R. Edward Hendrick, PhD, Associate Professor of Radiology and Chief of the Division of Radiological Sciences at the University of Colorado Health Sciences Center in Denver, noted that women should schedule screening mammograms when their breasts are least tender and avoid using powders, lotions, or deodorants the day of their test, because these products can affect the quality of mammograms.

He also urges women to bring as much information as possible about previous mammograms, along with copies of the X-rays when possible, and the name and address of the providers who ordered the tests.

CDC Launching New Journal on Emerging Infections

The Centers for Disease Control and Prevention (CDC) plans to publish a new journal, Emerging Infectious Diseases, in 1995 as part of its plan for combatting such diseases.

The plan is outlined in a recently published document, "Addressing Emerging Infectious Disease Threats—a Prevention Strategy for the United States." (See *Public Health Reports*, inside back cover, September-October 1994).

One of the main goals of CDC's plan is to enhance communication of public health information about emerging diseases, so that prevention measures can be implemented without delay.

Emerging Infectious Diseases will be peer reviewed and will provide information on emerging infections in three broad categories.

1. *Perspectives*, a section addressing factors that underlie disease emergence, including microbial adaptation and change; human demographics and behavior; technology and industry; economic development and land use; international travel and commerce; and breakdown of public health measures.
2. *Synopses*, concise, state-of-the-art summaries of specific diseases or syndromes and related emerging infectious disease issues.
3. *Dispatches*, brief laboratory or epidemiologic reports with an international scope.

Editor of Emerginq Infectious Diseases will be Joseph E. McDade, PhD, National Center for Infectious Diseases, CDC. Section editors will be Stephen S. Morse, PhD, Rockefeller University; Phillip J. Baker, PhD, National Institute of Allergy and Infectious Diseases, NIH; and Stephen Ostroff, MD, National Center for Infectious Diseases, CDC.

The new journal will be published quarterly. CDC plans to make Emerging Infectious Diseases accessible electronically through the Internet (File Transfer protocol). In addition, *Dispatches* may become available electronically as soon as they have been cleared for publication.

For additional information about receiving and contributing to CDC's new journal, contact Editor, Emerging Infectious Diseases, Mailstop C12, National Center for Infectious Diseases, CDC, 1600 Clifton Rd., Atlanta, GA 30333.

AACN Urges Standard for Advanced Nurses as Enrollments Climb

A uniform certification process to assure the public of the skill and competency of the advanced practice nurse must not only be established by the year 2000 but must include completion of a graduate degree in nursing as its central requirement, according to a new position statement by the American Association of Colleges of Nursing (AACN).

Advanced practice nurse (APN) is an umbrella term for licensed registered nurses who are prepared at the graduate degree level as either a nurse practitioner, clinical nurse specialist, certified nurse-midwife, or nurse anesthetist. These nurses treat a broad array of patients in a variety of practice settings ranging from hospitals, homes, outpatient units, and birthing centers to community clinics and primary care centers.

The AACN statement came as enrollment of master's degree students in nursing schools rose 10.7 percent in the 1994-95 academic year compared with a year ago and as shifts in health care expand the need for nurses with advanced skills for clinical practice, teaching, and other fields.

In the last 5 years, according to AACN, a steady upward trend has seen enrollment in master's degree nursing programs rise by an average of 1,523 students annually. Moreover, nationwide, 51 institutions are planning to add master's degree nurse practitioner (NP) programs to prepare advanced nurses to deliver front-line health services in a variety of primary and acute-care settings, according to schools responding to a new AACN survey.

The association pointed out that although advanced practice nurses have been delivering health care in the United States for more than 50 years, neither their educational preparation nor certification has been standardized. For example, not all master's-degreed APNs are certified, while in some instances, nurses without graduate education are functioning in advanced practice roles. Currently, more than 30 nursing organizations offer advanced practice certification through at least 56 processes governed by varying standards.

"Our position is clear," says AACN President Rachel Z. Booth, PhD, RN, "all advanced practice nurses should hold a graduate degree and be certified. Standards for such certification should be developed and administered by a sparate single entity, such as the American Board of Nursing Specialties."

The survey, the latest annual report by AACN of nursing school enrollments and graduations at the nation's universities and 4-year colleges, also found a modest increase (2.6 percent) in entry-level bachelor's degree programs, and a slight decline (–1.3 percent) in doctoral enrollments, compared to 1993–94. The survey was conducted in the fall of 1994 and collected data from 523 schools with bachelor's degree and graduate programs.

Of master's degree students enrolled at responding schools, 10,935 are pursuing study as nurse practitioners in a range of specialty areas. Led by 136 programs to prepare family nurse practitioners, specialty NP tracks also include pediatric (58), adult (53), gerontological (49), women's health (43), neonatal (30), adult psychiatric (22), and adult acute care (21) nurse practitioner programs.

Master's degree enrollments also include other areas of advanced nursing practice, such as clinical nurse specialist (8,332 students), nurse-midwifery (544 students), and nurse anesthetist (770 students), as well as tracks in nursing administration (4,030 students) and nursing education (2,598 students).

Doctoral programs that prepare nurses predominantly for research and teaching reported 2,919 students enrolled in fall 1994. The slight decline in doctoral enrollments compared with 1993 was also matched by a modest drop in graduations, down 3.9 percent (representing 25 students). However, over the last 5 years, the trend among doctoral students in nursing has been a continual upswing, with enrollments rising by an average of 76 students and graduations by 18 students per year.

Responding schools also reported 133,464 students enrolled in bachelor's degree nursing programs. Included as part of this number are 97,213 entry-level students and 36,192 registered nurses (with a 2-year asso-

ciate degree or hospital diploma) who are returning to school for the baccalaureate degree.

Copies of the AACN report, "1994-1995 Enrollment and Graduations in Baccalaureate and Graduate Programs in Nursing," are available for $35 (postage included), prepaid orders only, from AACN, 1 Dupont Circle, Suite 530, Washington, DC 20036; tel. 202-463-6930.

OTA, NIMH Study Mental Disorders and Genetics

The Congressional Office of Technology Assessment (OTA) background paper, "Mental Disorders and Genetics: Bridging the Gap Between Research and Society," reports on a workshop convened by OTA and the National Institute of Mental Health (NIMH) that provided one of the first opportunities for comprehensive discussions focused specifically on the implications of genetics and mental disorders.

Data consistently point to the role of inherited factors in Alzheimer's disease, schizophrenia, and major mood disorders. Researchers have located and identified genes associated with Alzheimer's disease. However, says OTA, with the exception of Alzheimer's disease, the location of a mental disorder gene has yet to be confirmed. Continued research is promising, but given the complexity of these conditions, progress is likely to be slow.

The immediate clinical implications of genetic research of mental disorders are quite limited. Genetic tests to improve diagnosis are not available, nor are new treatment approaches, says OTA. Nonetheless, existing knowledge can be applied. In general, says OTA, enough data exist to give family members some information about empirical risk—the probability of developing a related condition.

Because genetic research involves whole families, somewhat unique ethical issues emerge during the conduct of this research. For example, information about a person's psychiatric treatment history could be revealed to other family members. OTA notes that researchers and advisory boards need to be sensitive to risks unique to genetic research into mental disorders.

A key focus of the workshop was the impact of genetic research on people with mental disorders and their family members. Workshop testimony made clear that they want to know the latest research discoveries. Many are encouraged by research progress and the possibility of improved treatment. They welcome the de-stigmatizing influence of genetic research. Yet they worry about the genetic risk for a serious mental disorder that their other family members or offspring may face. And they fear the potential abuse of genetic information.

Despite the hunger for information about genetics among people with mental disorders and their family members, a gap separates research-derived information from them. To help bridge this information gap, OTA says, mental health care providers need a better understanding of genetic data as well as the principles of genetic counseling. Other targets for information on genetics and mental illness include genetic counselors, researchers and panels reviewing research ethics, members of the press, and policy-makers.

Copies of the 64-page background paper, "Mental Disorders and Genetics: Bridging the Gap Berveen Research and Society," may be obtained by indicating stock number 052-003-01392-4 and sending a check for $4.25 a copy or VISA or MasterCard number and expiration date to Superintendent of Documents, P.0. Box 371954, Pittsburgh, PA 15250-7974; FAX 202-512-2250. The background paper is available electronically. To download via ftp from OTA, use the following procedures; ftp to otabbs.ota.gov (152.63.20.13) Log in as anonymous. Password is your e-mail address. The files are located in /pub/mental. disorders.genetics.

Contract Awarded for Guideline on Chronic Headache Pain

An 18-month, $1.1 million contract has been awarded to the Center for Health Policy Research and Education at Duke University, Durham, NC, for development of a clinical practice guideline on chronic headache pain management. The contract, from the Agency for Health Care Policy and Research (AHCPR), a Public Health Service agency, also calls for development of related medical review criteria, standards of quality, and performance measures.

Recurring headache is a common health complaint, occurring in 80 to 90 percent of the adult population, according to project co-directors Douglas C. McCrory, MD, and David B. Matchar, MD. Although life-threatening causes are rare, headache results in considerable morbidity and in substantial direct and indirect costs.

Patients, physicians, and other health professionals face an array of diagnostic and therapeutic choices in the evaluation of headache. Expensive neuroimaging technologies are used frequentiy despite their low yield of diagnostic information for this condition. Many drugs are available for headache treatment and prevention, yet there are few reliable guidelines for the identification and care of headache sufferers.

As a consequence, there is significant variation in the management of people with headache. The new guideline will assist clinicians and patients by providing evidence-based recommendations for appropriate diagnostic and therapeutic practices.

The American Academy of Neurology will assist the contractor in conducting the comprehensive literature review that will form a basis for the AHCPR-supported guideline. The clinical practice recommendations will be made by a multidisciplinary panel that will include neurologists, psychiatrists, radiologists, dentists, chiropractors, primary care physicians, nurses, psychologists, and consumers.

NIDR Awards Five-Year Grant to Johns Hopkins for Craniofacial Center

The National Institute of Dental Research (NIDR) has awarded a 5-year grant to the Johns Hopkins University in Baltimore, MD, to establish a Center for Craniofacial Development and Disorders. The Federal investment in the center will total $2.5 million.

A major focus of research at the center will be craniosynostosis, the name for a group of deformities that result when the skull bones fuse prematurely, that afflicts 1 in 3,000 newborns in the United States.

Babies born with the disorder have abnormally shaped skulls and also may have malformations of the eyes, ears, limbs, and cardiovascular system. In severe cases, surgery is needed to relieve pressure inside the

skull and avert problems such as seizures, breathing difficulties, and loss of sight or hearing.

Dr. Ethylin Wang Jabs, MD, Associate Professor of Pediatrics at the Johns Hopkins Children's Center, is director of the new center.

In one project, researchers will determine whether babies born with the disorder have a family history of craniofacial abnormalities or other birth defects. They also will look at whether the babies were exposed to environmental risks that may have predisposed them to craniosynostosis.

Three other center projects will explore the genetic influences on skull development. In one study, researchers will try to isolate the genes they believe are involved in normal craniofacial development. In another, they will look for the genetic defect responsible for Saethre-Chotzen syndrome, one of the most common inherited forms of craniosynostosis. Yet another project will focus on the genetic defect that causes Boston-type craniosynostosis, so-called because it has been found in a family from Boston.

The Johns Hopkins Children's Center has conducted research on craniofacial disorders for several decades. Two years ago, Johns Hopkins opened the Cleft and Craniofacial Center for the care of patients with craniofacial disorders.

Geographic Methods Can be Applied to Health Services Research

A new book that demonstrates how to apply analytic geography and cartographic techniques to health services research has been published by University Press of America, Inc., with support from the Agency for Health Care Policy and Research (AHCPR), an agency of the Public Health Service.

"Geographic Methods for Health Services Research: A Focus on the Rural-Urban Continuum" may help government planners, health analysts, and policy makers understand how to interpret and analyze geographic data in their efforts to find solutions to health services delivery and allocation problems.

The handbook also can be used by health care facility managers to develop facility operations and marketing programs, by clinicians to identify their patient populations and plan community based interventions, and by academic geographers.

Early chapters of the book deal with general issues relating to the examination of health care in rural areas. Later chapters address more specific issues as they relate to health care delivery and health policy.

The book was edited by Thomas C. Ricketts, Director of the North Carolina Rural Health Research Program at the Cecil G. Sheps Center for Health Services Research, Lucy A. Savitz, a doctoral candidate at the University of North Carolina (UNC), Wilbert M. Gesler, Associate Professor of Geography at UNC, and Diana N. Osborne, an Information Specialist at the Cecil G. Sheps Center for Health Services Research.

Copies of the 396-page softbound book (ISBN 0-8191-9533-2; $36.50, or $32.85 for academicians, plus $3 postage and handling) or hardbound book (ISBN 0-8191-9532-4; $54, or $48.60 for academicians, plus $3 postage and handling) can be obtained by telephoning 800-462-6420 or writing to University Press of America, Inc., 4720 Boston Way, Lanham, MD 20706.

Johnson Foundation Issues Call for More Health Care Financing Proposals

The Robert Wood Johnson Foundation is issuing a special solicitation under its Changes in Health Care Financing and Organization (HCFO) initiative to encourage research on specific health policy issues.

The foundation is particularly interested in proposals directed at such issues as the implementation of different reform strategies and the monitoring of ongoing changes in the health care market, within the financing-organization scope of the HCFO program.

Research proposals submitted in response to the special solicitation will compete for funding with other proposals submitted under the HCFO program and will be reviewed using the same criteria. There is no specific number of proposals to be funded under this solicitation.

Under HCFO, the foundation supports research, demonstration, and evaluation projects examining major changes in health care financing with implications for current public policy issues.

Institutions wishing to respond to the special solicitation should follow the application instructions in the foundation's Call for Proposals: Changes in Health Care Financing and Organization 1994.

Copies of the application and additional information may be obtained from Anne K. Gauthier, HCFO Program Director, or Deborah L. Rogal, HCFO Deputy Director, at the Alpha Center, 1350 Connecticut Ave., Suite 1100, Washington, DC 20036; tel. 202-296-1818; FAX 202-296-1825.

Thoracic-Lung Conference May 20-24 in Seattle

The American Thoracic Society and the American Lung Association Annual International Conference has been scheduled for May 20-24, 1995, in Seattle, WA.

The conference provides an opportunity for basic scientists, clinicians, fellows in training, nurses, and respiratory therapists from around the world to obtain and exchange information about the prevention, control and cure of lung disease in a variety of symposia and workshops.

Additional information can be obtained by writing to 1995 International Conference, American Thoracic Society, 1740 Broadway New York, NY 10019-4374.

NIAMS Funds Research on Joint Replacements, Rare Diseases

The National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), a component of the National Institutes of Health (NIH), has award biomaterials research grants for a study of joint replacements and awarded contracts to five institutions to establish patient registries that will greatly facilitate research on several rare diseases.

The biomaterials grants focus on joint replacement, particularly on extending the survival of artificial joints. The research projects range from

basic research on the nature of the body's cellular response to the implants to a survey of the long-term clinical results of joint replacement.

By providing a central source of medical information, the rare disease registries will accelerate basic and epidemiologic research on rare diseases such as juvenile rheumatoid arthritis and neonatal lupus. The registries will also serve as a source of patients for clinical studies on new methods for treatment and prevention.

The biomaterials awards, which total $608,000 the first year, include three grants to Rush-Presbyterian-St. Luke's Medical Center in Chicago and a fourth grant to the University of Connecticut Health Sciences Center.

The five new research registries are National Registry for Ichthyosis and Related Disorders at the University of Washington in Seattle; Research Registry for Juvenile Rheumatoid Arthritis, at Children's Hospital Medical Center, Cincinnati, OH; New Onset Juvenile Dermatomyositis Registry, Chicago; Research Registry for Neonatal Lupus at the Hospital for Joint Diseases in New York City; and the Scleroderma Registry at Wayne State University in Detroit, MI.

Competition Launched for "Models that Work" In Providing Primary Care

To identify "Models that Work" in increasing access to primary care for the poor and vulnerable, is the aim of a campaign launched by a Public Health Service agency.

The Bureau of Primary Care, Health Resources and Services Administration, and more than 20 private, public, and philanthropic organizations are cosponsoring the competitive campaign.

Any public or private entity that provides primary health care to an underserved population in the United States is eligible to enter the competition. Applications will be accepted through June 1, 1995.

The centerpiece of the campaign is a program competition to identify innovative delivery models that effectively meet the diverse needs of the underserved. A panel of judges will select winning models. They will receive recognition at a national symposium in the fall of 1995 in Washington, DC.

This campaign and competition will create the forum for a national dialogue to identify successful and creative approaches in meeting the needs of underserved populations and ultimately lead to replication of these successes.

Additional information about the Models That Work Campaign or the program competition can be obtained from Professional and Scientific Associates, Inc., Attention: Models that Work Competition, 8181 Greenboro Dr,, Suite 1050, McLean, VA 22102, tel. 703-442-9824; FAX 703-442-9826.

June HIV Conference Call to Focus on Prevention of Perinatal Transmission

More than a million people worldwide will listen in on the 11th HIV Clinical Conference Call in the series, scheduled for June 8, 1995.

The call, directed by the Health Resources and Services Administration (HRSA) of the Public Health Service, will focus on "Perinatal Transmission—Intervention Strategies."

A multidisciplinary panel of eight members will address the clinical implications of administering the drug zidovudine to pregnant women infected with HIV.

Participants registered for the conference submit their questions in writing to the panel in advance.

The audio signal of the conference will be transmitted by the Voice of America by satellite from which it is received via shortwave.

Information and registration forms for the conference can be obtained from Abe Macher, MD, of HRSA's Bureau of Health Resources Development, by FAX at 301-443-1719.