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**PROMOTING EXERCISE**

Regular exercise reduces the incidence of chronic diseases, prolongs life, helps maintain functional independence of older adults, and enhances the quality of life for people of all ages. Despite these demonstrated benefits, the U.S. Centers for Disease Control (CDC) estimates that only 30% of doctors effectively counsel patients about regular exercise. To assist physicians in making such counseling a regular mainstay of patient care, the CDC is funding a project entitled Physician-Based Assessment and Counseling for Exercise (PACE).

PACE is a nonprofit program developed at San Diego State University that provides a comprehensive kit of materials to promote exercise. These educational materials assist doctors in writing safe, effective exercise prescriptions tailored to the needs of each patient. These prescriptions are based on information supplied by patients via questionnaires they fill out while waiting to see the doctor for a scheduled appointment.

1. AEROBIC CAPACITY AND COGNITIVE PERFORMANCE IN A CROSS-SECTIONAL AGING STUDY. Van Boxtel, MPJ. *Med Sci Sports Exerc* 29(10):1357-65, '97.
2. CONSTRUCT VALIDITY OF STAGES OF CHANGE FOR EXERCISE BEHAVIOR. *Am J Health Promotion* 12:68-74, Sep-Oct '97.
3. CORRELATES OF CHANGES IN LEISURE TIME PHYSICAL ACTIVITY OVER 2 YEARS: THE HEALTHY WORKER PROJECT. Schmitz, K. *Prev Med* 26:570-9, July-Aug' 97.

**N.B. A master copy of each journal article in this Bulletin is available for photocopy at each Library**

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4. EFFECTS OF EXERCISE ON APPETITE CONTROL: IMPLICATIONS FOR ENERGY BALANCE. King, NA. *Med Sci Sports Exerc* 29(8):1076-89, '97.
5. MEASURING GENERAL LEVELS OF PHYSICAL ACTIVITY: PRELIMINARY EVIDENCE FOR THE PHYSICAL ACTIVITY QUESTIONNAIRE FOR OLDER CHILDREN. Crocker, PRE. *Med Sci Sports Exerc* 29(10):1344-9, '97.
6. MEDIATORS OF CHANGE IN PHYSICAL ACTIVITY FOLLOWING AN INTERVENTION IN PRIMARY CARE: PACE. Calfas, KJ. *Prev Med* 26:297-304, May-June '97.
7. PHYSICAL ACTIVITY IN CHILDHOOD AND ADOLESCENCE AS PREDICTOR OF PHYSICAL ACTIVITY IN YOUNG ADULTHOOD. Telama, R. *Am J Prev Med* 13:317-23, July-Aug '97.
8. RATIONALE, DESIGN, AND BASELINE DATA FOR *COMMIT TO QUIT*: AN EXERCISE EFFICACY TRIAL FOR SMOKING CESSATION AMONG WOMEN. Marcus, BH. *Prev Med* 26:586-97, July-Aug '97.
9. TRAINING PHYSICIANS TO CONDUCT PHYSICAL ACTIVITY COUNSELING. Marcus, BH. *Prev Med* 26:382-8, May-June '97.
10. WHAT MAKES A GOOD STAGING ALGORITHM: EXAMPLES FROM REGULAR EXERCISE. Reed, GR. *Am J Health Promotion* 12:57-66, Sep-Oct '97.

### AMBULATORY CARE

Ambulatory care can be defined as health services that are provided on an outpatient basis, without admission for an overnight stay in a hospital. In 1995 there were an estimated 860.9 million visits made to physicians' offices, hospital outpatient departments and hospital emergency departments. This is approximately 3.3 visits per person for that year. The most frequently listed reason for a visit was a general medical exam. A new report from the National Center for Health Statistics entitled, "Ambulatory Care Visits of Physicians Offices, Hospital Outpatient Departments, and Emergency Departments: United States, 1995" allows physicians to analyze patterns by diagnosis and insurance coverage.

11. ACCESS TO AMBULATORY CARE FOR ADOLESCENTS: THE ROLE OF A USUAL SOURCE OF CARE. Bartman, BA. *J Health Care Poor Underserved* 8:214-27, May '97.
12. AMBULATORY CARE GROWTH: IMPLICATIONS FOR ACADEMIC ORGANIZATIONS. Boll, A. *J Ambulatory Care Manage* 20:53-60, Apr '97.
13. AMBULATORY CARE VISITS OF PHYSICIAN OFFICES, HOSPITAL OUTPATIENT DEPARTMENTS, AND EMERGENCY DEPARTMENTS: UNITED STATES, 1995. Schappert, SM. *Vital Health Stat* 13 129:1-38, June '97.
14. AMBULATORY MEDICAL CARE FOR NON-HISPANIC WHITES, AFRICAN-AMERICANS, AND MEXICAN-AMERICANS WITH NIDDM IN THE U.S. Cowie, CC. *Diabetes Care* 20:142-7, Feb '97.
15. ASSESSING PATIENTS' EXPECTATIONS IN AMBULATORY MEDICAL PRACTICE. Kravitz, RL. *J Gen Intern Med* 12:67-72, Jan '97.
16. CAN HOSPITALIZATIONS BE AVOIDED BY HAVING A REGULAR SOURCE OF CARE? Gill, JM. *Fam Med* 29:166-71, Mar '97.
17. EMERGING TRENDS AFFECTING AMBULATORY CARE: FINDINGS FROM AN ENVIRONMENTAL ASSESSMENT. Olson, MI. *J Ambulatory Care Manage* 20:8-17, Apr '97.
18. LINKING PRIMARY CARE CENTERS AND HOSPITALS. Zuvekas, A. *J Ambulatory Care Manage* 20:65-76, Jan '97.
19. REDESIGNING AMBULATORY CARE BUSINESS PROCESSES SUPPORTING CLINICAL CARE DELIVERY. Patterson, C. *J Ambulatory Care Manage* 20:37-52, Apr '97.
20. THE TEN SUCCESSFUL ELEMENTS OF AN AMBULATORY CARE CENTER. Watkins, G. *Radiol Manage* 19:35-9, Mar-Apr '97.

### **CHILD HEALTH SERVICES RESEARCH**

Child health services research (CHSR) is concerned with the need, demand, supply, use and outcome of health services for children. CHSR also integrates epidemiologic, sociological, economic and other analytic sciences into the study of health services for children. The literature indicates that CHSR currently lacks the tools necessary to monitor the impact of the recent health

system changes on children's health and health care. There is also an urgent need to build the research capacity in this area. The Agency for Health Care Policy and Research staff have recently published a commentary on the field of child health services research.

21. AHCPR URGES INVESTIGATORS TO INCLUDE CHILDREN IN THEIR RESEARCH AND ANNOUNCES SPECIAL EMPHASES FOR SMALL PROJECT GRANTS. *AHCPR Res Activities* 205:17,18, Jun '97.
22. CHILD HEALTH SERVICES RESEARCH. CHALLENGES AND OPPORTUNITIES. Forrest, CB. *JAMA* 277:1787-93, 11 Jun '97.
23. COMMENTARY: CHILD MENTAL HEALTH SERVICES ARE NOT MEDICAL EMPIRES. Hall, A. *BMJ* 314:814-5, 15 Mar '97.
24. COMMENTARY: SHOULD MOTHER AND CHILD HEALTH SERVICES IN DEVELOPING COUNTRIES BE FREE? Costello, A. *BMJ* 314:941, 29 Mar '97.
25. HEALTH CARE FOR CHILDREN OF IMMIGRANT FAMILIES. AMERICAN ACADEMY OF PEDIATRICS. COMMITTEE ON COMMUNITY HEALTH SERVICES. *Pediatrics* 100:153-6, July '97.
26. MATERNAL AND CHILD HEALTH SERVICES IN INDIA WITH SPECIAL FOCUS ON PERINATAL SERVICES. Singh, M. *J Perinatol* 17:65-9, Jan-Feb '97.
27. MEDICAID ENROLLMENT AND HEALTH SERVICES ACCESS BY LATINO CHILDREN IN INNER-CITY LOS ANGELES. Halfon, N. *JAMA* 277:636-41, 26 Feb '97.
28. MORE RESEARCH IS NEEDED TO MONITOR THE IMPACT OF HEALTH SYSTEM CHANGES ON CHILDREN'S HEALTH AND HEALTH CARE. *AHCPR Res Activities* 208:9-10, Sep '97.
29. PRIVATIZING MATERNAL AND CHILD HEALTH SERVICES IN TEXAS: REINVENTING TITLE V PROGRAMS. Patterson, PJ. *Qual Manage Health Care* 5:35-43, Win '97.
30. UTILIZATION OF MEDICAID MENTAL HEALTH SERVICES BY NONDISABLED CHILDREN AND ADOLESCENTS. Buck, JA. *Psychiatr Serv* 48:65-70, Jan '97.

## HEALTH SERVICES FOR THE HOMELESS

Homeless men, women and children make up a population that is vulnerable to disease and premature death. It is generally agreed by health care professionals that academic health systems reaffirm their social responsibility, change public policies that perpetuate homelessness, and assist in the the development and provision of primary health care services for this group. The Health Resources and Services Administration (HRSA) of the Department of Health and Human Services (DHHS) in its Health Care for the Homeless Program (HCH) provides primary health care and substance abuse services, access to emergency services, outreach services, and aid to the homeless in obtaining services under entitlement programs. In 1995, the program awarded grants to 122 community-based organizations that include community health centers, local health departments, and community coalitions in both rural and urban areas.

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|---|--|
| <p>31. BREAKING THROUGH THE BARRIERS: HEALTHCARE FOR THE HOMELESS. Gillis, LM. <i>J Nurs Adm</i> 27:30-4, June '97.</p>   | <p>35. NEW MODELS OF HEALTH CARE IN THE HOME AND IN THE WORK SITE. Meurer, LN. <i>Am Fam Physician</i> 56:384-9, Aug '97.</p>  |
| <p>32. HOMELESSNESS: CARE, PREVENTION, AND PUBLIC POLICY. Plumb, JD. <i>Ann Intern Med</i> 127:973-5, 15 June '97.</p>  | <p>36. OUTCOMES OF MANDATED PREVENTIVE SERVICES PROGRAMS FOR HOMELESS AND TRUANT CHILDREN: A FOLLOW-UP STUDY. Twaite, JA. <i>Soc Work</i> 42:11-8, Jan '97.</p>                              |
| <p>33. HOUSING OUTCOMES FOR HOMELESS ADULTS WITH MENTAL ILLNESS: RESULTS FROM THE SECOND-ROUND MCKINNEY PROGRAM. Shern, DL. <i>Psychiatr Serv</i> 48:239-41, Feb '97.</p>                               | <p>37. PREVENTING RECURRENT HOMELESSNESS AMONG MENTALLY ILL MEN: A "CRITICAL TIME" INTERVENTION AFTER DISCHARGE FROM A SHELTER. Susser, E. <i>Am J Public Health</i> 87:256-62, Feb '97.</p> |
| <p>34. IMPACT OF ASSERTIVE COMMUNITY TREATMENT ON HOMELESS PERSONS WITH CO-OCCURRING SEVERE PSYCHIATRIC AND SUBSTANCE USE DISORDERS. Meisler, N. <i>Community Ment Health J</i> 33:113-22, Apr '97.</p> | <p>38. RECOGNIZING COMMUNITY OUTREACH NURSES. Shalala, D. <i>Nurs Manage</i> 28:64, Aug '97.</p>   |

39. SERVICE SYSTEM PERFORMANCE AND INTEGRATION: A BASELINE PROFILE OF THE ACCESS DEMONSTRATION SITES. Morrissey, J. *Psychiatr Serv* 48:374-80, Mar '97.
40. THE STATUS OF LOCAL HEALTH CARE SAFETY NETS. Baxter, JR. *Health Affairs* 16:7-23, July-Aug '97.

### HEROIN AND THE BRAIN

Heroin is one of the more popular drugs in today's society due to the way it produces a "high" almost immediately after entering the body. The literature indicates that heroin can quickly pass the blood/brain barrier and convert into morphine. Once this transformation occurs it binds rapidly with the mu receptor of the brain and causes a euphoric "rush" feeling. The pleasurable feeling that heroin makes only helps in masking the adverse effects it has once the drug wears off. Research suggests that after prolonged use, heroin can alter emotional reactions, change thought patterns and even disrupt automatic body functions like breathing. NIDA is currently investigating the short and long term effects heroin has on the brain.

41. THE NEUROBIOLOGY OF DRUG ADDICTION. Koob, GF. *J Neurosci Clin Neurosci* 9:482-97, Sum '97.
42. OPIATE CRAVING AND THE PRESENCE OF PSYCHOPATHOLOGY. Vos, JW. *Euro Addiction Res* 3(3):123-8, '97.
43. OPIATE MODULATION OF STRIATAL DOPAMINE AND HIPPOCAMPAL MOREPINEPHRINE RELEASE FOLLOWING MORPHINE WITHDRAWAL. Grasing, K. *Neurochem Res* 22:239-48, Mar '97.
44. PERSONALITY CHARACTERISTICS OF PERSONS ADDICTED TO HEROIN. Narayan, R. *J Psychol* 131:125-7, Jan '97.
45. PHARMACOLOGY AND MECHANISM OF OPIOID ANALGESIC ACTIVITY. Yaksh, TL. *Acta Anaesthesiol Scand* 41:94-111, Jan '97.
46. PLASMA CONCENTRATIONS OF HEROIN AND MORPHINE-RELATED METABOLITES AFTER INTRANASAL AND INTRAMUSCULAR ADMINISTRATION. Skopp, G. *J Anal Toxicol* 21:105-111, Mar-Apr '97.

47. PROCESSES OF CHANGE ASSESSMENT IN HEROIN ADDICTS FOLLOWING THE PROCHASKA AND DICLEMENTE TRANSTHEORETICAL MODEL. Tejero, A. *Drug Drug Depend* 47:31-7, Jul '97.
48. QUANTITATIVE ELECTROENCEPHALOGRAPHIC DIFFERENCES ASSOCIATED WITH ALCOHOL, COCAINE, HEROIN AND DUAL-SUBSTANCE DEPENDENCE. Costa, L. *Drug Drug Depend* 46:87-93. Jun '97.
49. TOLERANCE AND CROSS TOLERANCE TO THE ACCURACY- AND RATE-DECREASING EFFECTS OF m OPIOIDS IN RATS RESPONDING UNDER A FIXED-CONSECUTIVE-NUMBER SCHEDULE. Smith, MA. *Drug Drug Depend* 46:19-30, Jun '97.
50. SEDATIVE USE DISORDER IN OPIATE-DEPENDENT PATIENTS: ASSOCIATION WITH PSYCHIATRIC AND OTHER SUBSTANCE USE DISORDERS. Chutuape, MA. *J Nerv Ment Dis* 185(5):289-97, '97.

### LIGHT THERAPY IN SEASONAL AFFECTIVE DISORDER

Seasonal affective disorder (SAD) is characterized by the recurrent onset of depressive episodes each fall or winter followed by spontaneous recovery in the spring. The literature indicates that the administration of bright artificial light has been recommended as the treatment of choice resulting in remission in 30-70% of patients with SAD. Light therapy is usually conducted by switching on an intense bright light so that the patient's eyes are suddenly exposed to unnatural levels of bright light. Treatment is generally administered every day throughout the season of risk. Research indicates, however, that controversy exists over the length of daily treatment and light intensity. NIMH is currently investigating light therapy for the treatment of SAD in children.

51. A CONTROLLED TRIAL OF LIGHT THERAPY FOR THE TREATMENT OF PEDIATRIC SEASONAL AFFECTIVE DISORDER. Swedo, SE. *J Am Acad Child Adolesc Psychiatry* 36:816-21, June '97.
52. EFFECTS OF LIGHT THERAPY ON NEUROPSYCHOLOGICAL FUNCTION AND MOOD IN SEASONAL AFFECTIVE DISORDER. Michalon, M. *J Psychiatry Neurosci* 22:19-28, Jan '97.

53. EFFECTS OF MORNING PHOTOTHERAPY ON CIRCADIAN MARKERS IN SEASONAL AFFECTIVE DISORDER. Thompson, C. *Br J Psychiatry* 170:431-5, May '97.
54. EFFECTS OF TRYPTOPHAN DEPLETION ON DRUG-FREE PATIENTS WITH SEASONAL AFFECTIVE DISORDER DURING A STABLE RESPONSE TO BRIGHT LIGHT THERAPY. Neumeister, A. *Arch Gen Psychiatry* 54:133-8, Feb '97.
55. GROWTH HORMONE RESPONSE TO SUMATRIPTAN (5-HT<sub>1D</sub> AGONIST) CHALLENGE IN SEASONAL AFFECTIVE DISORDER: EFFECTS OF LIGHT THERAPY. Yatham, LN. *Biol Psychiatry* 42:24-9, 1 July '97.
56. L-TRYPTOPHAN AUGMENTATION OF LIGHT THERAPY IN PATIENTS WITH SEASONAL AFFECTIVE DISORDER. Lam, RW. *Can J Psychiatry* 42:303-6, Apr '97.
57. PREDICTION OF ACUTE AND LATE RESPONSES TO LIGHT THERAPY FROM VOCAL (PITCH) AND SELF-RATED ACTIVATION IN SEASONAL AFFECTIVE DISORDER. Boenink, AD. *J Affect Disord* 42:117-26, Feb '97.
58. SEASONAL AFFECTIVE DISORDER AND PHOTOTHERAPY: A CRITICAL REVIEW. Sato, T. *Professional Psychol: Res Prac* 28:164-9, Apr '97.
59. SPECTRAL PROPERTIES OF PHOTOTHERAPY FOR SEASONAL AFFECTIVE DISORDER: A META-ANALYSIS. Lee, TMC. *Acta Psychiatr Scand* 96:117-21, Aug '97.
60. SUPPRESSION OF MELATONIN SECRETION BY BRIGHT LIGHT IN SEASONAL AFFECTIVE DISORDER. Partonen, T. *Biol Psychiatry* 42:509-13, 15 Sep '97.

### REINVENTING GOVERNMENT

Since 1990, the management staff of the Parklawn Health Library has selected 10 journal articles per month on innovative management techniques to appear in each Bulletin. First entitled "Total Quality Management," this recurring bibliography was recently renamed "Reinventing Government" to reflect and support the Administration's efforts to create a government that works better and costs less.

61. BUILDING CUSTOMER AND SHAREHOLDER VALUE. Cleland, AS. *Strategy & Leadership* 25:23-8, May-June '97.
62. COUNT YOUR COSTS. Walters, J. *Gov Executive* 29:17, 24, 26+ May '97.
63. CORNERSTONES OF QUALITY. Hyde, A. *Gov Executive* 29:57-68, July '97.
64. HOW ETHICS CAN IMPROVE BUSINESS SUCCESS. Bottorff, DL. *Qual Progress* 30:57-60, Feb '97.
65. IN THE RING. Serlin, MD. *Gov Executive* 29:14-6, 18+ Sep '97.
66. THE INTUITIVE SIDE OF LEADERSHIP. Molinari, M. *J Qual Participation* 20:74-6, Sep '97.
67. LEADERSHIP WILL PREVAIL. Harris, MC. *Qual Progress* 30:83-6, Sep '97.
68. REINVENTING GOVERNMENT AND REAFFIRMING ETHICS: IMPLICATIONS FOR ORGANIZATIONAL DEVELOPMENT IN THE PUBLIC SERVICE. Zajac, G. *Public Adm Q* 20:385-404, Win '97.
69. RESULTS, OR ELSE. Laurent, A. *Gov Executive* 29:16-8, 22 June '97.
70. TO BOLDLY GO...Sanders, RP. *Gov Executive* 29:45-9, Apr '97.

### SELECTED NEW ACQUISITIONS

To permit review of all books and reports in this list, they will not be circulated until three weeks from the date of this Bulletin. All materials are available for review on the NEW BOOKS display shelf near the Service Desk of the Library. You may reserve any book simply by completing the yellow strip form available on the display shelf.

#### DRUG ABUSE

WM 270  
E27353 THE EFFECTIVENESS OF INNOVATIVE APPROACHES IN THE TREATMENT OF DRUG ABUSE. Westport, CT, Greenwood Press, 1997, 268 p.

W 84AA1  
S9547 HEALTH CARE USA: UNDERSTANDING ITS ORGANIZATION AND DELIVERY. Sultz, Harry A. Gaithersburg, MD, Aspen Publishers, 1997, 329 p.

#### FINANCIAL MANAGEMENT

W 130.1  
K6344 MANAGING OUTCOMES, PROCESS AND COST IN A MANAGED CARE ENVIRONMENT. Kirk, Roey. Gaithersburg, MD, Aspen Publishers, 1997, 260 p.

WA 590  
S451 HEALTH PROMOTION: PHILOSOPHY, PREJUDICE, AND PRACTICE. Seedhouse, D. New York, NY, Wiley, 1997, 202 p.

WM 30  
M31155 MANAGING MANAGED CARE: QUALITY IMPROVEMENTS IN BEHAVIORAL HEALTH. Washington, DC, National Academy Press, 1997, 370 p.

#### HEALTH PLANNING

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G793 EVIDENCE-BASED HEALTHCARE. Gray, J.A. Muir. New York, NY, Churchill Livingstone, 1997, 270 p.

WA 33FA1  
H384 LEGAL ASPECTS OF CHILD HEALTH CARE. Hendrick, Judith. New York, NY, Chapman & Hall, 1997, 267 p.

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21ST CENTURY. Breckon,  
Donald J. Gaithersburg, MD,  
Aspen Publishers, 1997,  
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STEPS TO THE FUTURE:  
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Sauer, Christopher. San  
Francisco, CA, Jossey-Bass,  
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INSTITUTIONS: A  
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Kavaler, Florence. Sudbury,  
MA, Jones and Bartlett  
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**MEDICAL & ALLIED SCIENCES**

- WB 146 C468571 CHRONIC FATIGUE SYNDROME. New York, NY, Plenum Press, 1997, 199 p.
- WC 503.6 M3187 EVALUATING HIV PREVENTION INTERVENTIONS. Mantell, Joanne Ellen. New York, NY, Plenum Press, 1997, 295 p.
- WC 144 I59516 THE HIDDEN EPIDEMIC: CONFRONTING SEXUALLY TRANSMITTED DISEASES. Washington, DC, Institute of Medicine, Committee on Prevention and Control of Sexually Transmitted Diseases. Washington, DC, National Academy Press, 1997, 432 p.
- WS 39 M4683 MEDICAL ASPECTS OF DEVELOPMENTAL DISABILITIES IN CHILDREN BIRTH TO THREE. 3rd ed. Gaithersburg, MD, Aspen Publishers, 1997, 290 p.
- WL 140 N3985 NEUROLOGIC DISORDERS IN WOMEN. Boston, MA, Butterworth-Heinemann, 1997, 162 p.

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**MENTAL HEALTH**

BF 724.5 Y72 ADULT DEVELOPMENT, THERAPY, AND CULTURE: A POST-MODERN SYNTHESIS. Young, Gerald. New York, NY, Plenum Press, 1997, 380 p.

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- Death Rates
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- Home Health Care
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1998 Medical Quality Management Sourcebook is designed to help health professionals migrate from the old quality assurance model of health care to the new idea of quality management. This reference book is a compilation of pieces written by current and former top-level professionals on how to achieve quality management in an efficient manner. Along with original pieces, the sourcebook offers previously published articles for background information. Some topics of interest are:

- Building Data Systems
- Information Systems for Quality Management
- Requirements for Effective Quality Management
- Streamlining Teams

### Previous Current Topics

Previous current topics can be obtained upon request

Topic	Bulletin No.	Date
Drug Trends in Metropolitan Areas Genetics and Health Insurance Genetics of Tourette's Syndrome Geographic Methods in Health Care Physical Activity and Public Health Reinventing Government	452	July 1997
The Well-Being of America's Children Advance Directives and End-of-Life Care Children and Injuries Depression in Pregnancy Minority Health Professions Training 1996 National Household Survey on Drug Abuse Reinventing Government	453	August 1997
Women's Health Research Angiography, Angioplasty and Acute Myocardial Infarction Educational Patterns and Substance Abuse Natality Statistics The National Comorbidity Survey Nursing and Public Policy Reinvent Government	454	September 1997

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The Parklawn Health Library System serves the following components of the Department of Health and Human Services (DHHS):

- Agency for Health Care Policy and Research
- Assistant Secretary for Legislation
- Assistant Secretary for Planning and Evaluation
- Assistant Secretary for Public Affairs
- DHHS Regional Offices
- Health Resources and Services Administration
- Indian Health Service
- National Center for Health Statistics
- National Institute of Mental Health
- National Institute on Drug Abuse
- Office of Public Health and Science
- Program Support Center
- Substance Abuse and Mental Health Services Administration

**LIBRARY MISSION**

The Parklawn Health Library, the NCHS Staff Research Library, and the Information Resources Center plan, develop, and administer a national research collection and innovative information programs in direct support of the Department of Health and Human Services.

**LIBRARY COLLECTION**

The Scope of the collection includes the delivery of health care, health administration, health policy, health services research, health promotion and disease prevention, computer sciences, management sciences, medical sociology, health statistics, international health, epidemiology, public health, mental health, psychiatry and neurology, and substance abuse.

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