

**CONTENTS**

Cesarean Delivery . . . . . 1-2  
 Community Health Care  
 for Mothers and Children . . 2-3  
 Homeless Adults . . . . . 3-4  
 Implications of Welfare Reform  
 on Individuals with Substance  
 Abuse Problems . . . . . 5  
 Influenza Immunizations and  
 The Elderly . . . . . 6  
 The National Comorbidity  
 Survey . . . . . 7-8  
 Reinventing Government . . . 8-9

**Selected New Acquisitions**

Drug Abuse . . . . . 10  
 Financial Management . . . . . 10  
 Health Planning . . . . . 11-12  
 Management . . . . . 12  
 Medical & Allied  
 Sciences . . . . . 13-14  
 Mental Health . . . . . 14-15  
 Sociology . . . . . 15-16  
 Statistics . . . . . 16  
 Reference Books . . . . . 16-17

**Guide to Library**

**Resources** . . . . . 18  
**Previous Current Topics** . . . 19  
**Library Clientele** . . . . . 20  
**Library Mission** . . . . . 21

**CESAREAN DELIVERY**

Almost one million cesarean operations occur each year making it one of the most commonly performed surgical procedures in the U.S. The reasons for this include: a lower tolerance for taking risks, fear of malpractice litigation, increased use of epidural anesthesia, and increased use of electronic fetal monitoring (which often incorrectly indicates that a baby is in trouble).

Since the early 1980s, there has been a national effort to lower the cesarean rate in the United States. The goal of Healthy People 2000, a project of the Department of Health and Human Services, is to reduce the cesarean delivery from 21 percent to 15 percent by the year 2000. Economic forces such as reimbursement changes from a fee-for-service model to managed care and capitated payments, appear to be driving the cesarean delivery rate toward the Healthy People 2000 goal.

1. CAMPAIGN TO CUT C-SECTION RATE ASSAILED. Boodman, SG. *Washington Post* 12 Jan '99.
2. CESAREAN AND VBAC DELIVERY RATES IN MEDICAID MANAGED CARE, MEDICAID FEE-FOR-SERVICE, AND PRIVATE MANAGED CARE. Oleske, DM. *Birth* 25:125-7, June '98.

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

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3. CESAREAN SECTION RATES: EFFECTS OF PARTICIPATION IN A PERFORMANCE MEASUREMENT PROJECT. Kazandjian, VA. *J Qual Improvement* 24:187-96, Apr '98.
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5. DECLINING CESAREAN DELIVERY RATES IN CALIFORNIA: AN EFFECT OF MANAGED CARE? Weinstein, RB. *Am J Obstet Gynecol* 179:657-64, Sep '98.
6. EFFECT OF DEPARTMENTAL POLICIES ON CESAREAN DELIVERY RATES: A COMMUNITY HOSPITAL EXPERIENCE. Poma, PA. *Obstet & Gynecol* 91:1013-8, June '98.
7. IMPACT OF RISK-ADJUSTING CESAREAN DELIVERY RATES WHEN REPORTING HOSPITAL PERFORMANCE. Aron, DC. *JAMA* 279:1968-72, 24 June '98.
8. LOWERING THE CESAREAN SECTION RATE IN A PRIVATE HOSPITAL: COMPARISON OF INDIVIDUAL PHYSICIANS' RATES, RISK FACTORS, AND OUTCOMES. Lagrew, DC. *Am J Obstet Gynecol* 178:1207-14, June '98.
9. REDUCING CESAREAN SECTION RATES SAFELY: LESSONS FROM A "BREAKTHROUGH SERIES" COLLABORATIVE. Flamm, BL. *Birth* 25:117-24, June '98.
10. THE RISKS OF LOWERING THE CESAREAN-DELIVERY RATE. Sachs, BP. *N Engl J Med* 340:54-7, 7 Jan '99.

### **COMMUNITY HEALTH CARE FOR MOTHERS AND CHILDREN**

Health care delivery to mothers and children requires an integrated system based on networks of preventive and primary care that coordinate and integrate public and private sector resources. The literature indicates that this includes the development of accountable state and community health care infrastructures. The Office of State and Community Health (OSCH), Maternal and Child Health Bureau (MCHB), HRSA provides guidance on community health activities, state reporting requirements, coordination of the provision of technical assistance and consultation, oversight, and development of national information and data collection systems. Research indicates methods to better serve this population's health care needs through health assessment surveys, community advocates, and partnerships with HMO's, community clinics, and hospitals.

11. ASSESSING HEALTH IN AN URBAN NEIGHBORHOOD: COMMUNITY PROCESS, DATA RESULTS AND IMPLICATIONS FOR PRACTICE. Torres, MI. *J Community Health* 23:211-26, June '98.
12. THE CHALLENGE OF GOVERNING PUBLIC-PRIVATE COMMUNITY HEALTH PARTNERSHIPS. Weiner, BJ. *Health Care Manage Rev* 23:39-55, Spr '98.
13. COMMUNITY PARTNERSHIPS IN NEIGHBORHOOD-BASED HEALTH CARE: A RESPONSE TO DIMINISHING RESOURCES. Mosley, AM. *Health & Soc Work* 23:231-5, Aug '98.
14. FROM THE BOARD ROOM TO THE COMMUNITY ROOM: A HEALTH IMPROVEMENT COLLABORATION THAT'S WORKING. *J Qual Improvement* 24:549-65, Oct '98.
15. HOW A COMMUNITY TEACHING HOSPITAL IS CHANGING TO BETTER SERVE ITS COMMUNITY. Young, MJ. *Acad Med* 73:488-93, May '98.
16. THE IMPORTANCE OF THE HEALTH EDUCATION PROGRAM ENVIRONMENT FOR PREGNANT AND PARENTING TEENS. Alpers, RR. *Public Health Nurs* 15:91-103, Apr '98.
17. IMPROVING VACCINATION COVERAGE THROUGH ACCELERATED MEASUREMENT AND FEEDBACK. Lobel, HO. *JAMA* 280:1482-3, 4 Nov '98.
18. OVERCOMING OBSTACLES: CHALLENGES OF CARING FOR AN URBAN PEDIATRIC POPULATION. Cuthbert-Allman, C. *Caring* 17:44-7, May '98.
19. A SURVEY OF AFRICAN AMERICANS AT A COMMUNITY HEALTH FAIR. *J Health Care Poor Underserved* 9:357-66, Nov '98.
20. THREE EVALUATION METHODS OF A COMMUNITY HEALTH ADVOCATE PROGRAM. Rodney, M. *J Community Health* 23:371-81, Oct '98.

### HOMELESS ADULTS

Homeless adults are defined as individuals who have no stable residence, live in public shelters or in unsheltered locations such as the streets, abandoned buildings or bus stations, and have no personal mailing address. The literature indicates that one to two million Americans are homeless during a given year. The problem of homelessness has been an intractable problem for the nation's largest cities and is associated with substantial excess costs per hospital stay. Research indicates

that more than half of homeless people suffer from psychiatric or substance abuse disorders and that mental health and medical services available to this population are substantially inadequate to meet their needs. A recent study funded by AHCPR finds that the medical conditions that place the homeless at the greatest risk of death are AIDS and HIV, renal disease, a history of cold-related injury, liver disease, and cardiac arrhythmia.

21. CORRELATES OF EARLY ONSET AND CHRONICITY OF HOMELESSNESS IN A LARGE URBAN HOMELESS POPULATION. North, CS. *J Nerv Ment Dis* 186:393-400, Jul '98.
22. HEALTH CHARACTERISTICS AND MEDICAL SERVICE USE PATTERNS OF SHELTERED HOMELESS AND LOW-INCOME HOUSED MOTHERS. Weinreb, L. *J Gen Intern Med* 13:389-97, Jun '98.
23. HEALTH STATUS OF HOMELESS AND MARGINALLY HOUSED USERS OF MENTAL HEALTH SELF-HELP AGENCIES. Segal, SP. *Health Soc Work* 23:45-52, Feb '98.
24. HIV INFECTION RISKS AMONG HOMELESS, MENTALLY ILL, CHEMICAL MISUSING MEN. Rahav, M. *Subst Use Misuse* 33:1407-26, May '98.
25. HOMELESS TERMINALLY ILL AND HOSPICE & PALLIATIVE CARE. Rousseau, P. *Am J Hosp Palliat Care* 15:196-7, Jul-Aug '98.
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30. TREATMENT INVOLVEMENT AND OUTCOMES FOR FOUR SUBTYPES OF HOMELESS VETERANS. Humphreys, K. *Am J Orthopsychiatry* 68:285-94, Apr '98.

## IMPLICATIONS OF WELFARE REFORM ON INDIVIDUALS WITH SUBSTANCE ABUSE PROBLEMS

The Personal Responsibility and Work Opportunity Reconciliation Act requires welfare agencies to move their clients into the workforce so that by 2002, 50% of welfare recipients will be employed. The literature indicates that between 11% and 26% of welfare recipients use illicit drugs. The requirement to provide jobs quickly to welfare recipients may create unnecessary barriers to treatment and compromise the job-readiness of those with addictive disorders. Research indicates that welfare professionals and substance abuse treatment providers will have to work together closely so that information-sharing and technical assistance will encourage strategies which will promote the well-being of their clients. SAMHSA is sponsoring a series of conferences entitled Welfare Reform Promising Practices which will address job readiness and placement for those with substance abuse and mental health disorders.

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| <p>31. CHICAGO ENSURES SA ISSUES GET ATTENTION IN WELFARE-TO-WORK. <i>Alcohol Drug Abuse Weekly</i> 10:1, 4-5, 5 Oct '98.</p>  | <p>36. PRIMARY SOCIALIZATION THEORY. THE INFLUENCE OF THE COMMUNITY ON DRUG USE AND DEVIANCE. III. Oetting, ER. <i>Subst Use &amp; Misuse</i> 33 (8):1629-65, '98.</p>             |
| <p>32. CHILDREN IN LOW-INCOME, URBAN SETTINGS. Black, MM. <i>Am Psychologist</i> 53:635-46, '98.</p>   | <p>37. SEXUAL ABUSE, PARENTAL BONDING, SOCIAL SUPPORT, AND PROGRAM RETENTION FOR WOMEN IN SUBSTANCE ABUSE TREATMENT. Cosden, M. <i>J Subst Abuse Treat</i> 16:149-55, Mar '99.</p> |
| <p>33. NEW JERSEY ADVOCACY GROUP TACKLES MANAGED CARE FOR WELFARE POPULATION. <i>Alcohol Drug Abuse Weekly</i> 10:1, 6, 26 Oct '98.</p>                                  | <p>38. STUDY QUESTIONS LINK BETWEEN SUBSTANCE ABUSE, WELFARE STAYS. <i>Alcohol Drug Abuse Weekly</i> 10:6, 9 Nov '98.</p>  |
| <p>34. POLICIES TOWARDS PREGNANCY AND ADDICTION. STICKS WITHOUT CARROTS. Chavkin, W. <i>Ann NY Acad Sci</i> 846:335-40, 21 June '98.</p>                                 | <p>39. SUBSTANCE ABUSE AND THE COURSE OF WELFARE DEPENDANCY. Schmidt, L. <i>Am J Public Health</i> 88:1616-22, Nov '98.</p>  |
| <p>35. PREVALENCE OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS AMONG HOMELESS AND LOW-INCOME HOUSED MOTHERS. Bassuk, EL. <i>Am J Psychiatry</i> 155:1561-4, Nov '98.</p> | <p>40. WELFARE REFORM'S DARKER SIDE. <i>America</i> 179:3, 19 Sep '98.</p>   |

## INFLUENZA IMMUNIZATION AND THE ELDERLY

Influenza is a major cause of illness, suffering, and death in the United States. The literature indicates that every year, approximately 10-20% of the U.S. population becomes ill. Those individuals over the age of 65 are particularly vulnerable to the complications of influenza. According to an NCHS report entitled, "Health, United States, 1998," influenza and pneumonia were the fifth leading cause of death among persons aged 65 years and older in the United States. Research suggests that all individuals 65 years or older should be immunized with the influenza vaccine. A national health objective for 2000 is to increase influenza and pneumococcal vaccination levels to greater than 60% among persons at high risk for complications, including those aged 65 years and older.

41. BENEFITS OF INFLUENZA VACCINATION FOR LOW-, INTERMEDIATE-, AND HIGH-RISK SENIOR CITIZENS. Nichol, KL. *Arch Intern Med* 158:1769-76, 14 Sep '98.
42. AN IDEA WHOSE TIME HAS COME. Eickhoff, TC. *Public Health Rep* 113:243-4, May-June '98.
43. IMPROVING INFLUENZA VACCINATION COVERAGE AMONG HIGH-RISK PATIENTS: A ROLE FOR COMPUTER-SUPPORTED PREVENTION STRATEGY? Hak, E. *Fam Prac* 15 (2):138-43, '98.
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45. INFLUENZA IMMUNISATION TO INCLUDE ALL THOSE AGED 75 YEARS AND OVER. *CDR Weekly* 34:1, 300, 21 Aug '98.
46. THE INFLUENCE OF PSYCHOLOGICAL STRESS ON THE IMMUNE RESPONSE TO VACCINES. Glaser, R. *Ann NY Acad Sci* 840:649-55, 1 May '98.
47. PANDEMIC VERSUS EPIDEMIC INFLUENZA MORTALITY: A PATTERN OF CHANGING AGE DISTRIBUTION. Simonsen, L. *J Infect Dis* 178:53-60, July '98.
48. SHOULD THE VACCINE INJURY COMPENSATION PROGRAM BE EXPANDED TO COVER ADULTS? Lloyd-Puryear, MA. *Public Health Rep* 113:236-42, May-June '98.
49. VARIATION IN TERTIARY PREVENTION AND HEALTH SERVICE UTILIZATION AMONG THE ELDERLY. Saag, KG. *Med Care* 36:965-76, July '98.
50. WHY DON'T DOCTORS GIVE FLU SHOTS TO MEDICARE PATIENTS? Craig, SB. *North Carolina Med J* 59:228-31, July-Aug '98.

## THE NATIONAL COMORBIDITY SURVEY

The National Comorbidity Survey was a Congressionally mandated survey of psychiatric disorders designed to produce data on the prevalence, risk factors and consequences of psychiatric morbidity and comorbidity in the U.S. It was the first U.S. survey to administer a structured psychiatric interview to a nationally representative sample of the general population. It was also the first large-scale psychiatric epidemiologic survey in the U.S. to use DSM-III-R diagnostic criteria. The 8098 respondents, ranging in age from 15-54, were selected from 176 counties throughout the country based on a sampling scheme which included people in the noninstitutionalized civilian population, as well as a supplemental sample of students living in campus group housing. The majority of the funding for this survey was provided by NIMH.

51. COMORBIDITY AS A FUNDAMENTAL FEATURE OF GENERALIZED ANXIETY DISORDERS: RESULTS FROM THE NATIONAL COMORBIDITY STUDY (NCS). Judd, LL. *Acta Psychiatr Scand* 393 (Suppl):6-11, '98.
52. LATENT CLASS ANALYSIS OF LIFETIME DEPRESSIVE SYMPTOMS IN THE NATIONAL COMORBIDITY SURVEY. Sullivan, PF. *Am J Psychiatry* 155:1398-1406, Oct '98.
53. LIFETIME PANIC-DEPRESSION COMORBIDITY IN THE NATIONAL COMORBIDITY SURVEY. Kessler, RC. *Arch Gen Psychiatry* 55:801-8, Sep '98.
54. LIFETIME PREVALENCE OF DSM-III-R PSYCHIATRIC DISORDERS AMONG URBAN AND RURAL MEXICAN AMERICANS IN CALIFORNIA. Vega, WA. *Arch Gen Psychiatry* 55:771-8, Sep '98.
55. PAST-YEAR USE OF OUTPATIENT SERVICES FOR PSYCHIATRIC PROBLEMS IN THE NATIONAL COMORBIDITY SURVEY. Kessler, RC. *Am J Psychiatry* 156:115-23, Jan '99.
56. PREVALENCE OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS AMONG HOMELESS AND LOW-INCOME HOUSED MOTHERS. Bassuk, EL. *Am J Psychiatry* 155:1561-4, Nov '98.
57. PSYCHIATRIC DISORDER ONSET AND FIRST TREATMENT CONTACT IN THE UNITED STATES AND ONTARIO. Olfson, M. *Am J Psychiatry* 155:1415-22, Oct '98.
58. THE SOCIAL CONSEQUENCES OF PSYCHIATRIC DISORDERS, III: PROBABILITY OF MARITAL STABILITY. Kessler, RC. *Am J Psychiatry* 155:1092-6, Aug '98.

59. SOCIAL PHOBIA SUBTYPES IN THE NATIONAL COMORBIDITY SURVEY. Kessler, RC. *Am J Psychiatry* 155:613-9, May '98.
60. TEMPORAL PROGRESSION OF ALCOHOL DEPENDENCE SYMPTOMS IN THE U.S. HOUSEHOLD POPULATION: RESULTS FROM THE NATIONAL COMORBIDITY SURVEY. Nelson, CB. *J Consult Clin Psychol* 66:474-83, June '98.

### 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. AVOIDING EMPOWERMENT TRAPS. Dover, K. *Manage Rev* 88:51-5, Jan '99.
62. EFFECTIVE COMMUNICATION IN THE PERFORMANCE APPRAISAL INTERVIEW: FACE-TO-FACE COMMUNICATION FOR PUBLIC MANAGERS IN THE CULTURALLY DIVERSE WORKPLACE. Kikoski, JF. *Public Personnel Manage* 27:491-513, Win '98.
63. ENTERPRISE TRAINING: THIS CHANGES EVERYTHING. Stamps, D. *Training* 36:40-8, Jan '99.
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65. MEASURING PEOPLE AND PERFORMANCE: CLOSING THE GAPS. Morgan, BS. *Qual Progress* 32:47-53, Jan '99.
66. AN ORGANIZATIONAL FRAMEWORK FOR THE INFORMATION AGE. Reilly, BJ. *Natl Productivity Rev* 18:61-6, Win '98.
67. ORGANIZING FOR EMPOWERMENT: AN INTERVIEW WITH AES'S ROGER SANT AND DENNIS BAKKE. Wetlaufer, S. *Harvard Business Rev* 77:111-23, Jan-Feb '99.
68. PUTTING QUALITY IN KNOWLEDGE MANAGEMENT. Wilson, LT. *Qual Progress* 32:25-31, Jan '99.

69. TEAM TECHNOLOGY. Hacker, ME.  
*Qual Progress* 32:61-3, Jan '99.

70. THE TRUST FACTOR. Harari, O.  
*Manage Rev* 88:28-31, Jan '99.

### 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 274 H711 ALCOHOL AND THE COMMUNITY: A SYSTEMS APPROACH TO PREVENTION. Holder, Harold D. New York, NY, Cambridge University Press, 1998, 183 p.
- WM 290 G9412 GUIDELINES FOR CONTROLLING AND MONITORING THE TOBACCO EPIDEMIC. Geneva, World Health Organization, 1998, 190 p.
- NIH 98-4293 NATIONAL CONFERENCE ON DRUG ABUSE PREVENTION RESEARCH: PRESENTATIONS, PAPERS, AND RECOMMENDATIONS. Rockville, MD, U.S. Dept. of Health and Human Services, National Institute on Drug Abuse, 1998, 182 p.

#### FINANCIAL MANAGEMENT

- WX 157 B174 ACTIVITY-BASED COSTING AND ACTIVITY-BASED MANAGEMENT FOR HEALTH CARE. Baker, Judith J. Gaithersburg, MD, Aspen Publishers, 1998, 385 p.
- QZ 266 N495 ASSESSING THE ECONOMIC VALUE OF ANTICANCER THERAPIES. Neymark, Niels. New York, NY, Springer, 1998, 285 p.
- W 74 E13hc HEALTH CARE FINANCE: COST, PRODUCTIVITY & STRATEGIC DESIGN. Eastaugh, Steven R. Gaithersburg, MD, Aspen Publishers, 1998, 257 p.
- WM 270 S94163 SUBSTANCE ABUSE PREVENTION IN MULTICULTURAL COMMUNITIES. New York, NY, Haworth Press, 1998, 171 p.

**HEALTH PLANNING**

- WB 101 Z834 AMBULATORY CARE IN INTEGRATED DELIVERY SYSTEMS. Zuckerman, Alan M. Chicago, IL, AHA Press, 1998, 137 p.
- WX 159 M1345c CASE STUDIES IN HEALTH CARE SUPERVISION. McConnell, Charles R. Gaithersburg, MD, Aspen Publishers, 1998, 270 p.
- WX 150 G6296 COMMUNITY STEWARDSHIP: APPLYING THE FIVE PRINCIPLES OF CONTEMPORARY GOVERNANCE. Goodspeed, Scott W. Chicago, IL, AHA Press, 1998, 148 p.
- WX 155 M3143 FROM MANAGEMENT TO LEADERSHIP: INTERPERSONAL SKILLS FOR SUCCESS IN HEALTH CARE. Manion, Jo. Chicago, IL, American Hospital Publishers, 1998, 216 p.
- WA 540AA1 H349963 HEALTHY PEOPLE IN HEALTHY COMMUNITIES: A GUIDE FOR COMMUNITY LEADERS: HEALTHY PEOPLE 2000. Rockville, MD, U.S. Dept. of Public Health, Office of Disease Prevention and Health Promotion, [1998], 30 p.
- W 84AA1 J692 JONAS AND KOVNER'S HEALTH CARE DELIVERY IN THE UNITED STATES. 6th ed. New York, NY, Springer Publishing Co., 1999, 577 p.
- WA 590 S571 MARKETING PUBLIC HEALTH: STRATEGIES TO PROMOTE SOCIAL CHANGE. Siegel, Michael. M.D. Gaithersburg, MD, Aspen Publishers, 1998, 530 p.
- W 87 L9789 MED INC.: HOW CONSOLIDATION IS SHAPING TOMORROW'S HEALTHCARE SYSTEM. Lutz, Sandy. San Francisco, CA, Jossey-Bass Publishers, 1998, 212 p.

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**MEDICAL & ALLIED SCIENCES**

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## GUIDE TO LIBRARY RESOURCES

**ENCYCLOPEDIA OF AIDS; A SOCIAL, POLITICAL, CULTURAL, AND SCIENTIFIC RECORD OF THE HIV EPIDEMIC.** Smith, Raymond A., ed. Fitzroy Dearborn Publishers, Chicago, IL, 1998. Ref-Dict WC/13/ E56 1998.

This source is designed to provide the user with general information about HIV/AIDS, primarily for the period between 1981-1996. The focus is on the social, rather than the clinical aspects of AIDS. The main section is arranged alphabetically by topic. The book also contains a resource guide which covers the following topics:

An overview of the Aids epidemic  
Transmission and prevention  
Impacted populations  
Policy and law

Basic science and epidemiology  
Pathology and treatment  
Government and activism  
Culture and society

**MAGILL'S MEDICAL GUIDE.** Salem Press, Inc. Englewood Cliffs, NJ, 1998.  
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This is a three-volume reference source which contains 740 entries describing major diseases and disorders of the human body, basics of human anatomy and physiology, medical specialties, and surgical and medical procedures. This edition of Magill's has been updated with twenty-two new articles which cover recent research such as cloning, ebola virus, attention-deficit disorder, and HMO's. Sixty-five entries from the previous edition have been revised to include the latest medical information. In addition to the 740 entries included in this source, each volume contains the following indexes to help users find information:

Alphabetical list of contents  
Entries by specialities and related fields  
Entries by anatomy or system affected

**PREVIOUS CURRENT TOPICS**

Previous current topics can be obtained upon request

| Topic  | Bulletin No. | Date          |
|--|--------------|---------------|
| Specialized Library Collections  | 469          | December 1998 |
| Minorities and HIV/AIDS Prevention<br>Ambulatory Care<br>Clinical Preventive Services<br>National Health Service Corps<br>1997 National Household Survey on Drug Abuse<br>Reinventing Government<br>The Relationship Between Dopamine and Schizophrenia                      | 470          | January 1999  |
| Racial/Ethnic Disparities in Health<br>Gender and Drug Abuse<br>National Family and Intimate Violence Prevention Initiative<br>Reinventing Government<br>Smoking and Teenage Pregnancy<br>Stigma and Mental Illness<br>Surgery Patient Outcomes with Decreased Nursing Staff | 471          | February 1999 |

**LIBRARY CLIENTELE**

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

- Administration for Children and Families
- Administration on Aging
- Agency for Health Care Policy and Research
- HHS 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 the Secretary
- 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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