

Barbara E. Stanley
~~American International~~
College
Springfield, Ma.
01109


LAS VEGAS
HILTON



DEPARTMENT OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OFFICE OF THE DEPUTY ASSISTANT SECRETARY
FOR HEALTH POLICY

July 10, 1986.

Dear Nancy:

Thank you for the APHA material. You've done an excellent job, both in terms of speakers and sponsors.

I have a reservation at the Hilton Hotel and we can try to meet before the session.

I recently finished two months on the Grand Tour - every day from nine to five - learned plenty about drugs and crime. Yours,
Clara

Kevin C.

X 215



AMERICAN PUBLIC HEALTH ASSOCIATION

1015 Fifteenth Street, N.W., Washington, D.C. 20005 • (202) 789-5600

July, 1986

Dear Program Participant:

APHA welcomes your participation at its 114th Annual Meeting, scheduled September 28 - October 2, 1986. This year we will address the theme "Local Health Services: Crisis on the Front Line." Both the Program Planning Committee and the Association are deeply appreciative of the contribution made by the Annual Meeting program participants and regret that the Association is unable to pay honoraria and expenses.

The following information and forms have been compiled to assist you in your preparation for the upcoming meeting. **Please read this packet very carefully.**

Your presentation at the 114th Annual Meeting has been scheduled on:

Day, Date, Time:

Hotel:

Room:

Sponsor:

Role on the Program:

WEDNESDAY, OCT 01, 1986

771 8:30 AM - 10:00 AM

RIVIERA HOTEL

BALLROOM C

SOCIALIST CAUCUS

PANEL MODERATOR

WEDNESDAY, OCT 01, 1986

841 2:00 PM - 3:30 PM

LAS VEGAS CONVENTION CENTER

EAST HALL ROOM L-1

MEDICAL CARE

AUTHOR

ANNUAL MEETING BROCHURE

The enclosed annual meeting brochure provides a preliminary list of the program topics, a map of Las Vegas, as well as the following forms:

Advance Registration Form

All Program Participants whose abstracts have been accepted through the contributed papers process are expected to pay a registration fee. Please complete the enclosed advance registration form and return it with your check to APHA prior to **August 22**. Program Participants wishing to register for one-day can only do so on-site.

All persons making a contributed paper presentation must be members of the Association. Membership information has been included for your convenience.

Guest program participants. Non-member program participants who have been **invited/solicited** to participate on the program as an "invited program participant," will be mailed a courtesy one-day registration badge for the day they are participating on the program. The badge will be mailed by **September 15** to all speakers who have been designated as solicited program participants. Any invited program participants who plan to attend the full week's activities must complete the enclosed registration form and return it with a check to APHA prior to **August 22**.

Please do not come to the on-site program participant booth for a one day courtesy badge. Only those non-member speakers who have been invited/solicited to speak as guest participants are entitled to a badge. Badges will only be issued on-site, to those persons presenting a solicited verification form. This form will be provided to those speakers invited by the program planner after all deadlines have passed. If at the last minute you are invited as a substitute, you must present written information in order to receive a one-day badge. This rule will be adhered to in all cases.

On-site registration will be offered at the Las Vegas Hilton Ballroom Foyer on Saturday, September 27 from 1:00 - 7:00 p.m.; Sunday, September 28 from 10:00 a.m. - 7:00 p.m.; Monday, September 29 - Wednesday, October 1 from 8:00 a.m. - 5:00 p.m.

Hotel Room Reservation Form

The hotel room reservation form lists hotels with a range in rates. We encourage making reservations early. All reservations should be made through the APHA Housing Bureau.

GUIDE FOR PROGRAM PARTICIPANTS

Please review the enclosed guide for information on the Annual Meeting publication procedures, deadlines for submitting copies of papers, and press room activities. A guide for the presiders, suggestions for oral presentations, and instructions for poster session participants are also included.

RELEASE FORMS FOR TAPE RECORDING AND DUPLICATING

In order to permit recording of your presentations, we would appreciate your signing and returning the release form in the enclosed envelope provided by **September 8**.

SHIPPING LABEL/COPIES OF PAPERS

Please use the enclosed printed shipping label for sending 25 copies of your paper to the APHA Press Room in Las Vegas, Nevada. No additional address is needed. See complete instructions in the *Guide for Program Participants*. Two copies of your paper should be sent First Class Postage to the Press Officer at our APHA Washington, DC office by **September 8**.

PROGRAM PARTICIPANT RIBBON

Bring the enclosed card to the Program Participant Booth to pick up your program participant ribbon. Attach the ribbon to your registration badge.

Be sure to see the preliminary program in the July issue of the *American Journal of Public Health*. Again we look forward to your valuable participation at this year's 114th Annual Meeting in Las Vegas, Nevada.

Sincerely,

Helen Ingram Cauthen
Annual Meeting Program Coordinator

DATES TO REMEMBER

AUGUST 22

Advance Registration cut-off date

SEPTEMBER 8

Send two copies of your paper to APHA Headquarters

Send 25 copies of your paper to the APHA Press Room in Las Vegas, Nevada

Deadline for mailing Audio Cassette Release Form

SEPTEMBER 15

Advance Registration badges will be mailed

SEPTEMBER 28 — OCTOBER 2

114th APHA Annual Meeting, Las Vegas, Nevada

Deadline: MARCH ~~25~~ 1986AMERICAN PUBLIC HEALTH ASSOCIATION
ANNUAL MEETING
PROGRAM SUBMISSION

APHA OFFICE USE ONLY

Date Processed _____

Initials _____

Info Missing _____ Complete _____

Please complete all information on **both sides** of this form for each independent/joint session. For those sessions whose plans are still tentative, complete a form so that information, such as the session title, can be included in promotional material. This information will appear in the August issue of the *American Journal of the American Public Health Association* (Preliminary Program). **Material received after the deadline will only be included where time permits.**

- Side One - Complete information below, answer each of the questions and sign each form. **YOUR SIGNATURE IS REQUIRED FOR EACH FORM.**
- Side Two - Complete all information and provide all session details for each session, per instructions.

On **Side Two** of this form, list the session title, all presiders, discussants, authors, co-authors, panel members, moderators, award recipients, etc. **Only one session should be listed per form submitted.** Include designated times for each participant's presentation where applicable. **Important:** Please place a dot • beside all papers/presentations for whom an abstract is attached.

List the **Primary Sponsor** first followed by all co-sponsors.

ALL PROGRAM COPY SUBMITTED TO APHA MUST FOLLOW ONE OF THE SAMPLE SESSION FORMATS PROVIDED.

NOTE: Many Program Planners are using their own personal computers or word processing equipment to generate this material. If this is the case, you may print the program copy portion (all on side two) for each session on a separate sheet of paper (per instructions); and simply attach the program copy to this form. You must still complete side one of this form for each session. Individual typing should be done directly on this form.

- X ALL ABSTRACTS ARE ATTACHED FOR THIS SESSION
- ABSTRACTS ARE MISSING FOR THIS SESSION
- X ALL AUTHOR AND CO-AUTHOR ID FORMS ARE ATTACHED FOR THIS SESSION
- AUTHOR AND CO-AUTHOR ID FORMS ARE MISSING FOR THIS SESSION
- THE FOLLOWING ITEMS ARE MISSING, I WILL SEND THESE TO APHA NO LATER THAN JUNE 1

Wayne Shaw

(Signature)

MISSING ABSTRACTS FOR:

MISSING ID FORMS FOR:

PLEASE TURN OVER AND COMPLETE SIDE TWO

Please Check

☐ MORNING
☐ AFTERNOON

☐ MONDAY
☐ TUESDAY
☒ WEDNESDAY
☐ THURSDAY

☐ FRIDAY
☐ SATURDAY
☐ SUNDAY

☐ SOLICITED SESSION
☐ CONTRIBUTED SESSION

Please Fill-In

Time: From: 2 pm To: 3:30 PM

PROGRAM COPY

[Already mailed]



Standard Abstract Form for the 114th Annual Meeting
American Public Health Association
Las Vegas, Nevada, September 28 - October 2, 1986

Persons wishing to contribute presentations or papers considered for the APHA Annual Meeting, September 28 - October 2, 1986 in Las Vegas, Nevada, must submit an abstract of a paper or presentation on the form provided below. The form should be mailed to the designated Section Representative before or postmarked **no later than February 12.**

Rules for Submission

Please do not submit the same abstract to more than one Section or APHA component. Follow instructions below.

ORIGINAL TYPEWRITTEN ABSTRACT MUST BE SUBMITTED

Author TITLE	Type author(s) and co-author(s) name(s) and affiliation(s) using UPPER and lower case letters and underline.	TO BE COMPLETED BY PROGRAM CHAIRPERSON SESSION: Day _____ Date _____ Time— From _____ To _____ Primary Sponsor _____ ABSTRACT: ☐ Contributed ☐ Solicited
Abstract Text	TYPE ABSTRACT TITLE IN UPPER CASE LETTERS BELOW AUTHOR(S) NAME(S) Double space and type abstract text, flush left, single-spaced, within parameters of box, using carbon ribbon, standard size type. Abstract should be of camera-ready quality, suitable for 50% reduction. Trim-size is same as size of box below. Abstracts not meeting these criteria will not be printed in final program. Complete author and co-author ID forms on reverse side of abstract form in order to receive mailings and be indexed in final program. If the total number of authors and co-authors exceeds three, please continue on another identification form. Send original and four (4) copies of abstract to appropriate chairperson, accompanied by self-addressed stamped envelope for notification of acceptance or rejection. Deadline for submissions: must be postmarked by Feb. 12. Notification mailed in June. Deadline for abstract withdrawals: June 30. Groups request additional requirements for abstract review, consult the January issue of <i>The Nation's Health</i> for each groups requirements. NOTE: Contributed papers may be read only by APHA members; non-members may author or co-author a contributed paper to be read by an APHA member.	

Section or APHA Group Abstract submitted to Medical Care Is Your Abstract?
Who will present paper? Ellen Barry, J.D. ☐ Research
Is paper suitable for a poster session? Yes _____ No x ☐ Policy
Original Abstract enclosed along with 4 copies? Yes x No _____ ☒ Practice

Authors and Affiliation	<u>Ellen Barry, J.D., Legal Services for Prisoners with Children, San Francisco.</u>
Abstract Title Text	LEGAL STRATEGIES TO IMPROVE HEALTH CONDITIONS IN WOMEN'S CORRECTIONAL INSTITUTIONS This paper discusses current developments in litigation regarding health care for women in jail and prison. The role of standards, medical malpractice issues, alternatives to incarceration, and effective use of state and federal courts are discussed. Successful litigation strategies are reviewed and the relationship between litigation and community involvement analyzed.

DO
NOT
EXTEND
COPY
BEYOND
BOX

AUTHOR/CO-AUTHOR IDENTIFICATION FORM

(Send the Original and 4 copies of the Abstract Form)

B a r r y , E l l e n										J . D .																			
NAME: Last, First, Middle Initial																				DEGREE: (one only)									
D I R E C T O R																													
TITLE/Position																													
L e g a l S e r v i c e s f o r P r i s o n e r s w i t h C h i l d r e n																													
ORGANIZATION																													
1 6 6 3 M i s s i o n S t . , 5 t h f l o o r																													
STREET																													
S a n F r a n s i s c o										C A					9 4 1 0 3														
CITY										STATE					ZIP CODE														
4 1 5					5 4 3					3 3 7 9																			
AREA CODE					PHONE NUMBER																								
Circle Each Answer Below																													
For Affirmative Action/Statistical Use Only:																													
Sex: 1 Male										APHA Member: 1 No 2 Yes																			
2 Female										No.																			
Racial Ethnic ID:																													
1 Asian 2 Black 3 Amer. Indian 4 Latino 5 White																													
Author Making Presentation 1 No 2 Yes																													

Program Chairperson Must Complete

Circle Role Type

- | | | |
|-------------------|--------------|----------------------------|
| 1 Presider | 4 Co-Author | 7 Speaker |
| 2 Panel Moderator | 5 Panelist | 8 Poster Session Presenter |
| 3 Author | 6 Discussant | 9 Award Recipient |

Circle Program Participant Status

- | | |
|---------------|-------------|
| 1 Contributed | 2 Solicited |
|---------------|-------------|

NAME: Last, First, Middle Initial										DEGREE: (one only)									
TITLE/Position																			
ORGANIZATION																			
STREET																			
CITY										STATE					ZIP CODE				
AREA CODE					PHONE NUMBER														
Circle Each Answer Below																			
For Affirmative Action/Statistical Use Only:																			
Sex: 1 Male										APHA Member: 1 No 2 Yes									
2 Female										No.									
Racial Ethnic ID:																			
1 Asian 2 Black 3 Amer. Indian 4 Latino 5 White																			
Author Making Presentation 1 No 2 Yes																			

Program Chairperson Must Complete

Circle Role Type

- | | | |
|-------------------|--------------|----------------------------|
| 1 Presider | 4 Co-Author | 7 Speaker |
| 2 Panel Moderator | 5 Panelist | 8 Poster Session Presenter |
| 3 Author | 6 Discussant | 9 Award Recipient |

Circle Program Participant Status

- | | |
|---------------|-------------|
| 1 Contributed | 2 Solicited |
|---------------|-------------|

NAME: Last, First, Middle Initial										DEGREE: (one only)									
TITLE/Position																			
ORGANIZATION																			
STREET																			
CITY										STATE					ZIP CODE				
AREA CODE					PHONE NUMBER														
Circle Each Answer Below																			
For Affirmative Action/Statistical Use Only:																			
Sex: 1 Male										APHA Member: 1 No 2 Yes									
2 Female										No.									
Racial Ethnic ID:																			
1 Asian 2 Black 3 Amer. Indian 4 Latino 5 White																			
Author Making Presentation 1 No 2 Yes																			

Program Chairperson Must Complete

Circle Role Type

- | | | |
|-------------------|--------------|----------------------------|
| 1 Presider | 4 Co-Author | 7 Speaker |
| 2 Panel Moderator | 5 Panelist | 8 Poster Session Presenter |
| 3 Author | 6 Discussant | 9 Award Recipient |

Circle Program Participant Status

- | | |
|---------------|-------------|
| 1 Contributed | 2 Solicited |
|---------------|-------------|



Standard Abstract Form for the 114th Annual Meeting
American Public Health Association
Las Vegas, Nevada, September 28 - October 2, 1986

Persons wishing to contribute presentations or papers considered for the APHA Annual Meeting, September 28 - October 2, 1986 in Las Vegas, Nevada, must submit an abstract of a paper or presentation on the form provided below. The form should be mailed to the designated Section Representative before or postmarked **no later than February 12.**

Rules for Submission

Please do not submit the same abstract to more than one Section or APHA component. Follow instructions below.

ORIGINAL TYPEWRITTEN ABSTRACT MUST BE SUBMITTED

Author
TITLE

Type author(s) and co-author(s) name(s) and affiliation(s) using UPPER and lower case letters and underline.

Abstract
Text

TYPE ABSTRACT TITLE IN UPPER CASE LETTERS BELOW AUTHOR(S) NAME(S)
Double space and type abstract text, flush left, single-spaced, within parameters of box, using carbon ribbon, standard size type. Abstract should be of camera-ready quality, suitable for 50% reduction. Trim-size is same as size of box below. Abstracts not meeting these criteria will not be printed in final program.

Complete author and co-author ID forms on reverse side of abstract form in order to receive mailings and be indexed in final program. If the total number of authors and co-authors exceeds three, please continue on another identification form. Send original and four (4) copies of abstract to appropriate chairperson, accompanied by self-addressed stamped envelope for notification of acceptance or rejection. **Deadline for submissions:** must be postmarked by Feb. 12. Notification mailed in June. **Deadline for abstract withdrawals:** June 30. Groups request additional requirements for abstract review, consult the January issue of *The Nation's Health* for each groups requirements. **NOTE:** Contributed papers may be read only by APHA members; non-members may author or co-author a contributed paper to be read by an APHA member.

**TO BE COMPLETED BY
PROGRAM CHAIRPERSON**

SESSION:

Day _____

Date _____

Time - From _____ To _____

Primary Sponsor _____

ABSTRACT:

☐ Contributed

☐ Solicited

Section or APHA Group Abstract submitted to Medical Care

Is Your Abstract?

Who will present paper? Jan Casteel

☒ Research

Is paper suitable for a poster session? Yes _____ No ☒

☐ Policy

Original Abstract enclosed along with 4 copies? Yes ☒ No _____

☐ Practice

Authors
and Affiliation

Jan Casteel and Carolyn McCall, Ph.D, Prison MATCH,
Oakland, CA.

Abstract Title
Text

**PREGNANCY IN PRISON: A STUDY OF PERINATAL OUTCOME IN
THREE CALIFORNIA PENAL INSTITUTIONS**

This study documents the perinatal needs and health care systems for 464 women imprisoned in three penal facilities--two state prisons and one county jail. About one quarter of these women were either currently or recently pregnant (n=110). Less than half of these women's pregnancies had ended in live births (44.5%). The proportions of miscarriages (33.6%), as compared with abortions (31.7%) indicated that these terminations occurred more by accident than by choice.

DO
NOT
EXTEND
COPY
BEYOND
BOX

Poor perinatal outcome was associated with both the women's problematic health status and the inadequacy of their prenatal health care while incarcerated.

AUTHOR/CO-AUTHOR IDENTIFICATION FORM

(Send the Original and 4 copies of the Abstract Form)

NAME: Last, First, Middle Initial		DEGREE: (one only)	
PROJECT DIRECTOR			
TITLE/Position			
PRISON MATCH			
ORGANIZATION			
1515 WEBSTER ST		SUITE 403	
STREET			
OAKLAND		CA	94612
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
415	763 0518		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex:	1 Male	2 Female	APHA Member 1 No 2 Yes
			No.
Racial Ethnic ID:	1 Asian	2 Black	3 Amer. Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed	2 Solicited		

NAME: Last, First, Middle Initial		DEGREE: (one only)	
PROGRAM DIRECTOR		PH.D.	
TITLE/Position			
PRISON MATCH			
ORGANIZATION			
1515 Webster St.		SUITE 403	
STREET			
Oakland		CA	94612
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex:	1 Male	2 Female	APHA Member 1 No 2 Yes
			No.
Racial Ethnic ID:	1 Asian	2 Black	3 Amer. Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed	2 Solicited		

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex:	1 Male	2 Female	APHA Member 1 No 2 Yes
			No.
Racial Ethnic ID:	1 Asian	2 Black	3 Amer. Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed	2 Solicited		



Standard Abstract Form for the 114th Annual Meeting
American Public Health Association
Las Vegas, Nevada, September 28 - October 2, 1986

Persons wishing to contribute presentations or papers considered for the APHA Annual Meeting, September 28 - October 2, 1986 in Las Vegas, Nevada, must submit an abstract of a paper or presentation on the form provided below. The form should be mailed to the designated Section Representative before or postmarked **no later than February 12.**

Rules for Submission

Please do not submit the same abstract to more than one Section or APHA component. Follow instructions below.

ORIGINAL TYPEWRITTEN ABSTRACT MUST BE SUBMITTED

Author
TITLE

Type author(s) and co-author(s) name(s) and affiliation(s) using UPPER and lower case letters and underline.

Abstract
Text

TYPE ABSTRACT TITLE IN UPPER CASE LETTERS BELOW AUTHOR(S) NAME(S)

Double space and type abstract text, flush left, single-spaced, within parameters of box, using carbon ribbon, standard size type. Abstract should be of camera-ready quality, suitable for 50% reduction. Trim-size is same as size of box below. Abstracts not meeting these criteria will not be printed in final program.

Complete author and co-author ID forms on reverse side of abstract form in order to receive mailings and be indexed in final program. If the total number of authors and co-authors exceeds three, please continue on another identification form. Send original and four (4) copies of abstract to appropriate chairperson, accompanied by self-addressed stamped envelope for notification of acceptance or rejection. **Deadline for submissions:** must be postmarked by Feb. 12. Notification mailed in June. **Deadline for abstract withdrawals:** June 30. Groups request additional requirements for abstract review, consult the January issue of *The Nation's Health* for each groups requirements. **NOTE:** Contributed papers may be read only by APHA members; non-members may author or co-author a contributed paper to be read by an APHA member.

**TO BE COMPLETED BY
PROGRAM CHAIRPERSON**

SESSION:

Day _____

Date _____

Time - From _____ To _____

Primary Sponsor _____

ABSTRACT:

- ☐ Contributed
☐ Solicited

Section or APHA Group Abstract submitted to Medical Care

Is Your Abstract?

Who will present paper? Judithann Anderson, M.D.

☐ Research

Is paper suitable for a poster session? Yes _____ No X

☐ Policy

Original Abstract enclosed along with 4 copies? Yes _____ No _____

☐ Practice

Authors
and Affiliation

Judithann Anderson, M.D., New York City Department
of Health.

Abstract Title
Text

**MATERNAL-INFANT ATTACHMENT AND BONDING AS OBSERVED IN
A PRISON SETTING**

Scientific evidence on Maternal-Infant Bonding and Attachment as observed in prison settings has been limited. Parent-infant interaction and bonding have profound implications for an understanding of normal social-emotional and cognitive development. The present study includes data on Maternal-Infant Attachment and Bonding as observed in the nursery at Rikers Island Correctional Facility in New York City from June, 1985 to June, 1986.

DO
NOT
EXTEND
COPY
BEYOND
BOX

Ten mothers and infants took part in the study. Mothers ages ranged from 23 to 40 years; all infants were full term at birth, spontaneous vaginal deliveries without complications. Analysis of initial results showed that mothers demonstrated little time in talking to or cuddling their infants.

AUTHOR/CO-AUTHOR IDENTIFICATION FORM

(Send the Original and 4 copies of the Abstract Form)

ANDERSON, JUDITH ANN		M.D.	
NAME: Last, First, Middle Initial		DEGREE: (one only)	
PEDIATRICIAN			
TITLE/Position			
NEW YORK CITY DEPT OF PUB HLTH			
ORGANIZATION			
1030 BERGEN ST			
STREET			
BROOKLYN NEW YORK		NY	11216
CITY		STATE	ZIP CODE
718	771	4664	
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex: 1 Male	APHA Member: 1 No 2 Yes		
2 Female	No		
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer Indian	4 Latino 5 White
Author Making Presentation 1 No 2 Yes			
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed 2 Solicited			

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex: 1 Male	APHA Member: 1 No 2 Yes		
2 Female	No		
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer Indian	5 White
4 Latino			
Author Making Presentation 1 No 2 Yes			
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed 2 Solicited			

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex: 1 Male	APHA Member: 1 No 2 Yes		
2 Female	No		
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer Indian	5 White
4 Latino			
Author Making Presentation 1 No 2 Yes			
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed 2 Solicited			



Standard Abstract Form for the 114th Annual Meeting
American Public Health Association
Las Vegas, Nevada, September 28 - October 2, 1986

Persons wishing to contribute presentations or papers considered for the APHA Annual Meeting, September 28 - October 2, 1986 in Las Vegas, Nevada, must submit an abstract of a paper or presentation on the form provided below. The form should be mailed to the designated Section Representative before or postmarked **no later than February 12.**

Rules for Submission

Please do not submit the same abstract to more than one Section or APHA component. Follow instructions below.

ORIGINAL TYPEWRITTEN ABSTRACT MUST BE SUBMITTED

Author
TITLE

Type author(s) and co-author(s) name(s) and affiliation(s) using UPPER and lower case letters and underline.

Abstract
Text

TYPE ABSTRACT TITLE IN UPPER CASE LETTERS BELOW AUTHOR(S) NAME(S)

Double space and type abstract text, flush left, single-spaced, within parameters of box, using carbon ribbon, standard size type. Abstract should be of camera-ready quality, suitable for 50% reduction. Trim-size is same as size of box below. Abstracts not meeting these criteria will not be printed in final program.

Complete author and co-author ID forms on reverse side of abstract form in order to receive mailings and be indexed in final program. If the total number of authors and co-authors exceeds three, please continue on another identification form. Send original and four (4) copies of abstract to appropriate chairperson, accompanied by self-addressed stamped envelope for notification of acceptance or rejection. **Deadline for submissions:** must be postmarked by Feb. 12. Notification mailed in June. **Deadline for abstract withdrawals:** June 30. Groups request additional requirements for abstract review, consult the January issue of *The Nation's Health* for each groups requirements. NOTE: Contributed papers may be read only by APHA members; non-members may author or co-author a contributed paper to be read by an APHA member.

**TO BE COMPLETED BY
PROGRAM CHAIRPERSON**

SESSION:

Day _____

Date _____

Time - From _____ To _____

Primary Sponsor _____

ABSTRACT:

- ☐ Contributed
☐ Solicited

Section or APHA Group Abstract submitted to Medical Care

Who will present paper? Nancy Stoller Shaw

Is paper suitable for a poster session? Yes _____ No X

Original Abstract enclosed along with 4 copies? Yes X No _____

Is Your Abstract?

- ☐ Research
☒ Policy
☐ Practice

Authors
and Affiliation

Nancy Stoller Shaw, Ph.D., San Francisco AIDS Foundation.

Abstract Title
Text

HOW CRIMINAL JUSTICE SYSTEMS RESPOND TO WOMEN AND AIDS

Risk of AIDS-virus exposure among women is highest in those groups who use intravenous drugs or have multiple sexual partners, especially if those partners are intravenous drug users. Simultaneously, as many as 70% of women in jail and prison are I.V. drug users and/or prostitutes.

This study documents current strategies utilized by courts and correctional institutions to respond to the possibility of infected females. Special attention is paid to the regulation of prostitutes, antibody testing of women suspected of drug use or prostitution, in-jail health care management, and foster care placements for children of antibody-positive or drug-using women.

DO
NOT
EXTEND
COPY
BEYOND
BOX

AUTHOR/CO-AUTHOR IDENTIFICATION FORM

(Send the Original and 4 copies of the Abstract Form)

Shaw, Nancy S.		Ph. D.	
NAME: Last, First, Middle Initial		DEGREE: (one only)	
Director of Women's Programs			
TITLE/Position			
San Francisco AIDS Foundation			
ORGANIZATION			
333 Valencia Street, 4th floor			
STREET			
San Francisco		C A	94103
CITY		STATE	ZIP CODE
415	864	4376	
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex: 1 Male	APHA Member: 1 No 2 Yes		
2 Female	No.		
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer. Indian	4 Latino
5 White			
Author Making Presentation	1 No 2 Yes		
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed 2 Solicited			

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE		PHONE NUMBER	
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex: 1 Male	APHA Member: 1 No 2 Yes		
2 Female	No.		
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer. Indian	5 White
4 Latino			
Author Making Presentation	1 No 2 Yes		
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed 2 Solicited			

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE		PHONE NUMBER	
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex: 1 Male	APHA Member: 1 No 2 Yes		
2 Female	No.		
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer. Indian	5 White
4 Latino			
Author Making Presentation	1 No 2 Yes		
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed 2 Solicited			

WOMEN'S CAUCUS OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

LEADERSHIP - 1986

Clare Feinson Chairperson

[REDACTED]
[REDACTED]
[REDACTED]

(301) 897-5700 (w)

Catherine Delorey Co-chairperson

[REDACTED]
[REDACTED]
[REDACTED]

Kathy Roe Program

[REDACTED]
[REDACTED]
[REDACTED]

Deborah Deatrick Program

[REDACTED]
[REDACTED]
[REDACTED]

(207) 289-2361 (w)

Allyson Young-Schwartz Resolutions
Elizabeth Blackwell Health Center
1124 Walnut Street
Philadelphia, PA 19107

[REDACTED]
[REDACTED]

Dorothy Phelan Resolutions
New York City Bureau of Alcoholism Services
42 Broadway Room 1623
New York, New York 10004

[REDACTED]
[REDACTED]

Connie Lotz Newsletter

3429 Tilden Street
Philadelphia, PA 19129

[REDACTED]
[REDACTED]
[REDACTED]

Karen Peterson Membership/Booth
University of Pittsburgh
Pittsburgh, PA 15261

[REDACTED]
[REDACTED]

Penny Chamousis-Socarras Treasurer

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

WOMEN'S CAUCUS BUSINESS MEETING
Tuesday, November 18, 1985

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE #</u>	<u>SECTION</u>
Catherine Delorey	[REDACTED]	[REDACTED]	Comm. Hlth. Planning
Doralba Munoz	[REDACTED]	[REDACTED]	
Karen Peterson	GSPH Univ. of Pittsburgh, Pittsburgh, PA 15261	[REDACTED]	MCH/Pop.
Dorothy Phelan	New York City Bureau of Alcholism Svcs. 42 Broadway, Room 1623, New York, NY 10004	[REDACTED]	Alch. & Drug Problem
Joan Emery	[REDACTED]	[REDACTED]	Genetics MCH
Nancy Shaw	[REDACTED]	[REDACTED]	MCH
Jane Zones	[REDACTED]	[REDACTED]	Medical Care
Shauna Heckert	[REDACTED]	[REDACTED]	Pop & Fam. Planning
Allyson Young Schwartz	[REDACTED]	[REDACTED]	Health Administration
Joanne Fischer	Booth Maternity Center, Cityline & Overbrook Avenue, Phila., PA 19131	(215) 878-7800 Ext. 651	MCH
Deborah Deatrick	[REDACTED]	[REDACTED] (w) [REDACTED] (H)	Dental Health
Cecily Light	[REDACTED]	[REDACTED]	
Morna Oruch	[REDACTED]	[REDACTED]	Pop. Family Planning
Helen Raisz	[REDACTED]	[REDACTED]	
Penny Chamousis-Socarras	[REDACTED]	[REDACTED] (h)	Hlth. Administration
Davi Birnbaum	[REDACTED]	[REDACTED] (w)	Gerontology
Dana Gallagher	[REDACTED]	[REDACTED]	Pop. & Family Planning
Kathy Roe	[REDACTED]	[REDACTED]	Health Education
Jean Hunt	[REDACTED]	[REDACTED]	



Elizabeth Bernheimer, M.P.H.

Assistant Professor

Family and Community Medicine

**UNIVERSITY OF NEVADA
SCHOOL OF MEDICINE**

410 Mill Street

Reno, Nevada 89502

Office: (702) 784-6180

Int'd in prostitute
issues

CASSETTES — Audio Recording Services will be recording and selling audio cassettes of selected Annual Meeting sessions in the APHA Registration Area of the Las Vegas Hilton.

EXCLUSIVE OFFER! SPECIAL DISCOUNTED AIRFARES

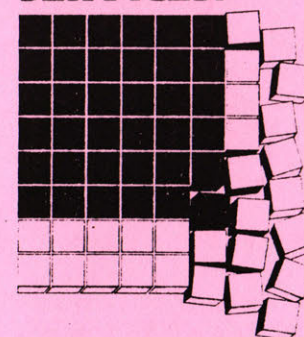
American, Eastern, and PSA Airlines are offering special discounted airfares to APHA's 1986 Annual Meeting in Las Vegas. For additional information, please see the enclosed special announcement.

American Public Health Association
115th Annual Meeting
New Orleans, LA
October 18 - 22, 1987

**September 28 —
October 2, 1986**

Las Vegas, Nevada

**LOCAL
HEALTH
SERVICES:**



Crisis on the Front Line

**American
Public Health
Association**

114th Annual Meeting

THANK YOU FOR PRE REGISTERING!

Your registration materials for the 114th APHA Annual Meeting are enclosed—including your badge, a meal ticket order form (for on-site use only), and a stub for your official program.

Be sure to have your badge and program stub with you when you check in at the Advance Registration Booth located in the Las Vegas Hilton, Grand Ballroom Foyer.

APHA REGISTRATION HOURS:

Saturday, Sept. 27, 1:00 pm - 7:00 pm
Sunday, Sept. 28, 10:00 am - 7:00 pm
Monday, Sept. 29, 8:00 am - 5:00 pm
Tuesday, Sept. 30, 8:00 am - 5:00 pm
Wednesday, Oct. 1, 8:00 am - 5:00 pm

APHA ALL SECTION ICEBREAKER — Start off on the right foot by greeting friends and colleagues at the Icebreaker, Sunday, September 28, in the Barron Room of the Las Vegas Hilton. Cash bars from 6:00 p.m. on. This year's Icebreaker will feature special entertainment.

MEAL FUNCTIONS — Meal tickets will be sold at the meal ticket counter in the APHA Registration Area, Las Vegas Hilton, Grand Ballroom Foyer. The hours for meal ticket sales will be the same as for registration (see above).

Ticket sales close at least 24 hours before the scheduled event. No tickets will be sold after this deadline or at the door. The enclosed meal ticket form is for your information and for use on-site. Please do not send any money or orders for tickets for meal functions to APHA.

DON'T MISS

APHA Leadership Recognition Banquet

*Reception & Entertainment
Las Vegas Hilton, Pavilion 1
Tuesday, September 30, 7:30 pm to midnight
(Preceded by President's Reception at 6:00 pm)*

Tickets for the APHA Leadership Recognition Banquet can be purchased on-site at the Meal Ticket Booth, during the hours of Registration. A limited number of tickets may also be available at the door. **Price: \$32.00, cash bar; \$38.00, includes two drinks.**

SCIENTIFIC AND TECHNICAL EXHIBITS —

The Grand Ballroom of the Las Vegas Hilton is the site of this year's APHA Exhibit Program. Special features include: APHA PubMart; Publishers Row; International Health Pavilion; and over 240 scientific and technical exhibits.

Exhibit hours are as follows:

Sunday, September 28, Noon-5:00 pm
Monday, September 29, 9:00 am-4:00 pm
Tuesday, September 30, 9:00 am-4:00 pm
Wednesday, October 1, 9:00 am-4:00 pm

APHA PubMart — Located in the Grand Ballroom of the Las Vegas Hilton. The APHA PubMart will display new editions and titles from APHA, and hundreds of books and materials from numerous publishers.

PROFESSIONAL PLACEMENT SERVICE — The Placement Center is located in the Las Vegas Hilton, Conrad Room. Job search and interview will be conducted on-site. The hours of operation for this service will be the same as for the exhibits. No one will be admitted without a registration badge.

SPECIAL APHA SERVICE DESKS:

INFORMATION, LOCATOR SERVICE, and MESSAGE CENTERS — A computer listing of Annual Meeting registrants and their hotel locations will be posted daily next to the APHA Information and Message booths at the following locations:

Las Vegas Convention Center
(702) 733-2323
Las Vegas Hilton Hotel
(702) 732-0323 or
(702) 732-5111
Riviera Hotel
(702) 734-5110

Incoming messages for Convention attendees will be received at the above locations during registration hours. Messages may be left by calling numbers listed above and asking for the APHA Message Center. Check the message boards periodically to avoid missing calls. **Messages cannot be delivered.**

REGISTRANTS WITH HANDICAPS — Accessibility Information Packets are available at the APHA Information Booth at the Las Vegas Hilton, Grand Ballroom Foyer.

LOCAL TOURS of the LAS VEGAS AREA — A tour desk will be located in the APHA Registration Area of the Las Vegas Hilton Hotel. A detailed description of the available tours is enclosed in this packet.

CAR RENTALS — Arrangements for special car rental discounts have been made for the Las Vegas Convention. The car rental company will staff a desk in the APHA registration area of the Las Vegas Hilton. You are encouraged to make your reservations before leaving for the convention in order to have your car ready when you arrive at the airport. Please be sure to identify yourself as an attendee of the American Public Health Association's 1986 convention when you reserve your car. Additional information is enclosed.

**APHA ON-SITE
Meal Ticket Sales Form
114th Annual Meeting**

The tickets listed below will be sold at the Meal Ticket Counter in the APHA registration area, Las Vegas Hilton Hotel. Tickets are good only for the specific function listed on the face of the ticket. Please check your tickets before leaving the Meal Ticket Counter. No refunds or exchanges will be possible. Please purchase your tickets as early as possible. Seating capacity is limited at certain functions. Tickets are available on a first come-first served basis and are generally not available within 24 hours of the function. Ticket will not be sold at the door.

Meal Ticket Counter Hours of Operation:

Saturday, September 27, 1:00 pm - 7:00 pm
Sunday, September 28, 10:00 am - 7:00 pm

Monday, September 29, 8:00 am - 5:00 pm
Tuesday, September 30, 8:00 am - 5:00 pm

Please check your Convention Program for the exact times and locations of these functions

TUESDAY, September 30, 1986

	Function Code	Quantity Desired		Function Code	Quantity Desired
Breakfast — \$12.00			Mental Health Section	E	_____
Latino Caucus Breakfast	A	_____	New Professionals S.P.I.G. (Ruth Webb Luncheon)	F	_____
Luncheons — \$17.00			Public Health Education Section (Awards Luncheon)	G	_____
Environment Section (Homer Calver Luncheon)	B	_____	Public Health Nursing Section	H	_____
Health Administration Section	C	_____	Statistics Section (Spiegelman Award Luncheon)	I	_____
Maternal and Child Health Section (Martha May Eliot Luncheon)	D	_____			

**APHA Leadership Recognition Banquet
Tuesday, September 30, 1986
Las Vegas Hilton Hotel**

6:00 PM — The President's Reception — Pavilion 1
7:30 PM — Banquet, Presentations, Entertainment — Pavilion 4

Banquet and Cash Bar — \$32.00 per person	J	_____
Banquet and Two Drink Tickets — \$38.00 per person	K	_____

(A limited number of tickets may also be available at the door on Tuesday Evening)

WEDNESDAY, October 1, 1986

	Function Code	Quantity Desired		Function Code	Quantity Desired
Luncheons — \$17.00			Laboratory Section Award Luncheon	O	_____
American Association for World Health (International Health Luncheon)	L	_____	Women's Caucus	P	_____
Food and Nutrition Section Award Luncheon	M	_____	Dinner — \$25.00		
Gerontological Health Section Award Luncheon	N	_____	Black Caucus (Hildrus A. Poindexter Awards Dinner)	R	_____

Maternal-Infant Attachment and Bonding
as Observed in a Prison Setting

Judithann Anderson M.D. New York City Department of Health

Scientific evidence on Maternal-Infant Bonding and Attachment as observed in prison settings has been limited. The concept of parent-infant interaction and bonding with profound implications for an understanding of normal social-emotional and cognitive development is vital. The issue of bonding between mother and child is central to all arguments concerning prison nurseries, visitation, child custody or inmate rights. The present study includes data on Maternal-Infant Attachment and Bonding as observed in the nursery at Rikers Island Correctional Facility in New York City from June 1985-June 1986.

Three hypotheses were tested. 1. Level of maternal-infant interaction is positively related to the level of Maternal-Infant Bonding. 2. Mothers who establish maternal-infant interaction are more likely to establish maternal-infant bonding than mothers who didn't establish maternal-infant interactions. 3. Infant's health for the first year of life is positively related to maternal-infant bonding. All pregnant women accepted to the nursery setting after the birth of their babies were part of the study. Ten mothers and infants took part in the study. The ages of the mothers ranged from twenty-three to forty years and all infants were full term at birth, spontaneous vaginal deliveries without complications. Only two required special care in the hospital prior to discharge to the nursery. Maternal behavior such as caretaking, playing, picking up and holding, talking or vocalizing to the baby and time spent not interacting was observed. Infant's behavior included laughing, smiling, crying and playing. Although this is an ongoing study analysis of initial results showed that mothers demonstrated little time in talking to or cuddling their infants.

Mat. + infant behaviors
were observed.



THE CITY OF NEW YORK
Intradepartmental Memorandum

To:

From:

Date: Feb 20 86

Subject:

Hi Nancy

Believe me I am rushing to get
this to you. Please let me know how
of your comments

Thanks
Aud. Thana Arleson
m d



Clara G. Schiffer

Office of the
Assistant Secretary for Planning and Evaluation

H.H.H. Building
Washington, D.C. 20201

(202) 245-6102



ILLINOIS
DEPARTMENT
OF
CORRECTIONS

*Subject
Sent out 1/28/86 dl*

MICHAEL P. LANE
Director

160 North LaSalle / Chicago, Illinois 60601 / Telephone (312) 793-2955
100 W. Randolph St./Chgo., IL 60601/312-917-3233
Suite 4-200

January 28, 1986

Ms. Marsha Gold, Sc.D.
Chairman
Program Committee for the Medical Care Section
Office of the Secretary
Department of Health and Mental Hygiene
201 W. Preston Street
Baltimore, Maryland 21201

Re: Program Plans Prison
Health Sub-Committee 1986
Annual Meeting

Dear Marsha,

As Chairman of the Prison Health Sub-Committee of the Medical Care Section, I would like to inform you at this point, in writing, of our plans for the Annual APHA Meeting. We currently have a need for a Prison Health Committee Business Meeting preferably on Tuesday morning, September 30, 1986 at 7:30 a.m. just before our 8:30 a.m. first prison health session. Preferably the 7:30 a.m. Business Meeting could be in the same room as the first prison health session. The title of the first prison health session from 8:30 a.m. til 10:00 a.m. that Tuesday morning will be the New APHA Standards on Prison Health Care - A Comparison With Other Existing Standards.

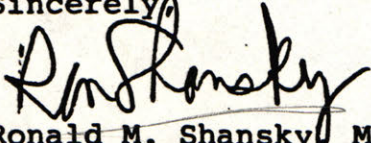
This session will consist of 3 presentations and the panel will be moderated by myself. The presentations will be by Bernard Harrison, JD who will compare the AMA Standards to the new APHA Standards and a presentation by Armond Start, M.D. who will look at the new APHA Standards in comparison to the American Correctional Association Standards and finally Nancy Dubler, JD will compare the new APHA Standards to the old ones.

Our other Prison Health Session, as I understand, is scheduled for Wednesday, October 1, 1986 between 2:00 p.m. and 3:30 p.m. The title of this session is Women's Health Issues in Correctional Settings. The moderator will be Nancy Shaw. I do not have the rest of the speakers delineated yet.

- 2 -

I hope this is the information you needed by February 1, 1986, if not please call me at 312-917-3233 and I will provide you with whatever additional information you require.

Sincerely,

A handwritten signature in dark ink, appearing to read "Ron Shansky", written over a horizontal line.

Ronald M. Shansky M.D.
Agency Medical Director

RMS/dv

June 27, 1986

Dear Colleague,

Enclosed are:

1. A guide for program presenters.
2. Registration information.
3. The forms I submitted for our session at the APHA meetings in September-October 1986 in Las Vegas.

If you are only going to attend for one day and you are a "solicited" participant, you do not have to pay registration fees. Everyone on this panel is "solicited". Other attendees do have to pay a fee.

Our session, "Women's Health Issues in Correctional Settings," will be on Wednesday, October 1, 1986, from 2:00-3:30 p.m. It is being sponsored by the Medical Care section of APHA, and co-sponsored by the Women's Caucus and the Socialist Caucus. I will try to get us listed under "AIDS events" as well.

Thanks for agreeing to present. I know our session will be great.

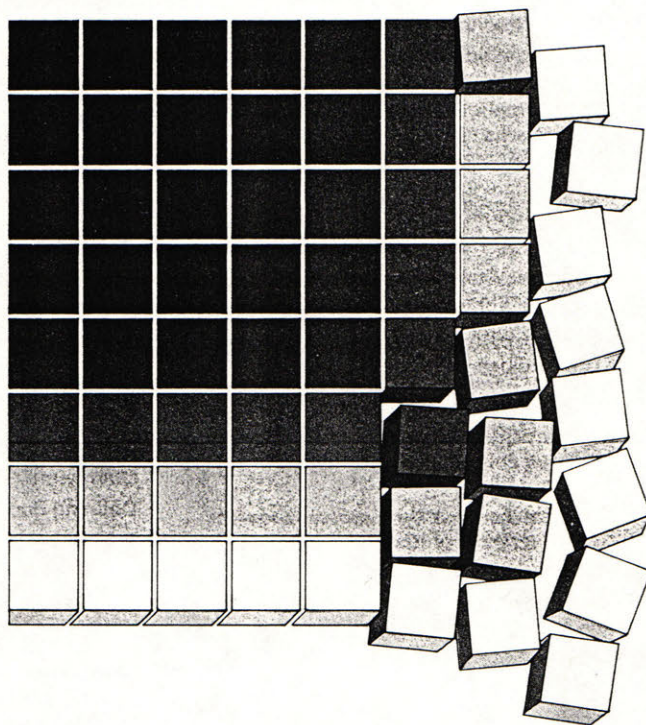
Best,

Nancy S. Shaw

NSS:rls
Enclosures

7/1/86
Luth or Boley -
Pleasantland
one on SEAF
of the day (letter
to Carolyn
McCall,
Prison MATCN,
1515 Webster #403,
Oakland CA 94612
Thank, Nancy

LOCAL HEALTH SERVICES:



Crisis on the Front Line

American Public Health Association
114th Annual Meeting

September 28–October 2, 1986
Las Vegas, Nevada

Actions against Tobacco: Laws and Policies for Change
 Health Promotional Materials for Developing Countries
 Continuing Education in Occupational Health and Safety
 Bioethics in Public Hospitals
 Medical/Legal Issues of Radiation-Induced Cancer
 Preventing Teenage Pregnancy and Dealing with Its Consequences
 What are the Health Needs of Asian and Pacific Islanders? Myths vs Reality
 Planning for Hospital Systems
 Local Health Services Policy in Florida: Three Case Studies
 Critical Care Units: Policy and Managerial Issues
 Epidemiologic Investigations: The Army's Experience
 What is the Role of Epidemiology in the Field of Risk Assessment?
 Hazardous Materials Management Concerns in Health Care Facilities
 Nutrition Surveys/Issues
 Gambling with Health: Ethical and Policy Issues
 State/Local Initiatives in Long-Term Care
 The Baby Jane Doe Problems: Legal Issues Involved in the Treatment of the Catastrophic Illness of Infants
 Injury Classification and Coding
 First Year Report on Child Survival Programs
 Health Education in the Latino Community
 AIDS Education: Program Examples
 Infant Mortality: Implications of 9 by 90
 Public Health Issues in Genetics
 Injury Prevention in Children and Adolescents
 Hospital/Physician Relations
 Teenage Suicide
 Mental Health and Nuclear War
 Toward a National Health Program: Progress Reports
 Occupational Diseases of Nevada: Case Histories and Epidemiology
 Occupational Lung Disease: New Developments
 Issues Surrounding Peace and Non-Violent Behavior
 Developments in Contraceptive Research
 Cost Benefit Studies Self-Reliance Models in Family Planning Programs
 The Application of Psychosocial Constructs to Health Behavior
 Impact of Federal Legislation on Local Services
 Changing Service Populations
 Local Strategies for Coping with Environmental Change

Public Hospital-Private Hospital Competition
 Strategies for Improving Services to the Indigent People of Color, Women, and Other Special Needs Populations
 Supporting Families of Chronically Mentally Ill/Alzheimer's
 Health Promotion Programs in the School Worksite
 Vision and Aging: Quality of Life Considerations
 Smokeless Tobacco
 Software Exchange and Computer Theater
 Diagnosis and Treatment of AIDS and ARC
 What Happened to Mental Health Services in the Community?
 Complementary Medicine: Integrating Alternative and Conventional Medicine
 Legal Strategies for Disease Prevention, Regulation, Compensation, Tort and Criminal Remedies

MEETING HIGHLIGHTS

Exhibits
Poster Sessions
Job Placement Service
Trips and Tours
Continuing Education
Child Care

Innovative Health Promotion Strategies in Non-Traditional Settings
 Restructuring the Public Hospital
 Women on the Front Lines
 Local Health Services in Asian American Communities: Crises and Opportunities
 Local Referenda for a National Health Program
 The Ethics of Controlling Health Costs: DRGs and Prospective Payment Revisited
 International Perspectives in Health Care for the Elderly
 Gerontological Concerns in Public Health
 Financing Long-Term Care
 Public Awareness in Injury Control
 AID Contractors
 Cancer in the Latino Populations
 AIDS Education
 Infant Mortality Surveillance: Analyses Using Linked Birth-Death Files
 Symposium on State Genetic Programs
 School-based Adolescent Health Programs
 Privatization and Access to Health Care
 Funding Mental Health Services and DRGs

Neurotoxicity: Solvents, Pesticides, and New Methodologies
 Soliciting Patient Education Needs in Chronic Illness
 Policy Development and Advocacy for Prevention
 Nursing in Industrial Settings
 Emergency Care and Patient Dumping
 Housing and Nutrition Problems of the Homeless
 Social and Educational Services to Victims of Family Violence
 How to Use Health Statistics in Health Planning
 Osteoporosis: Issues and Recent Research
 Quality Assurance: Is It for Health Education?
 Local Initiatives in Alcohol and Drug Prevention
 Public Health Research on the Navajo Reservation
 Longitudinal Epidemiologic Studies of the Aging Process
 The Community and Environmental Risk: Barefoot Epidemiology and Risk Assessment
 The Role of Environmental Health in Development of Remedial Action Plans for Hazardous Waste Sites
 Control of Drinking Water Additives
 Local Success Stories: Action at the Firing Line
 Long-Term Care: Who Are the Users?
 Quality Assurance in Long-Term Care: The Institute of Medicine Report
 Methods in Use to Measure Health Program Coverage and the Impact in Developing Countries
 Successful Integration of Health, Birth Spacing, and Family Planning
 Cost Benefit Issues in Injury Control and Emergency Medical Services
 Pathological/Medical Waste Issues
 Prevention of Low Birthweight and Infant Mortality
 Taxation of Health Insurance Benefits: Pro/Con
 Substance Use and Abuse in Adults and Teenagers
 Social Support Networks for the Mentally Ill
 Affirmative Action in Public Health
 Stress Reduction Programs Designed for the Worksite
 AIDS in the Workplace — Occupational Hazards to Health Care and other Care Workers
 Male Role in Family Planning
 Operations Research in Health and Family Planning Services
 Integration of Family Planning with Health Services
 Health Education for High-Risk Populations

MINI-PROGRAM HIGHLIGHTS

“Local Health Services: Crisis on the Front Line”

Health Education: The Change It Makes in Occupational Settings

Nursing an Aging Population

Prospective Payment in Home Health

Nurses' Role in the Health Power Struggle

Public Hospital Financing: Capital and Operating Costs

Miscellaneous Radiation Sources: Radon

Health Clinics in the Schools

Improving Quality of Life in Nursing Homes

Effects of Federal Budget Trends on Research and Health Statistics

Ocular Surgical Interventions: Public Health Concerns

Women and AIDS

Children of Alcohol and Drug Abusers

The Hazards and Toxicity of Food Additives

Ethics and Human Rights in Public Health

Occupational Health Clinics and COSH Groups

Medicaid Case Management

Model Standards for Community Preventive Health Services

Current Status of Health Planning

Recently Analyzed Data: Oral Health Status

Nutrition Standards: High-Risk Populations

Ethical Dimensions of the Use of New Technologies in Health Care

Innovations in Health Care Environments and Social Services for Elderly Persons

Legal and Socioeconomic Issues Involved in the Treatment of AIDS

Fluids and Feeding: Update on Management of Acute Childhood Diarrhea in Developing Countries

Government Policy and Hispanic Health

More with Less: Future Scenarios for Medicare

Public Health Policy Approaches to Changing Eating Patterns

Meeting the Threat of Environmental Hazards

Minorities in the Health Professions: A Critical Review

Occupational Health Nursing: Recent Developments

International Occupational Health: Pesticides

Firefighters and Occupational Health

Incentives and Disincentives in Family Planning Program

Current Issues: Sterilization and Abortion

Where is the Humor in Health Education?

SPECIAL SESSIONS

**Successes in Public Health
Setting Our Objectives and
Getting There**

**Local Health Services:
Mission vs Money**

**Evolving Health Problems
Gamble Not with The Nation's
Health**

**The Environment: A
Continuing Challenge**

Acute Care in the Community

Nursing Indicators in Practice and Education

Philadelphia, St. Louis, and Detroit: Patterns of Public Hospital Governance

Perception of Risk: Lay vs Radiation Personnel

Discharge Planning in For-Profit Settings

Personal, Community, and Service Challenges Generated by AIDS

Health Education for High-Risk Youth

Gerontology and Health Statistics

Advances in Survival Analysis

Infant Mortality and Teenage Pregnancy

Women and Health in Third World Countries

Current Issues in the Epidemiology of Adverse Reproductive Outcomes

Hospitals and the Aging

Administration of Indian Health Services: Current Leaders

Environmentally Associated Diseases of the Western US

DNA Probes and Other New Technology

The Social Consequences of AIDS: Insurance, Civil Rights, and Discrimination

Techniques of Worker Education and Hazard Communication

Foot Health and Vision Care Issues for the Diabetic

Future of Health Planning

Using Recently Analyzed Data in Public Dental Programs

Ground Water Contamination and Implications of Hazardous Wastes

Injury Control Training and Development

Update on Immunizations in the First Year of Life

Veterans Administration Health System

Stress in the Workplace

International Occupational Health: Export of Hazardous Technologies

Reproduction and Occupational Health

The Massachusetts Referendum for a National Health Program

Banning Nuclear Testing

Demographic Trends

Breastfeeding, Fertility, and Contraception

Management Issues in Family Planning Programs

Critical Perspectives on Health Promotion and Disease Prevention

Microcomputer Applications in Public Health Education

Implementation of the Consensus Report

Quality of Care in Public Hospitals

Biological Effects of Non-Ionizing Radiation Sources

Partnerships of Schools and Local Community Agencies

Practice Strategies and Challenges in Discharge Planning

Issues Involved in the Coordination of Federal and State Health Data

Use of Statistics in Refereed Health Journals

Mental Health Services for the Homeless Mentally III

Health Education in Crosscultural Settings

Changes in Undergraduate and Graduate Education

Alcohol and Drug Problems among Minorities

Organizing for Public Health Advocacy

Computers in Health Planning

Defining Success in Local Programs

Ethical Issues in Dental Public Health Practice

Environmental Concerns of Hazardous Materials Relating to Building Sickness Syndrome

Epidemiologic Validation of Animal Risk Assessment Models

Academic Epidemiologists and Local Health Departments: Town-Gown Interactions

Eating Disorders

The Role of Passive Protection for Injury Control

International Health Economics

Food and Drug Administration Regulation of Biological Products

Lesbian Health Care Issues

State Approaches to Childhood Injury Prevention

Smoking and Reproductive Health

Program for Developmentally Disabled and Chronically Ill Children

Sicker/Quicker—Use of Community-Based Services

Care Management Resources and Research

The Crucial Role of Local Health Departments

Involving Youth in Wellness Programs

Biological Exposure Limits: A Step Forward or Back?

Ionizing and Non-Ionizing Radiation: Current Health Data

Preventing Occupational Stress

Podiatric Health Issues and Local Health Services

Law and Policy Issues Affecting Family Planning Services

National Outcome Standards for Public Health Nursing

Entrepreneurship in Nursing

Culturally Diverse High-Risk Populations

Public Hospitals in the Era of Gramm-Rudman

Psychological, Ethical, and Social Issues in Genetic Services

Strengthening International Health Delivery Research

Vision Care for the Disabled/Handicapped

Reproductive Rights Update

Alternative Modes and Settings for Alcohol and Drug Programs

Domestic Violence

Federal Emergency Management Agency: The Radiation Personnel's Perception

Women and Health: In Las Vegas?

Smoking Prevention

System Down-sizing: Wither the System?

Planning Corporate Health Benefit Programs

Control of the Transmission of Infectious Diseases

Microcomputer Applications in Epidemiology

Model Standards: 1990 Objectives

New Service Models: Adult Day Care

Injuries to the Elderly

The Pan American Health Organization and Central America

Alcohol and Drug Problems in the Latino Community

Guidelines for Healthful Gay Sexual Activity

New Ventures in the Organization of Services for Children with Handicapping and Chronic Conditions

Culturally Appropriate Strategies to Promote Breastfeeding

Getting the Most for Your Tax Dollar in Serving the Underserved

The Impact of Prospective Payment (DRGs) on Cost, Quality, and Access to Care

State Responses to Indigent Health

Cross-Cultural Aspects of Mental Health

Universal Maternity Care in the United States

Injury Prevention: A Priority Issue

Health Status in the Elderly Population

Occupational Disease Surveillance: Successes and Failures

Industrial Hygiene, Dose Assessment, and Epidemiology

Paolo Freire's Methodology Applied to Worker and Community Education

Health Implications of the War in Central America

Community Nursing in Rural Areas

Interdisciplinary Coordination of Local Health Services

Health Education and Its Influence on Public Health Policy

Capitation Health Systems and the Uninsured

The School/Community Program for Sexual Risk Reduction among Teens

Social Work in Formulating State and Local Health Policy

ASSOCIATION-WIDE ACTIVITIES

Governing Council Sessions
114th Opening General Session
Icebreaker — All Section Social Hour
Film and Media Festival
Leadership Recognition Banquet
President-Elect Session
Public Hearings
APHA Candidates' Forum
President's Reception
114th Closing General Session

Nutrition and Vision

Women and Health Promotion

Social, Clinical, and Administrative Topics in Indian Health

Epidemiologic Basis for Local Implementation of National Model Standards

Graduate Medical Education

Clinical Cases in Occupational Health

Deinstitutionalization: A Crisis for Local Health Care Systems

Health Promotion and Podiatric Sports Medicine

Recipients' Evaluation of Health Education Programs

AIDS: Medical and Legal Developments

Alcohol and Injuries

Financing of Alcohol and Drug Programs

Influencing the Supply and Distribution of Health Professionals to Minority Communities

Forecasting and Futures

Costs and Benefits of Dental Amalgams: The Mercury Issue

The Impact of HMOs, Prospective Payments and For-Profit Health Services on Health Care to Indigent and Medicaid Patients

Combustion Materials, Toxicity and Health Concerns

Acceptable Risks of New Drugs: Who Decides?

Food Labeling/Packaging

New Service Models: Medicare HMOs

Methodological Issues in Research with the Elderly

Tobacco Use in the Third World

Contribution of Traditionally Black Medical Colleges to International Health

Prevention of Family Violence

AIDS in Pregnancy and Childhood

Perinatal Epidemiology and Program Issues

Financing AIDS Services

Role of Students in Governance of Schools of Public Health

Occupational Medicine: Primary Care and HMOs

Occupational Cancer: New Developments

Occupational and Environmental Health: The Critical Role of the Health Educator

Planned Approaches toward Community Health

Applications of Research and Data to Health Services

Transition of Local Health Services to Business-Based Caregivers

Computer Applications in School Health

Public Health and Hospital-Based Social Work

How to Evaluate Statistical Packages for Microcomputers

Health Statistics and the 1990 Census

Building Bridges to Better Vision Care through Information

Women, Aging and Social Change

Health Educators: Who Are They?

Genetic Factors in Alcohol Abuse

Structural Changes in the Health Care System

Hispanic HANES

International Health Educational Materials for Illiterate Adults

Health Behaviors of Disabled and Chronically Ill Adolescents

Child Health in Day Care

Primary Care in Mental Health

Meeting the Social, Emotional, Physical, and Financial Challenge of AIDS in Local Health Care Settings

Recent Trends in Occupational Health Policy

New Technologies and Their Hazards: Biotechnology, Microelectronics, Mineral Fibers and New Coatings

HOTELS

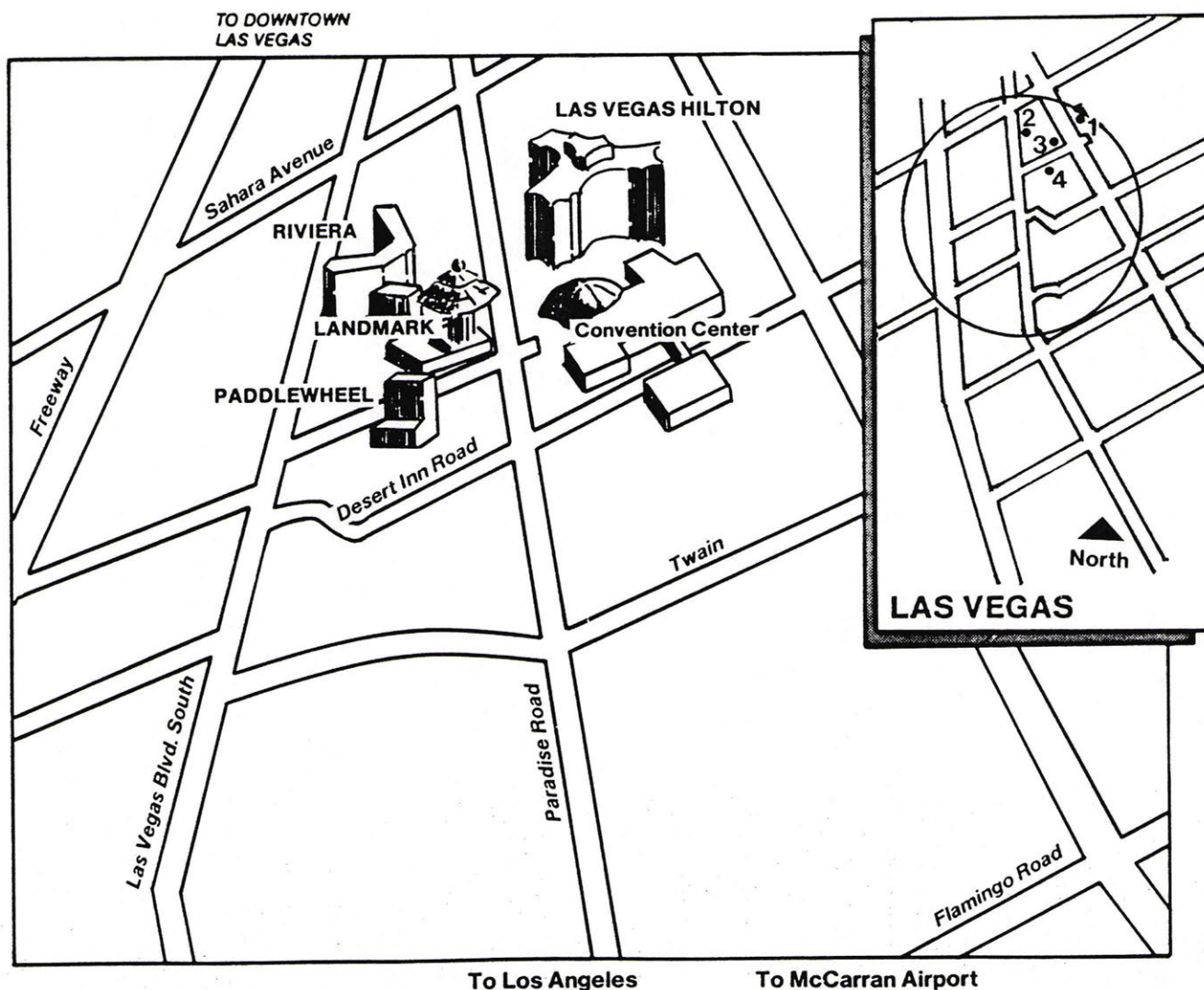
Reservations are available at the following hotels in Las Vegas, NV. Please refer to code number and map for locations.

Code	Hotel	Single Occupancy	Double/Twin Occupancy	Suites (Starting Prices)	
				Parlor & 1 Bdrm.	Parlor & 2 Bdrm.
1	*Las Vegas Hilton 3000 Paradise Rd.	\$59/\$69/\$79	\$59/\$69/\$79	\$285	\$405
2	*Riviera 2901 Las Vegas Blvd., So.	\$49/\$59/\$69	\$49/\$59/\$69	\$175	\$235
3	Landmark 364 Convention Center Dr.	\$46	\$46		
4	Paddlewheel 305 Convention Center Dr.	\$42	\$42		

Please Note: All rates are subject to prevailing taxes.

*Meetings will be held at these hotels as well as the Las Vegas Convention Center.

Due to the close proximity of the hotels and the Convention Center, APHA Sections are not assigned to a specific hotel.



**114th ANNUAL MEETING • AMERICAN PUBLIC HEALTH ASSOCIATION
LAS VEGAS, NEVADA • SEPTEMBER 28 – OCTOBER 2, 1986
ROOM RESERVATION REQUEST**

IMPORTANT INSTRUCTIONS

PLEASE MAKE YOUR RESERVATIONS EARLY. Room assignments will be made in order received. It is desirable that at least two choices of hotels be indicated. When a range of rates are available, one-third of the rooms are available in each category with the lower rates assigned on a first-come, first-serve basis. **Saturday arrivals** are somewhat limited. Therefore, it is suggested that you have your hotel confirmation in hand prior to making your airline reservations.

If accommodations are not available at the hotels of your choice, comparable reservations will be made at other cooperating hotels. If price is checked, the Housing Bureau will make every attempt to place you in a hotel that has accommodations at the cost you indicated. If location is checked, the Housing Bureau will make every attempt to place you in or near the properties you selected.

(PLEASE PRINT OR TYPE)

1st Choice No. _____ 2nd Choice No. _____
3rd Choice No. _____ 4th Choice No. _____

Hotel Preference Based on () Location

ROOMS & RATES may not be () Price
available after September 8.

Rate Desired

_____ Single(s) (1 person, 1 bed)	\$ _____
_____ Double(s) (2 persons, 1 bed)	\$ _____
_____ Twin(s) (2 persons, 2 beds)	\$ _____
_____ Parlor and one bedroom*	\$ _____
_____ Parlor and two bedrooms*	\$ _____

Please indicate any special accommodation needs if physically challenged _____

NAMES AND ADDRESSES OF ALL OCCUPANTS OF ROOMS [Bracket those sharing a room]. Incomplete information will delay assignment of space. Use separate sheet if necessary.

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Please check: ☐ Mail all confirmations to:

☐ Mail confirmations to each individual

Don't be a No Show
Please make all requests, changes and cancellations in writing to the HOUSING BUREAU.*

CONFIRMATION: The hotel will send you confirmation of your hotel reservations. If requested, you must forward your deposit check directly to your hotel after receipt of the confirmation. **DO NOT SEND DEPOSIT TO HOUSING BUREAU OR APHA.** If you need to make changes on your reservation, note it on the confirmation form and return it to the hotel (this will assist in making sure that changes are made correctly).

Telephone calls **will not** be accepted by the Housing Bureau or the hotels.

Complete and MAIL DIRECTLY TO:

APHA HOUSING BUREAU
3150 Paradise Road
Las Vegas, NV 89109-9096

Date _____

*The Housing Bureau will forward all suite requests to APHA for approval.

Should this suite be listed in the Annual Meeting Program as a Hospitality Suite? _____ Yes _____ NO

If yes, name of group: _____

Indicate definite arrival and departure dates and the hour of your arrival at hotel. Allow one hour from airport. **Rooms will not be held after 6:00 p.m. unless guaranteed.**

Arrival Date: _____ **Hour:** _____ a.m./p.m.

Departure Date: _____ **Hour:** _____ a.m./p.m.

Name _____

Address _____

City _____ State _____ Zip _____

Name _____

Address _____

City _____ State _____ Zip _____

Individual Requesting Reservation

Name _____

Address _____

City _____ State _____ Zip _____

Phone No.: _____

If your plans change and you won't be using this room...please notify the Housing Bureau.

YOUR TICKET TO SAVINGS

Super Airfares to Las Vegas for APHA Annual Meeting Participants

The APHA has selected American for its 1986 114th Annual Meeting to be held in Las Vegas.

You can choose the discounted airfare right for you and obtain an ADDITIONAL FIVE PERCENT (5%) discount off the lowest airfare offered on American Airlines round-trip from your departure city. (All rules and restrictions apply.)

Or, you have access to a 35% discount off the standard regular round-trip coach airfare on American Airlines.

This exceptional offer is only available to APHA and ONLY through the following toll-free number.

FOR RESERVATIONS CALL:

American Airlines

Monday thru Friday
7:00 a.m. - Midnight Central Time
Toll-free 800-433-1790

When making your reservations with American identify yourself as:

S-91680

Exclusive travel arranged and provided by:

Air Travel Service

1850 K Street, NW
Suite 360
Washington, D.C. 20006
(202) 293-1113



AMERICAN PUBLIC HEALTH ASSOCIATION
1015 Fifteenth Street, N.W., Washington, D.C. 20005

NON-PROFIT ORG.
U.S. POSTAGE
PAID
Permit No. 6874
WASHINGTON, DC

Third Class

1 M M 4220148612
N S SHAW
SAN FRAN AIDS FOUNDATION
333 VALENCIA ST FOURTH FLOOR
SAN FRANCISCO CA
USA 94103

114th APHA ANNUAL MEETING • LAS VEGAS, NV • SEPT 28—OCT 2, 1986

Deadline: MARCH ~~25~~ 1986AMERICAN PUBLIC HEALTH ASSOCIATION
ANNUAL MEETING
PROGRAM SUBMISSION

APHA OFFICE USE ONLY

Date Processed _____

Initials _____

Info Missing _____ Complete _____

Please complete all information on **both sides** of this form for each independent/joint session. For those sessions whose plans are still tentative, complete a form so that information, such as the session title, can be included in promotional material. This information will appear in the August issue of the *American Journal of the American Public Health Association* (Preliminary Program). **Material received after the deadline will only be included where time permits.**

- Side One - Complete information below, answer each of the questions and sign each form. **YOUR SIGNATURE IS REQUIRED FOR EACH FORM.**
- Side Two - Complete all information and provide all session details for each session, per instructions.

On **Side Two** of this form, list the session title, all presiders, discussants, authors, co-authors, panel members, moderators, award recipients, etc. **Only one session should be listed per form submitted.** Include designated times for each participant's presentation where applicable. **Important:** Please place a dot • beside all papers/presentations for whom an abstract is attached.

List the **Primary Sponsor** first followed by all co-sponsors.

ALL PROGRAM COPY SUBMITTED TO APHA MUST FOLLOW ONE OF THE SAMPLE SESSION FORMATS PROVIDED.

NOTE: Many Program Planners are using their own personal computers or word processing equipment to generate this material. If this is the case, you may print the program copy portion (all on side two) for each session on a separate sheet of paper (per instructions); and simply attach the program copy to this form. You must still complete side one of this form for each session. Individual typing should be done directly on this form.

- ☒ ALL ABSTRACTS ARE ATTACHED FOR THIS SESSION
- ☐ ABSTRACTS ARE MISSING FOR THIS SESSION
- ☒ ALL AUTHOR AND CO-AUTHOR ID FORMS ARE ATTACHED FOR THIS SESSION
- ☐ AUTHOR AND CO-AUTHOR ID FORMS ARE MISSING FOR THIS SESSION
- ☐ THE FOLLOWING ITEMS ARE MISSING, I WILL SEND THESE TO APHA NO LATER THAN JUNE 1

W. J. Shaw

(Signature)

MISSING ABSTRACTS FOR:

MISSING ID FORMS FOR:

PLEASE TURN OVER AND COMPLETE SIDE TWO

Please Check

____ MORNING
____ AFTERNOON

____ MONDAY
____ TUESDAY
 x WEDNESDAY
____ THURSDAY

____ FRIDAY
____ SATURDAY
____ SUNDAY

____ SOLICITED SESSION
____ CONTRIBUTED SESSION

Please Fill-In

Time: From:

2 pm

To:

3:30 PM

PROGRAM COPY

[Already mailed]



Standard Abstract Form for the 114th Annual Meeting
American Public Health Association
Las Vegas, Nevada, September 28 - October 2, 1986

Persons wishing to contribute presentations or papers considered for the APHA Annual Meeting, September 28 - October 2, 1986 in Las Vegas, Nevada, must submit an abstract of a paper or presentation on the form provided below. The form should be mailed to the designated Section Representative before or postmarked **no later than February 12.**

Rules for Submission

Please do not submit the same abstract to more than one Section or APHA component. Follow instructions below.

ORIGINAL TYPEWRITTEN ABSTRACT MUST BE SUBMITTED

Author
TITLE

Type author(s) and co-author(s) name(s) and affiliation(s) using UPPER and lower case letters and underline.

Abstract
Text

TYPE ABSTRACT TITLE IN UPPER CASE LETTERS BELOW AUTHOR(S) NAME(S)
Double space and type abstract text, flush left, single-spaced, within parameters of box, using carbon ribbon, standard size type. Abstract should be of camera-ready quality, suitable for 50% reduction. Trim-size is same as size of box below. Abstracts not meeting these criteria will not be printed in final program.

Complete author and co-author ID forms on reverse side of abstract form in order to receive mailings and be indexed in final program. If the total number of authors and co-authors exceeds three, please continue on another identification form. Send original and four (4) copies of abstract to appropriate chairperson, accompanied by self-addressed stamped envelope for notification of acceptance or rejection. **Deadline for submissions:** must be postmarked by Feb. 12. Notification mailed in June. **Deadline for abstract withdrawals:** June 30. Groups request additional requirements for abstract review, consult the January issue of *The Nation's Health* for each groups requirements. **NOTE:** Contributed papers may be read only by APHA members; non-members may author or co-author a contributed paper to be read by an APHA member.

**TO BE COMPLETED BY
PROGRAM CHAIRPERSON**

SESSION:

Day _____

Date _____

Time - From _____ To _____

Primary Sponsor _____

ABSTRACT:

- ☐ Contributed
☐ Solicited

Section or APHA Group Abstract submitted to Medical Care

Who will present paper? Ellen Barry, J.D.

Is Your Abstract?

Is paper suitable for a poster session? Yes _____ No x

☐ Research

☐ Policy

Original Abstract enclosed along with 4 copies? Yes x No _____

☒ Practice

Authors
and Affiliation

Ellen Barry, J.D., Legal Services for Prisoners with
Children, San Francisco.

Abstract Title
Text

LEGAL STRATEGIES TO IMPROVE HEALTH CONDITIONS IN WOMEN'S
CORRECTIONAL INSTITUTIONS

This paper discusses current developments in litigation regarding health care for women in jail and prison. The role of standards, medical malpractice issues, alternatives to incarceration, and effective use of state and federal courts are discussed.

Successful litigation strategies are reviewed and the relationship between litigation and community involvement analyzed.

DO
NOT
EXTEND
COPY
BEYOND
BOX

AUTHOR/CO-AUTHOR IDENTIFICATION FORM

(Send the Original and 4 copies of the Abstract Form)

B a r r y , E l l e n		J . D .	
NAME: Last, First, Middle Initial		DEGREE: (one only)	
D I R E C T O R			
TITLE/Position			
L e g a l S e r v i c e s f o r P r i s o n e r s w i t h C h i l d r e n			
ORGANIZATION			
1 6 6 3 M i s s i o n S t . , 5 t h f l o o r			
STREET			
S a n F r a n c i s c o		C A	9 4 1 0 3
CITY		STATE	ZIP CODE
4 1 5	5 4 3 3 3 7 9		
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only			
Sex: 1 Male	2 Female	APHA Member: 1 No	2 Yes
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer. Indian	4 Latino
5 White			
Author Making Presentation 1 No 2 Yes			

Program Chairperson Must Complete

Circle Role Type

- | | | |
|-------------------|--------------|----------------------------|
| 1 Presider | 4 Co-Author | 7 Speaker |
| 2 Panel Moderator | 5 Panelist | 8 Poster Session Presenter |
| 3 Author | 6 Discussant | 9 Award Recipient |

Circle Program Participant Status

- | | |
|---------------|-------------|
| 1 Contributed | 2 Solicited |
|---------------|-------------|

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only			
Sex: 1 Male	2 Female	APHA Member: 1 No	2 Yes
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer. Indian	4 Latino
5 White			
Author Making Presentation 1 No 2 Yes			

Program Chairperson Must Complete

Circle Role Type

- | | | |
|-------------------|--------------|----------------------------|
| 1 Presider | 4 Co-Author | 7 Speaker |
| 2 Panel Moderator | 5 Panelist | 8 Poster Session Presenter |
| 3 Author | 6 Discussant | 9 Award Recipient |

Circle Program Participant Status

- | | |
|---------------|-------------|
| 1 Contributed | 2 Solicited |
|---------------|-------------|

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only			
Sex: 1 Male	2 Female	APHA Member: 1 No	2 Yes
Racial Ethnic ID:			
1 Asian	2 Black	3 Amer. Indian	4 Latino
5 White			
Author Making Presentation 1 No 2 Yes			

Program Chairperson Must Complete

Circle Role Type

- | | | |
|-------------------|--------------|----------------------------|
| 1 Presider | 4 Co-Author | 7 Speaker |
| 2 Panel Moderator | 5 Panelist | 8 Poster Session Presenter |
| 3 Author | 6 Discussant | 9 Award Recipient |

Circle Program Participant Status

- | | |
|---------------|-------------|
| 1 Contributed | 2 Solicited |
|---------------|-------------|



Standard Abstract Form for the 114th Annual Meeting
American Public Health Association
Las Vegas, Nevada, September 28 - October 2, 1986

Persons wishing to contribute presentations or papers considered for the APHA Annual Meeting, September 28 - October 2, 1986 in Las Vegas, Nevada, must submit an abstract of a paper or presentation on the form provided below. The form should be mailed to the designated Section Representative before or postmarked **no later than February 12.**

Rules for Submission

Please do not submit the same abstract to more than one Section or APHA component. Follow instructions below.

ORIGINAL TYPEWRITTEN ABSTRACT MUST BE SUBMITTED

Author
TITLE

Type author(s) and co-author(s) name(s) and affiliation(s) using UPPER and lower case letters and underline.

Abstract
Text

TYPE ABSTRACT TITLE IN UPPER CASE LETTERS BELOW AUTHOR(S) NAME(S)

Double space and type abstract text. Flush left, single-spaced, within parameters of box, using carbon ribbon, standard size type. Abstract should be of camera-ready quality, suitable for 50% reduction. Trim-size is same as size of box below. Abstracts not meeting these criteria will not be printed in final program.

Complete author and co-author ID forms on reverse side of abstract form in order to receive mailings and be indexed in final program. If the total number of authors and co-authors exceeds three, please continue on another identification form. Send original and four (4) copies of abstract to appropriate chairperson, accompanied by self-addressed stamped envelope for notification of acceptance or rejection. **Deadline for submissions:** must be postmarked by Feb. 12. Notification mailed in June. **Deadline for abstract withdrawals:** June 30. Groups request additional requirements for abstract review, consult the January issue of *The Nation's Health* for each groups requirements. **NOTE:** Contributed papers may be read only by APHA members; non-members may author or co-author a contributed paper to be read by an APHA member.

TO BE COMPLETED BY
PROGRAM CHAIRPERSON

SESSION:

Day _____

Date _____

Time - From _____ To _____

Primary Sponsor _____

ABSTRACT:

- ☐ Contributed
☐ Solicited

Section or APHA Group Abstract submitted to Medical Care

Who will present paper? Jan Casteel

Is paper suitable for a poster session? Yes _____ No X

Original Abstract enclosed along with 4 copies? Yes X No _____

Is Your Abstract?

- ☒ Research
☐ Policy
☐ Practice

Authors
and Affiliation

Jan Casteel and Carolyn McCall, Ph.D, Prison MATCH,
Oakland, CA.

Abstract Title
Text

PREGNANCY IN PRISON: A STUDY OF PERINATAL OUTCOME IN
THREE CALIFORNIA PENAL INSTITUTIONS

This study documents the perinatal needs and health care systems for 464 women imprisoned in three penal facilities--two state prisons and one county jail. About one quarter of these women were either currently or recently pregnant (n=110). Less than half of these women's pregnancies had ended in live births (44.5%). The proportions of miscarriages (33.6%), as compared with abortions (31.7%) indicated that these terminations occurred more by accident than by choice.

DO
NOT
EXTEND
COPY
BEYOND
BOX

Poor perinatal outcome was associated with both the women's problematic health status and the inadequacy of their prenatal health care while incarcerated.

AUTHOR/CO-AUTHOR IDENTIFICATION FORM

(Send the Original and 4 copies of the Abstract Form)

CASTEEL, JAN		DEGREE: (one only)	
PROJECT DIRECTOR			
TITLE/Position			
PRISON MATCH			
ORGANIZATION			
1515 WEBSTER ST		SUITE 403	
STREET			
OAKLAND		CA	94612
CITY		STATE	ZIP CODE
415	763	0518	
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only			
Sex:	1 Male	2 Female	APHA Member: 1 No 2 Yes
Racial Ethnic ID:	1 Asian	2 Black	3 Amer. Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed	2 Solicited		

McCALL, CAROLYN		P.H.D.	
NAME: Last, First, Middle Initial		DEGREE: (one only)	
PROGRAM DIRECTOR			
TITLE/Position			
PRISON MATCH			
ORGANIZATION			
1515 Webster St.		SUITE 403	
STREET			
Oakland		CA	94612
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only			
Sex:	1 Male	2 Female	APHA Member: 1 No 2 Yes
Racial Ethnic ID:	1 Asian	2 Black	3 Amer. Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed	2 Solicited		

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE	PHONE NUMBER		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only			
Sex:	1 Male	2 Female	APHA Member: 1 No 2 Yes
Racial Ethnic ID:	1 Asian	2 Black	3 Amer. Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	
Program Chairperson Must Complete			
Circle Role Type			
1 Presider	4 Co-Author	7 Speaker	
2 Panel Moderator	5 Panelist	8 Poster Session Presenter	
3 Author	6 Discussant	9 Award Recipient	
Circle Program Participant Status			
1 Contributed	2 Solicited		



Standard Abstract Form for the 114th Annual Meeting
American Public Health Association
Las Vegas, Nevada, September 28 - October 2, 1986

Persons wishing to contribute presentations or papers considered for the APHA Annual Meeting, September 28 - October 2, 1986 in Las Vegas, Nevada, must submit an abstract of a paper or presentation on the form provided below. The form should be mailed to the designated Section Representative before or postmarked **no later than February 12.**

Rules for Submission

Please do not submit the same abstract to more than one Section or APHA component. Follow instructions below.

ORIGINAL TYPEWRITTEN ABSTRACT MUST BE SUBMITTED

Author
TITLE

Type author(s) and co-author(s) name(s) and affiliation(s) using UPPER and lower case letters and underline.

Abstract
Text

TYPE ABSTRACT TITLE IN UPPER CASE LETTERS BELOW AUTHOR(S) NAME(S)

Double space and type abstract text, flush left, single-spaced, within parameters of box, using carbon ribbon, standard size type. Abstract should be of camera-ready quality, suitable for 50% reduction. Trim-size is same as size of box below. Abstracts not meeting these criteria will not be printed in final program.

Complete author and co-author ID forms on reverse side of abstract form in order to receive mailings and be indexed in final program. If the total number of authors and co-authors exceeds three, please continue on another identification form. Send original and four (4) copies of abstract to appropriate chairperson, accompanied by self-addressed stamped envelope for notification of acceptance or rejection. **Deadline for submissions:** must be postmarked by Feb. 12. Notification mailed in June. **Deadline for abstract withdrawals:** June 30. Groups request additional requirements for abstract review, consult the January issue of *The Nation's Health* for each groups requirements. **NOTE:** Contributed papers may be read only by APHA members; non-members may author or co-author a contributed paper to be read by an APHA member.

**TO BE COMPLETED BY
PROGRAM CHAIRPERSON**

SESSION:

Day _____

Date _____

Time - From _____ To _____

Primary Sponsor _____

ABSTRACT:

☐ Contributed

☐ Solicited

Section or APHA Group Abstract submitted to Medical Care

Is Your Abstract?

Who will present paper? Judithann Anderson, M.D.

☐ Research

Is paper suitable for a poster session? Yes _____ No X

☐ Policy

Original Abstract enclosed along with 4 copies? Yes _____ No _____

☐ Practice

Authors
and Affiliation

Judithann Anderson, M.D., New York City Department
of Health.

Abstract Title
Text

MATERNAL-INFANT ATTACHMENT AND BONDING AS OBSERVED IN
A PRISON SETTING

Scientific evidence on Maternal-Infant Bonding and Attachment as observed in prison settings has been limited. Parent-infant interaction and bonding have profound implications for an understanding of normal social-emotional and cognitive development. The present study includes data on Maternal-Infant Attachment and Bonding as observed in the nursery at Rikers Island Correctional Facility in New York City from June, 1985 to June, 1986.

Ten mothers and infants took part in the study. Mothers ages ranged from 23 to 40 years; all infants were full term at birth, spontaneous vaginal deliveries without complications. Analysis of initial results showed that mothers demonstrated little time in talking to or cuddling their infants.

DO
NOT
EXTEND
COPY
BEYOND
BOX

AUTHOR/CO-AUTHOR IDENTIFICATION FORM

(Send the Original and 4 copies of the Abstract Form)

NAME: Last, First, Middle Initial		DEGREE: (one only)	
ANDERSON, JUDITH ANN		M. D.	
TITLE/Position			
PEDIATRICIAN			
ORGANIZATION			
NEW YORK CITY DEPT OF PUB HLTH			
STREET			
1030 BERGEN ST			
CITY		STATE	ZIP CODE
BROOKLYN NEW YORK		NY	11216
AREA CODE	PHONE NUMBER		
718	771 4664		
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex:	1 Male	2 Female	APHA Member: 1 No 2 Yes
	2		
Racial Ethnic ID:	1 Asian	2 Black	3 Amer Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	

Program Chairperson Must Complete

Circle Role Type

1 Presider	4 Co-Author	7 Speaker
2 Panel Moderator	5 Panelist	8 Poster Session Presenter
3 Author	6 Discussant	9 Award Recipient

Circle Program Participant Status

1 Contributed	2 Solicited
---------------	-------------

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE		PHONE NUMBER	
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex:	1 Male	2 Female	APHA Member: 1 No 2 Yes
Racial Ethnic ID:	1 Asian	2 Black	3 Amer Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	

Program Chairperson Must Complete

Circle Role Type

1 Presider	4 Co-Author	7 Speaker
2 Panel Moderator	5 Panelist	8 Poster Session Presenter
3 Author	6 Discussant	9 Award Recipient

Circle Program Participant Status

1 Contributed	2 Solicited
---------------	-------------

NAME: Last, First, Middle Initial		DEGREE: (one only)	
TITLE/Position			
ORGANIZATION			
STREET			
CITY		STATE	ZIP CODE
AREA CODE		PHONE NUMBER	
Circle Each Answer Below			
For Affirmative Action/Statistical Use Only:			
Sex:	1 Male	2 Female	APHA Member: 1 No 2 Yes
Racial Ethnic ID:	1 Asian	2 Black	3 Amer Indian 4 Latino 5 White
Author Making Presentation	1 No	2 Yes	

Program Chairperson Must Complete

Circle Role Type

1 Presider	4 Co-Author	7 Speaker
2 Panel Moderator	5 Panelist	8 Poster Session Presenter
3 Author	6 Discussant	9 Award Recipient

Circle Program Participant Status

1 Contributed	2 Solicited
---------------	-------------

E

APPENDIX 22 CON'T

A GUIDE FOR PROGRAM PARTICIPANTS

**113th Annual Meeting
"Government's Responsibility and the People's Health"
American Public Health Association
November 17-21, 1985
Washington, DC**

The American Public Health Association expresses deep appreciation to the program participants in this year's Annual Meeting Program. The Association regards the presentations made at its Annual Meeting as serving these major purposes:

- Communicating new information and fresh points of view directly to a professional audience, with the opportunity for wider extension of their influence, if published; and
- Providing authoritative material for use by the working press in informing and educating large segments of the general public of recent advances in health and medicine.

It is hoped that the following suggestions will help accomplish these purposes and provide useful information for this year's Annual Meeting program participants.

GENERAL INFORMATION FOR PROGRAM PARTICIPANTS

Annual Meeting Papers

Papers must present new information or viewpoints not previously published. The acknowledged author must be listed or, in the case of a group, the chairperson must be listed as the author. Papers presented at the Annual Meeting remain the property of the author. All individuals making contributed paper presentations at the meeting *must* be members of the Association. A membership application has been included for your use. Please be sure you have applied for your membership prior to the meeting.

Publication Rights

An author may publish his/her paper wherever he/she wishes. No paper may be published, however, until *after* its presentation at the Annual Meeting. It is the author(s)' responsibility to submit his/her paper to a journal for publication. Professional journals have their own format requirements and specifications for manuscripts and you should consult the journal of your choice before submitting your paper to it. In general, all professional journals will reject manuscripts that are written in the informal manner of a speech.

For your information, copies of guidelines for authors for the *American Journal of Public Health and Medical Care* are enclosed.

Suggestions for Oral Presentations

The following suggestions have been helpful to program participants in the past. Although the suggestions may not apply to you, we are sharing them with all speakers.

Be sure to limit the presentation to the time allotted. The courtesy of staying within your allotted time will assure the other participants their equal time on the program and allow the audience the opportunity to ask questions. The average 8 1/2 x 11" page, typed, double spaced with one inch margins contains 250 words. Approximately 6 of these pages can be reviewed by the average speaker in 12 minutes. Thus, if the total allotted time is 12 minutes a six-page paper will allow time for questions.

APPENDIX 22 CON'T

Rehearse your presentation beforehand, timing it. Many times the actual delivery of the speech takes longer than the rehearsal. Remember that slides shown add seconds to the talk. **Know what to omit if you start to go overtime.**

Have a text which is highly legible (double spacing helps) with well marked visual cues for visuals; number the pages so that sequence can be maintained. Number your slides so they correspond to text.

So that everyone can benefit from your presentation, be sure to speak loudly and clearly but not too fast. Speak into the microphone if it is available since many of the sessions will be recorded. The audience will appreciate it if you look at them rather than the blackboard or your paper. Shift your gaze to include everyone.

For those people interested in your exact data, you may consider distributing copies of your paper on request. Papers and materials for your presentation should be sent ahead to your hotel labeled "Hold for arrival" or brought with you. If you have not done so already, you should provide your session presider with a copy of your presentation and a curriculum vitae to assist him/her with introductions.

Audio-visual Equipment and Presentations

Many speakers have already been contacted by the Session Presider/Program Planning Chairperson regarding Audio Visual Equipment.

If you have not been contacted, the following rules apply. If you have any questions, please contact the Program Planner or APHA Staff.

1. APHA will provide a 2 x 2 slide projector for each Scientific/Joint Session sponsored by an APHA SECTION or SPIG ONLY.
2. Where previously notified, APHA will exchange the 2 x 2 for an overhead projector. This can only be done at the request of the Section Program Planner by September 5. The Section Program Planner will notify you as to which piece of equipment APHA will provide.
3. Any unusual Audio Visual needs should be ordered and discussed with the Section Program Chairperson months prior to the presentation. You will then be advised of any charges.
4. Caucuses and Related Organizations must order and be billed for any audio visual equipment. Speakers of these groups should contact the Program Planner directly.
5. Absolutely no on-site requests will be honored.

Additional audio-visual equipment can be ordered in advance by contacting your program chairperson. **Absolutely no on-site requests will be honored.**

If you will be using slides or transparencies, each slide or transparency should present one subject; avoid detail but instead display only essential data. Word slides or transparencies should be limited to 7 lines of type per slide or per transparency with 6-7 words per line.

Cassette Taping

Many Annual Meeting registrants would like an audio-cassette recording of certain sessions they attended or were unable to attend. Additionally, many members unable to attend the Annual Meeting would like to purchase a tape of a session by mail. For these reasons, APHA has contracted with an audio taping firm to record selected sessions.

If you have any objections to being recorded indicate this to us immediately so that we may make other arrangements. Otherwise, the audio cassette release form is enclosed for you to complete and

APPENDIX 22 CON'T

return by *October 4* to the address listed. All speakers must complete the release form. Thank you for your cooperation.

GUIDE FOR THE PRESIDERS/PANEL MODERATORS

Suggestions for Presiders

The meeting should be called to order on schedule. Be careful to limit each speaker to the allotted time, give them a warning signal 1 to 2 minutes before. This will guarantee each participant a proper share of the program and allow time for audience discussion. If possible, allow time for questions and answers.

It will be helpful to secure copies of the participants' papers and curriculum vitae beforehand to verify time allotments and prepare appropriate introduction.

Monitors

The monitor will be wearing a monitor ribbon attached to his/her registration badge. Please make good use of the monitor assigned to your session by arriving early to communicate to him/her any last minute directions. The monitor will be there to handle any special problems that may come up during the session.

Your monitor will be responsible for double checking the room set-up and the projection equipment prior to the starting time of your session, if any was ordered. He/she will also take an official count of the attendance at the meeting and check registration for badges. Because the monitor is assigned to several sessions at the same time, he/she will not remain in the room throughout the session.

Handicapped Registrants

Presiders should be aware that handicapped registrants will be given specially assigned seating. The rear right section of each room has been allocated for persons in wheelchairs. The monitors will be available to assist them to their places. In the General Sessions, interpreting for the deaf will be available. In those meeting rooms, the front row center right, will be reserved for deaf persons.

APHA Smoking Policy

Presiders are requested to announce before each session that APHA prohibits smoking at all of its functions. Smoking will not be permitted during the meeting.

GUIDE FOR POSTER SESSION PARTICIPANTS

Poster Presentation

The poster session is a graphic presentation of authors' reports. The authors illustrate their findings by displaying graphs, photos, diagrams and a small amount of text on the poster boards. Papers cannot be posted. The authors will then hold discussions with the registrants who will be circulating among the poster boards. Many authors find it helpful to present a brief introduction to answer the obvious questions and allow the remainder for more in-depth discussions. The author must remain by his/her poster board for the duration of the one and one half hour session. If handouts will be distributed, bring approximately 50 copies.

Preparing the Poster Board

APHA will provide a poster board for each author presentation. Each board will be numbered 1 through 10. Your poster board number will correspond with that in the program. The poster board will be 4' x 8' of white floormount homosote mounted on stands. Thumbtacks will be available on-site for mounting the displays.

APPENDIX 22 CON'T

The author should prepare all materials in advance. Materials should include the title of the presentation and the list of authors. Letters in the title should be at least 2 inches. Bring all illustrations needed — figures, tables, color photographs, charts. It may be helpful to consult an artist about the display. The material should be well-labeled and legible from 2 yards distance. Lettering should be heavily drawn, approximately 1 inch high. If you will be posting typed material, use a typewriter with orator or bulletin type. A suggested arrangement of a poster is illustrated below. The participant must mount a display within the 15 minutes prior to the scheduled start time; dismount within 15 minutes after the session ends.

STRUCTURES AND FUNCTION OF ENZYME 4

H. Brown,

J. Smith and

W. Jones

PRESS ROOM ACTIVITIES - 1985

Each year, hundreds of writers and editors attend the APHA Annual Meeting, seeking interesting stories on new findings in health and medicine which can contribute to both professional and consumer knowledge of the field. The APHA Press Room is set up to provide reporters with immediate, high quality information concerning papers being presented. To ensure ample opportunity for in-depth, accurate press coverage of the meeting, **your cooperation is solicited.** Generally, reporters at the meeting will read the abstracts, attend scientific sessions, seek a copy of the complete paper, and request an interview or press conference. The rules given below govern APHA Press Room operation:

Deadline for Press Room Copies

Before October 1, 1985, send *two* copies of your paper to: Annual Meeting Press Officer, American Public Health Association, 1015 15th Street, N.W., Washington, D.C. 20005. These papers enable APHA staff to anticipate news value and press interest in your paper.

Before October 25, 1985, send 35 copies to the APHA Press Room, using the enclosed shipping label, for arrival approximately one week before the Annual Meeting. These copies are available only to the working press - those reporters officially registered in the Press Room. Availability of the papers helps ensure the accuracy of their reporting; therefore, compliance with this request to provide sufficient copies of your paper is vital.

Title Page

To facilitate our identification and processing of papers to be presented, the title page of each paper should contain the following information: Title of paper; author(s) name and primary affiliation; time, day, and date of session in which the paper is to be presented; primary sponsor of the session, and session title, if possible. Since many authors present more than one paper, this information is very important.

News Release Dates and Time

All papers sent to the APHA Press Room are stamped as follows: "For release (date and time). Permission to quote or summarize. Publication rights reserved."

News release dates will be honored by reporters. Papers presented during a morning or luncheon session are for afternoon release the same day; papers presented in the afternoon or evening sessions are for release the following morning. Press conferences and interviews are scheduled in advance of the actual presentation.

Publicity

If appropriate, you may wish to seek the assistance of public relations personnel in your agency or university to secure publicity on your paper. Advance publicity may be released at any time, but the specific data and findings in your paper may not be disclosed prior to the release date used by the APHA Press Room as described above.

Author Handouts

Do NOT send materials to the Press Room which you plan to handout at the scientific sessions. The Press Room is limited in staff and facilities and cannot store or duplicate these materials for you. Papers and materials for author handouts should be sent ahead to your hotel or brought with you.

APHA THANKS YOU AND APPRECIATES YOUR COOPERATION IN ADHERING TO THESE GUIDELINES.



AUDIO RECORDING SERVICES

4406 W. CHARLESTON BLVD. • LAS VEGAS, NEVADA 89102 • TELEPHONE (702) 870-0947

I hereby authorize Audio Recording Services, Inc. to record and distribute copies of my presentation at the American Public Health Association's 114th Annual Meeting, September 28 - October 2, 1986. This will further provide authorization for the association to excerpt any part of my presentation for use in their publications and/or news releases. This authorization does not preclude me from publishing this material by any method I choose.

I understand that distribution will be made available to those in attendance, and to those interested representatives within the industry.

Date: _____

Name: _____
please print

Signed: _____

Please return to: Audio Recording Services
4406 W. Charleston Blvd.
Las Vegas, Nevada 89102

A GUIDE FOR PROGRAM PARTICIPANTS

114th Annual Meeting
"Local Health Services: Crisis on Front Line"
American Public Health Association
September 28 - October 2, 1986
Las Vegas, Nevada

The American Public Health Association expresses deep appreciation to the program participants in this year's Annual Meeting Program. The Association regards the presentations made at its Annual Meeting as serving these major purposes:

- Communicating new information and fresh points of view directly to a professional audience, with the opportunity for wider extension of their influence, if published; and
- Providing authoritative material for use by the working press in informing and educating large segments of the general public of recent advances in health and medicine.

It is hoped that the following suggestions will help accomplish these purposes and provide useful information for this year's Annual Meeting program participants.

GENERAL INFORMATION FOR PROGRAM PARTICIPANTS

Annual Meeting Papers

Papers must present new information or viewpoints not previously published. The acknowledged author must be listed or, in the case of a group, the chairperson must be listed as the author. Papers presented at the Annual Meeting remain the property of the author. **All individuals making contributed paper presentations at the meeting *must* be members of the Association. A membership application has been included for your use. Please be sure you have applied for your membership prior to the meeting.**

Publication Rights

An author may publish his/her paper wherever he/she wishes. No paper may be published, however, until **after** its presentation at the Annual Meeting. It is the author(s)' responsibility to submit his/her paper to a journal for publication. Professional journals have their own format requirements and specifications for manuscripts and you should consult the journal of your choice before submitting your paper to it. In general, all professional journals will reject manuscripts that are written in the informal manner of a speech.

For your information, copies of guidelines for authors for the *American Journal of Public Health and Medical Care* are enclosed.

Suggestions for Oral Presentations

The following suggestions have been helpful to program participants in the past. Although the suggestions may not apply to you, we are sharing them with all speakers.

Be sure to limit the presentation to the time allotted. The courtesy of staying within your allotted time will assure the other participants their equal time on the program and allow the audience the opportunity to ask questions. The average 8 1/2 x 11 inch page, typed, double spaced with one inch margins contains 250 words. Approximately 6 of these pages can be reviewed by the average speaker in 12 minutes. Thus, if the total allotted time is 12 minutes a six-page paper will allow time for questions.

Rehearse your presentation beforehand, timing it. Many times the actual delivery of the speech takes longer than the rehearsal. Remember that slides shown add seconds to the talk. **Know what to omit if you start to go overtime.**

Have a text which is highly legible (double spacing helps) with well marked visual cues for visuals; number the pages so that sequence can be maintained. Number your slides so they correspond to text.

So that everyone can benefit from your presentation, be sure to speak loudly and clearly but not too fast. Speak into the microphone if it is available since many of the sessions will be recorded. The audience will appreciate it if you look at them rather than the blackboard or your paper. Shift your gaze to include everyone.

For those people interested in your exact data, you may consider distributing copies of your paper on request. Papers and materials for your presentation should be sent ahead to your hotel labeled "**Hold for arrival**" or brought with you. If you have not done so already, you should provide your session presider with a copy of your presentation and a curriculum vitae to assist him/her with introductions.

Audio-visual Equipment and Presentations

Many speakers have already been contacted by the Session Presider/Program Planning Chairperson regarding Audio Visual Equipment.

If you have not been contacted, the following rules apply. If you have any questions, please contact the Program Planner or APHA Staff.

1. APHA will provide a 2 x 2 slide projector for each Scientific/Joint Session sponsored by an APHA SECTION or SPIG ONLY.
2. Where previously notified, APHA will exchange the 2 x 2 for an overhead projector. This can only be done at the request of the Program Planner. The Section Program Planner will notify you as to which piece of equipment APHA will provide.
3. Any unusual Audio Visual needs should be ordered and discussed with the Program Chairperson prior to the presentation. You will then be advised of any charges.
4. Caucuses and Related Organizations must order and be billed for any audio visual equipment. Speakers of these groups should contact the Program Planner directly.
5. Absolutely **no** on-site requests will be honored.

Additional audio-visual equipment can be ordered in advance by contacting your program chairperson. **Absolutely no on-site requests will be honored.**

If you will be using slides or transparencies, each slide or transparency should present one subject; avoid detail but instead display only essential data. Word slides or transparencies should be limited to 7 lines of type per slide or per transparency with 6-7 words per line.

Cassette Taping

Many Annual Meeting registrants would like an audio-cassette recording of certain sessions they attended or were unable to attend. Additionally, many members unable to attend the Annual Meeting would like to purchase a tape of a session by mail. For these reasons, APHA has contracted with an audio taping firm to record selected sessions.

If you have any objections to being recorded indicate this to us immediately so that we may make other arrangements. Otherwise, the audio cassette release form is enclosed for you to complete and

return by *September 8* to the address listed. All speakers must complete the release form. Thank you for your cooperation.

GUIDE FOR THE PRESIDERS/PANEL MODERATORS

Suggestions for Presiders

The meeting should be called to order on schedule. Be careful to limit each speaker to the allotted time, give them a warning signal 1 to 2 minutes before. This will guarantee each participant a proper share of the program and allow time for audience discussion. If possible, allow time for questions and answers.

It will be helpful to secure copies of the participants' papers and curriculum vitae beforehand to verify time allotments and prepare appropriate introduction.

Monitors

The monitor will be wearing a monitor ribbon attached to his/her registration badge. Please make good use of the monitor assigned to your session by arriving early to communicate to him/her any last minute directions. The monitor will be there to handle any special problems that may come up during the session.

Your monitor will be responsible for double checking the room set-up and the projection equipment prior to the starting time of your session, if any was ordered. He/she will also take an official count of the attendance at the meeting and check registration for badges. Because the monitor is assigned to several sessions at the same time, he/she will not remain in the room throughout the session.

Handicapped Registrants

Presiders should be aware that handicapped registrants will be given specially assigned seating. The rear right section of each room has been allocated for persons in wheelchairs. The monitors will be available to assist them to their places. In the General Sessions, interpreting for the deaf will be available. In those meeting rooms, the front row center right, will be reserved for deaf persons.

APHA Smoking Policy

Presiders are requested to announce before each session that APHA prohibits smoking at all of its functions. **Smoking will not be permitted during the meeting.**

GUIDE FOR POSTER SESSION PARTICIPANTS

Poster Presentation

The poster session is a graphic presentation of authors' reports. The authors illustrate their findings by displaying graphs, photos, diagrams and a small amount of text on the poster boards. **Papers cannot be posted.** The authors will then hold discussions with the registrants who will be circulating among the poster boards. Many authors find it helpful to present a brief introduction to answer the obvious questions and allow the remainder for more in-depth discussions. The author must remain by his/her poster board for the duration of the one and one half hour session. If handouts will be distributed, bring approximately 50 copies.

Preparing the Poster Board

APHA will provide a poster board for each author presentation. Each board will be numbered 1 through 10. Your poster board number will correspond with that in the program. The poster board will be 4' x 8' of white floormount homosote mounted on stands. Thumbtacks will be available on-site for mounting the displays.

The author should prepare all materials in advance. Materials should include the **title of the presentation** and the list of authors. Letters in the title should be at least 2 inches. Bring all illustrations needed — figures, tables, color photographs, charts. It may be helpful to consult an artist about the display. The material should be well-labeled and legible from 2 yards distance. Lettering should be heavily drawn, approximately 1 inch high. If you will be posting typed material, use a typewriter with orator or bulletin type. A suggested arrangement of a poster is illustrated below. The participant must mount a display within the 15 minutes prior to the scheduled start time; dismount within 15 minutes after the session ends.

STRUCTURES AND FUNCTION OF ENZYME 4

H. Brown, J. Smith and W. Jones

PRESS ROOM ACTIVITIES

Each year, hundreds of writers and editors attend the APHA Annual Meeting, seeking interesting stories on new findings in health and medicine which can contribute to both professional and consumer knowledge of the field. The APHA Press Room is set up to provide reporters with immediate, high quality information concerning papers being presented. To ensure ample opportunity for in-depth, accurate press coverage of the meeting, **your cooperation is solicited**. Generally, reporters at the meeting will read the abstracts, attend scientific sessions, seek a copy of the complete paper, and request an interview or press conference. The rules given below govern APHA Press Room operation:

Deadline for Press Room Copies

On or before **September 8, 1986**, please send *two* copies of your paper, First Class Mail, to: Annual Meeting Press Officer, American Public Health Association, 1015 15th Street, N.W., Washington, D.C. 20005. These copies enable APHA staff to anticipate news value and press interest in your paper.

On or before **September 8, 1986**, please send **25** copies of your paper to the **APHA Press Room**, using the enclosed shipping label, for arrival approximately one week before the Annual Meeting. These copies are made available only to the working press - those reporters officially registered in the Press Room. Availability of the papers helps ensure the accuracy of their reporting; therefore, compliance with this request to provide sufficient copies of your paper is vital.

Title Page

To facilitate our identification and processing of papers to be presented, the title page of each paper should contain the following information: Title of paper; author(s) name and primary affiliation; time, day, and date of session in which the paper is to be presented; primary sponsor of the session, and session title, if possible. Since many authors present more than one paper, this information is very important.

News Release Dates and Time

All papers sent to the APHA Press Room are stamped as follows: "For release (date and time). Permission to quote or summarize. Publication rights reserved."

News release dates will be honored by reporters. Papers presented during a morning or luncheon session are for afternoon release the same day; papers presented in the afternoon or evening sessions are for release the following morning. Press conferences and interviews are scheduled in advance of the actual presentation.

Publicity

If appropriate, you may wish to seek the assistance of public relations personnel in your agency or university to secure publicity on your paper. Advance publicity may be released at any time, but the specific data and findings in your paper may not be disclosed prior to the release date used by the APHA Press Room as described above.

Author Handouts

Do **NOT** send materials to the Press Room which you plan to handout at the scientific sessions. The Press Room is limited in staff and facilities and cannot store or duplicate these materials for you. Papers and materials for author handouts should be sent ahead to your hotel or brought with you.

APHA THANKS YOU AND APPRECIATES YOUR COOPERATION IN ADHERING TO THESE GUIDELINES.



DEPARTMENT OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OFFICE OF THE DEPUTY ASSISTANT SECRETARY
FOR HEALTH POLICY

3/18/86

Dear Nancy:

The APHA session looks great. I appreciate all the work you did in putting it together.

You will be interested in this N.Y. Times article on children's visits to prisons. Here in D.C. I have been trying to drum up some interest in checking on the children who have to be in foster care while their mothers are incarcerated, but so far no success.

Looking forward to seeing you in
Las Vegas — Clara

New York Times March 13, 1986

Prisons Try to Brighten Children's Visits

RAYMOND M. was recently in the Bronx House of Detention, serving a six-month sentence for drug possession. When his 5-year-old daughter, Antoinette, came to visit, she spent time in a room full of dolls, toy trucks and storybooks that looks more like a kindergarten than a jail.

The Bronx House of Detention is one of a growing number of jails and prisons across the country that are providing cheerful accommodations for their youngest visitors. "We play and eat and make a very lot of friends," Antoinette said.

Traditionally, children visiting their parents in prison have been expected to behave like miniature adults, sitting serenely on one side of a long visiting table, separated from the inmate by a glass panel or wire mesh. Such visits are often cut short, prison officials say, when the children grow restless.

But in the early 1970's, studies revealed that inmates who maintain close family ties are less likely to commit another crime when they are released. In an effort to encourage such ties, prisons from Connecticut to California began designating special rooms for visiting children, filling them with toys, educational games and trained supervisors. So far, dozens of the nation's 600 prisons and 3,100 detention centers have put teddy bears behind bars, and even more are expected to do so this year, according to prison and child-care authorities.

At the Bedford Hills (N.Y.) Correctional Center for Women, for example, part of a traditional visiting room has been converted to a children's center with rocking chairs and storybooks, easels and paint, drums and xylophones. At the Connecticut Correctional Institute for Men in Somers, a courtroom is transformed into a children's center on weekends, and its tables and chairs are replaced with some half the usual size. Posters of Big Bird and Superman are hung on the walls, and toys are scattered about, even on the judge's bench.

Last December, a room for children opened at the Georgia Women's Correctional Institute in Hardwick.

"You should see how much happier and more relaxed visits have become," said Nancy Randall, coordinator of parent-child services at the Niantic (Conn.) Correctional Center for Women, which has opened two children's centers since 1980. "Before, a lot of mothers preferred that their children not visit at all. They were embarrassed to be seen behind glass and afraid it would scare the children. Now they can interact with the child like they were at home."

At some children's centers, inmates and their children play together. At others, which resemble day-care centers, supervisors watch the youngsters so that inmates can have uninterrupted visits with spouses, other



The New York Times/Jeff Reinking

Inmate with his children in Pleasanton Federal Prison Children's Center in California.

relatives and friends.

Some prisons even offer classes for inmates on forming better parent-child relationships. One of the most widespread programs is run by Children's Television Workshop, a Manhattan-based production company, which uses "Sesame Street" and educational games as vehicles for helping inmates interact with their children. Other programs, run by nonprofit organizations such as Families in Crisis in Connecticut and Prison Watch in California, send trained volunteers into prisons for private and group discussions. An inmate might learn, for example, how to read a children's book in a compelling way, or the volunteer might suggest ways of talking with a child about crime and imprisonment.

The cost of running a children's center is nominal, prison officials say. Decorations and toys are usually donated, while volunteers and trained inmates often act as supervisors.

In the last five years, city, state and national agencies have given increasing support to the opening of children's centers in prisons. The New York City Department of Corrections, for example, spent about \$10,000 to build and staff children's centers in 1983, compared with about \$50,000 in 1985, a spokesman for the department said. And Congress has appropriated a record \$200,000 for four facilities that wanted to continue and expand their children's centers and parental-care classes.

This growing support, corrections officers say, stems from a belief that prison playrooms benefit children, prison officials and inmates. Accord-

Toys and games replace wire mesh.

ing to prison and child-care authorities, there is widespread sentiment that children should not be punished for their parents' crimes.

"It's not fair to say to a child, 'Your mother can't hold you,'" said Evelyn Davis, a vice president of the Children's Television Workshop, which has helped 51 prisons open children's centers since 1974. "Kids deserve to see their parents in a setting that doesn't scare them."

Critics, on the other hand, contend that if children have fun when visiting a prison, they may fail to take law enforcement seriously. But prison officials who oversee children's centers disagree. "When mommy can't come home at the end of a visit, the child knows something is very wrong," said Elaine Lord, the superintendent at Bedford Hills.

Security guards say that children's facilities make their jobs easier. "In the old visiting rooms I was always chasing kids around, making sure they didn't bang their heads on a

table or chair," said Joseph Benedetto, an officer at the Bronx House of Detention. "Now I can do my job. I'm supposed to be watching inmates, not kids."

Prison officials say passing contraband in an informal playroom setting is easier than in a traditional visiting room. So inmates are usually stripped and searched after visits.

It is difficult to measure the effect of children's centers on inmates and on prison management. But more than a dozen officers and child-care workers interviewed said they had noticed remarkable improvements in the mood of inmates who had been visited by their children. And this, they say, improves the quality of life behind bars and the management of the prison in general.

Antoinette's father, Raymond, whose last name is not being used to protect his privacy, said that he had asked to be transferred from Rikers Island to the Bronx, where he would be able to see his daughter more often. "If I don't get to see her," he said, "there is nothing for me."

Prison children's centers can also enhance the time inmates spend with adult visitors. The traditional visiting room at the Bronx House of Detention, for example, is as peaceful as the adjacent playroom is boisterous.

In the white-walled room with barred windows, inmates and their wives or girlfriends sit at small round tables. As one recent visiting hour wore on, couples slid their plastic chairs closer together, sharing kisses and light touches that would have been impossible were a child wriggling in their arms.

POSTER 689

Epidemiological Aspects of AIDS Cases in Japan
FUJIO KUMAGAI, S MORIO, H YANO
 Ministry of Health and Welfare, Tokyo, Japan

The AIDS Surveillance System was established in Japan in September 1984, in order to detect AIDS cases as early as possible, and to prevent secondary infection. The system consists of approximately 600 general hospitals with more than 300 beds all over Japan. The diagnosis of AIDS is based on the diagnostic criteria which are similar to the definition of AIDS made by CDC in the USA.

By the end of 1985, 11 AIDS cases have been confirmed by the AIDS Surveillance System. All cases are male, 10 are Japanese, one is Caucasian. 6 are homosexuals, five are hemophiliacs. Four of 6 homosexual cases and two of five hemophiliacs have died. All cases were proved to be positive for serum LAV/HTLV-III antibody, and to have decreased T-helper/T-suppressor ratio, and showed some kinds of opportunistic infections. From retrospective diagnoses of 11 cases, the first case in Japan appeared in 1981. The onsets of AIDS had started as follows, one case in 1982, two cases in 1983, two cases in 1984, five cases in 1985.

According to the AIDS Research Committee organized by the Ministry of Health and Welfare, it is known that about 30 percents of patients with hemophilia and about five percents of healthy homosexuals in Japan showed a positive antibody for LAV/HTLV-III.

POSTER 690

HTLV-III/LAV Disease in Heterosexual Women
D CRAIG WRIGHT JOANNE RHOADES and ROBERT R REDFIELD
 Walter Reed Army Medical Center and Walter Reed Army Institute of Research Washington DC

HTLV-III/LAV disease is rarely reported in heterosexual non-drug using females in the United States; however, at our medical center, women represent approximately 20% of the clinically recognized cases. From 1983-1985, 18 women were diagnosed at Walter Reed Army Medical Center. The demographic features, clinical characteristics and course of disease are presented. Ten patients presented clinically; however, they were inaccurately diagnosed despite multiple medical evaluations. Six women were identified because of our active program to routinely followup and evaluate recurrent sexual partners of patients with HTLV-III/LAV disease. The remaining two patients were identified because their newborn children developed AIDS. The mean age of the 18 women is 31 years with a range of 19-59 years. Ethnic groups included black non hispanic 44%, caucasian 34%, black hispanic 11%, and hispanic 11%. The most common route of acquisition of the HTLV-III/LAV infection in these women was through heterosexual contact (67%) and the remaining 33% were transfusion related. Amongst the 12 sexually acquired cases, 42% were spouses of patients with documented HTLV-III disease, 33% heterosexual contacts of bisexual and/or intravenous drug using men, and 25% had multiple sexual partners in an endemic area. The clinical stage of HTLV-III disease (as per the Walter Reed staging criteria) at the time of diagnosis was as follows: 0=WR0, 8=WR5, 4=WR4, 1=WR3, and 5=WR2. Of note was the occurrence of persistent candidal vaginitis in 6 of the 8 patients who developed AIDS. Also of note was the lack of the occurrence of Kaposi's sarcoma in these patients. Eleven have been followed for at least 18 months; all those stage WR3 or greater have progressed to the next stage or death.

POSTER 691

WOMEN with AIDS/ARC

RAJENDRA KAPILA, M.D., ADRIANA GRIGORIU, M.D., PATRICIA KLOSER, M.D.
 University of Medicine and Dentistry of New Jersey, Newark, New Jersey, United States of America

Fifty three women, between the ages of 23 and 64 (mean 34), diagnosed as AIDS/ARC (by CDC criteria), were followed from December, 1980 through December, 1985 at University Hospital in Newark, New Jersey. 90.7% of the patients were Black, (no Haitians), 5.6% Hispanic and 3.7% White. 77.3% were parenteral drug abusers (PDA), 0% prostitutes only, 16.9% were both PDA and prostitutes and 5.6% included women with sexual contact with men with AIDS/ARC or received multiple blood transfusions. Opportunistic infections (O.I.) included 41.5% PCP, 13.2% CMV, 11.3% cryptococcus, 22.6% T.B., 5.6% toxoplasmosis, 5.6% esophageal candidiasis, 1.8% isospora belli enteritis. There were no cases of Kaposi's sarcoma or lymphoma. Sexual lifestyles of our patients included 94.3% heterosexual and 5.7% bisexual. A majority of our patients had gynecological problems, including multiple ovarian cysts 9.9%, secondary amenorrhea 26.9%, menorrhagia 5.7%, PID 7.5%, persistent Herpes genitalis 9.6%, persistent vaginitis 22.6%. Three of our seven pregnant patients were diagnosed during pregnancy and had complications including premature labor, fetal wastage, and death. Maternal mortality following pregnancy was 57% with 71% associated with multiple complications. Our female patients represent 5% of the female patients with AIDS in the United States. This reflects the increased use of parental drugs, prostitution, and heterosexual activity with high risk males (bisexuals, PDA) as associated with AIDS/ARC in women. The initial gynecological symptoms and high maternal mortality should alert gynecologists, obstetricians, and pediatricians dealing with high risk patients and areas. In time, health education, change in lifestyle and prospective epidemiological studies may further focus on the problem and modify this disease in women.

POSTER 692

Women With AIDS: A Comparison of Sex Differences

JOANNE E. MANTELL, MARY F. BELMONT, HOWARD B. SPIVAK and SCOTT C. SCHWARTZ, St.Lukes'/Roosevelt Hospital Center and New York Medical College, New York, U.S.A.

A retrospective study of 31 female AIDS patients treated since 1979, and an equivalent number of male AIDS patients in New York City was conducted to examine sex differences in diagnosis, illness severity, treatment, hospitalization needs and socio-demographic data.

As a group, females from the non-IV drug/"other" category were diagnosed with AIDS and entered the hospital for initial treatment at a higher level of illness severity than all other comparison groups, and had the longest average length of hospital stay (X=44days); also, they had the least amount of body systems involvement and expressed the fewest number of suicidal threats. Both male and female "other" risk groups had an older average age, 47 and 43 respectively, than other groups. One-half of both female groups exhibited at least one form of neuropsychiatric behavioral problem that interfered with treatment, in sharp contrast to four-fifths of all male groups. This finding might suggest that CNS involvement manifests differently in women as compared to men, or that women exhibit more compliant behaviors during hospitalization.

Caregivers need to address the motivational factors underlying women's apparent delay in seeking medical care, as well as the special problems of women with AIDS, such as care of dependent children after their mothers' death.

POSTER 693

Serological study of blood donors positive in the ELAVIA LAV ELISA. Analysis of discrepancies with confirmation techniques. The Pitié-Salpêtrière experience.
MAURY J., FOUCAULT C., LOPEZ O., GLUCKMAN J.C., PERRET P., FOURNEL J.J., C.H.U. Pitié-Salpêtrière.

From July to december 1985, 23871 blood donors and 182 patients fearing to be contaminated by LAV, have been screened for LAV antibodies with the Elavia technique. 219 were found to be positive, the results being confirmed in 204 cases (92,8 %) by the Western blot and/or RIPA.

In most instances, but in 43, there was no problem to interpret the results.

20 of these donors presented positive reactions in test and control wells, only two of them were also found to be positive in Western blot (P25, P55 and P68 for one; P34 and P68 for the other) but were negative in RIPA. This indicate that either "true" positive can be noted among negative control positive sera or that Western blot can also give false positive results, or that RIPA can give false negativity. None of these 20 donors have lymphocytotoxic antibodies in his serum.

Results in the next 23 donors were as follow :

Elisa	Western blot	RIPA	Nb. donors
+	-	-	12
+	+	-	5
+	-	+	5
-	+	-	1

For any of this 43 donors we tried to study clinical, biological and epidemiologic parameters.

In most cases the discrepancies may be explained by technical problems which underlines the specific difficulties and limits of each technique: Short of an antigen detecting assay or of viral isolation, LAV contamination has to be assessed by using many different techniques.

N -
 I can't find
 false + among
 preg ♀. AMP
 may have
 an article on
 it, though.

ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)
WEEKLY SURVEILLANCE REPORT¹ - UNITED STATES
AIDS PROGRAM
CENTER FOR INFECTIOUS DISEASES
CENTERS FOR DISEASE CONTROL
AUGUST 25, 1986

UNITED STATES CASES REPORTED TO CDC

1. TRANSMISSION CATEGORIES²

	MALES				FEMALES				TOTAL			
	Since Jan 1		Cumulative		Since Jan 1		Cumulative		Since Jan 1		Cumulative	
ADULTS/ADOLESCENTS	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)	Number	(%)
Homosexual/Bisexual Male	5287	(70)	15595	(70)					5287	(65)	15595	(65)
Intravenous (IV) Drug Abuser	1099	(15)	3257	(15)	280	(48)	831	(52)	1379	(17)	4088	(17)
Homosexual Male and IV Drug Abuser	581	(8)	1877	(8)					581	(7)	1877	(8)
Hemophilia/Coagulation Disorder	67	(1)	190	(1)	2	(0)	6	(0)	69	(1)	196	(1)
Heterosexual Cases ³	123	(2)	483	(2)	183	(31)	435	(27)	306	(4)	918	(4)
Transfusion, Blood/Components	115	(2)	262	(1)	57	(10)	149	(9)	172	(2)	411	(2)
None of the Above	246	(3)	575	(3)	64	(11)	184	(11)	310	(4)	759	(3)
Subtotal: Adults/Adolescents	7518	(100)	22239	(100)	586	(100)	1605	(100)	8104	(100)	23844	(100)

CHILDREN ⁴												
Hemophilia/Coagulation Disorder	3	(5)	14	(8)					3	(3)	14	(4)
Parent with/at risk of AIDS ⁵	44	(76)	136	(73)	51	(85)	137	(86)	95	(81)	273	(79)
Transfusion, Blood/Components	9	(16)	30	(16)	7	(12)	17	(11)	16	(14)	47	(14)
None of the Above	2	(3)	6	(3)	2	(3)	5	(3)	4	(3)	11	(3)
Subtotal: Children	58	(100)	186	(100)	60	(100)	159	(100)	118	(100)	345	(100)
TOTAL	7576		22425		646		1764		8222		24189	

2. AGE AT DIAGNOSIS

Age Group	Cumulative	
	Number	(%)
Under 5	309	(1)
5 - 12	36	(0)
13 - 19	102	(0)
20 - 29	5034	(21)
30 - 39	11344	(47)
40 - 49	5004	(21)
Over 49	2360	(10)

3. RACIAL/ETHNIC GROUP

	ADULTS/ADOLESCENTS				CHILDREN			
	Since Jan 1		Cumulative		Since Jan 1		Cumulative	
	Number	(%)	Number	(%)	Number	(%)	Number	(%)
White, not Hispanic	4885	(60)	14326	(60)	20	(17)	64	(19)
Black, not Hispanic	2001	(25)	5880	(25)	64	(54)	201	(58)
Hispanic	1137	(14)	3372	(14)	33	(28)	77	(22)
Other	61	(1)	144	(1)	1	(1)	1	(0)
Unknown	20	(0)	122	(1)			2	(1)
TOTAL	8104	(100)	23844	(100)	118	(100)	345	(100)

4. REPORTED CASES AND DEATHS

BY OPPORTUNISTIC DISEASE GROUP

PRIMARY DISEASE REPORTED ⁶	CASES REPORTED SINCE JANUARY 1/DEATHS ⁷				CUMULATIVE CASES/DEATHS			
	Reported Cases		Known Deaths		Reported Cases		Known Deaths	
	Number	(% Total)	Number	(% Cases)	Number	(% Total)	Number	(% Cases)
Pneumocystis carinii Pneumonia	5254	(64)	1667	(32)	15439	(64)	8757	(57)
Other Opportunistic Diseases	1939	(24)	812	(42)	5262	(22)	3162	(60)
Kaposi's Sarcoma	1029	(13)	198	(19)	3488	(14)	1414	(41)
TOTAL	8222	(100)	2677	(33)	24189	(100)	13333	(55)

¹ These data are provisional.

² Cases with more than one risk factor other than the combinations listed in the tables or footnotes are tabulated only in the category listed first.

³ Includes 406 persons who have had heterosexual contact with a person with AIDS or at risk for AIDS and 512 persons without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.

⁴ Includes all patients under 13 years of age at time of diagnosis.

⁵ Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

⁶ Primary diagnoses are ordered hierarchically. Kaposi's sarcoma has been reported in 1442 cases since January 1 and in 5352 cases cumulatively.

Deaths are only in cases reported to CDC since January 1 of current year.

STATE OF RESIDENCE	Year Ending AUG 25, 1985		Year Ending AUG 25, 1986		CUMULATIVE TOTAL SINCE JUNE 1981					
					Adult/Adolescent		Children		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
New York	2304	(33.0)	3332	(28.9)	7766	(32.6)	133	(38.6)	7899	(32.7)
California	1626	(23.3)	2652	(23.0)	5512	(23.1)	22	(6.4)	5534	(22.9)
Florida	422	(6.1)	705	(6.1)	1526	(6.4)	45	(13.0)	1571	(6.5)
New Jersey	405	(5.8)	692	(6.0)	1412	(5.9)	50	(14.5)	1462	(6.0)
Texas	385	(5.5)	533	(4.6)	1169	(4.9)	7	(2.0)	1176	(4.9)
Illinois	153	(2.2)	321	(2.8)	587	(2.5)	4	(1.2)	591	(2.4)
Pennsylvania	151	(2.2)	300	(2.6)	555	(2.3)	8	(2.3)	563	(2.3)
Massachusetts	148	(2.1)	247	(2.1)	483	(2.0)	9	(2.6)	492	(2.0)
Georgia	140	(2.0)	250	(2.2)	455	(1.9)	7	(2.0)	462	(1.9)
District of Columbia	128	(1.8)	224	(1.9)	419	(1.8)	7	(2.0)	426	(1.8)
Maryland	129	(1.8)	173	(1.5)	354	(1.5)	3	(0.9)	357	(1.5)
Connecticut	75	(1.1)	163	(1.4)	291	(1.2)	12	(3.5)	303	(1.3)
Louisiana	95	(1.4)	149	(1.3)	281	(1.2)	4	(1.2)	285	(1.2)
Virginia	73	(1.0)	163	(1.4)	277	(1.2)	6	(1.7)	283	(1.2)
Washington	106	(1.5)	130	(1.1)	278	(1.2)			278	(1.1)
Puerto Rico	91	(1.3)	128	(1.1)	261	(1.1)	11	(3.2)	272	(1.1)
Colorado	39	(0.6)	134	(1.2)	222	(0.9)	1	(0.3)	223	(0.9)
Ohio	54	(0.8)	111	(1.0)	193	(0.8)	1	(0.3)	194	(0.8)
Michigan	55	(0.8)	100	(0.9)	182	(0.8)	1	(0.3)	183	(0.8)
Missouri	36	(0.5)	82	(0.7)	140	(0.6)			140	(0.6)
North Carolina	42	(0.6)	75	(0.7)	134	(0.6)	1	(0.3)	135	(0.6)
Arizona	39	(0.6)	74	(0.6)	130	(0.5)			130	(0.5)
Minnesota	21	(0.3)	85	(0.7)	118	(0.5)			118	(0.5)
Indiana	24	(0.3)	60	(0.5)	102	(0.4)	1	(0.3)	103	(0.4)
Oregon	25	(0.4)	61	(0.5)	96	(0.4)			96	(0.4)
Tennessee	15	(0.2)	58	(0.5)	79	(0.3)	1	(0.3)	80	(0.3)
South Carolina	12	(0.2)	52	(0.5)	75	(0.3)	4	(1.2)	79	(0.3)
Hawaii	18	(0.3)	41	(0.4)	77	(0.3)	1	(0.3)	78	(0.3)
Oklahoma	12	(0.2)	39	(0.3)	61	(0.3)			61	(0.3)
Wisconsin	17	(0.2)	33	(0.3)	61	(0.3)			61	(0.3)
Alabama	20	(0.3)	31	(0.3)	58	(0.2)			58	(0.2)
Kentucky	15	(0.2)	26	(0.2)	52	(0.2)			52	(0.2)
Nevada	5	(0.1)	35	(0.3)	49	(0.2)			49	(0.2)
Utah	16	(0.2)	20	(0.2)	40	(0.2)	2	(0.6)	42	(0.2)
Kansas	7	(0.1)	29	(0.3)	41	(0.2)			41	(0.2)
Rhode Island	7	(0.1)	24	(0.2)	38	(0.2)			38	(0.2)
Delaware	10	(0.1)	19	(0.2)	34	(0.1)			34	(0.1)
Arkansas	5	(0.1)	26	(0.2)	32	(0.1)			32	(0.1)
New Mexico	10	(0.1)	18	(0.2)	29	(0.1)			29	(0.1)
Iowa	8	(0.1)	16	(0.1)	26	(0.1)	1	(0.3)	27	(0.1)
Maine	7	(0.1)	18	(0.2)	24	(0.1)	1	(0.3)	25	(0.1)
Mississippi	3	(0.0)	16	(0.1)	22	(0.1)			22	(0.1)
Alaska	3	(0.0)	13	(0.1)	18	(0.1)			18	(0.1)
West Virginia	7	(0.1)	7	(0.1)	17	(0.1)	1	(0.3)	18	(0.1)
New Hampshire	2	(0.0)	12	(0.1)	16	(0.1)	1	(0.3)	17	(0.1)
Nebraska	3	(0.0)	10	(0.1)	16	(0.1)			16	(0.1)
Other States/ Territories (09)	5	(0.1)	27	(0.2)	36	(0.2)			36	(0.1)
TOTAL	6973	(100.0)	11514	(100.0)	23844	(100.0)	345	(100.0)	24189	(100.0)

TRANSMISSION CATEGORIES ¹	Year Ending AUG 25, 1985		Year Ending AUG 25, 1986		CUMULATIVE SINCE JUNE 1981	
	Number	Percent	Number	Percent	Number	Percent
ADULTS/ADOLESCENTS						
Homosexual/Bisexual Male	4543	65.9	7469	66.0	15595	65.4
Intravenous (IV) Drug Abuser	1182	17.2	1922	17.0	4088	17.1
Homosexual Male and IV Drug Abuser	588	8.5	770	6.8	1877	7.9
Hemophilia/Coagulation Disorder	43	0.6	114	1.0	196	0.8
Heterosexual Cases ²	230	3.3	408	3.6	918	3.9
Transfusion, Blood/Components	113	1.6	233	2.1	411	1.7
None of the Above	190	2.8	404	3.6	759	3.2
Subtotal: Adults/Adolescents	6889	100.0	11320	100.0	23844	100.0
CHILDREN³						
Hemophilia/Coagulation Disorder	4	4.8	6	3.1	14	4.1
Parent with/at risk of AIDS ⁴	69	82.1	158	81.4	273	79.1
Transfusion, Blood/Components	11	13.1	24	12.4	47	13.6
None of the Above			6	3.1	11	3.2
Subtotal: Children	84	100.0	194	100.0	345	100.0
TOTAL	6973	100.0	11514	100.0	24189	100.0

¹ Cases with more than one risk factor other than the combinations listed in the tables or footnotes are tabulated only in the category listed first.

² Includes 406 persons who have had heterosexual contact with a person with AIDS or at risk for AIDS and 512 persons without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.

³ Includes all patients under 13 years of age at time of diagnosis.

⁴ Epidemiologic data suggest transmission from an infected mother to her fetus or infant during the perinatal period.

7. AIDS CASES BY DATE OF DIAGNOSIS AND STANDARD METROPOLITAN STATISTICAL AREA (SMSA) OF RESIDENCE⁵

SMSA OF RESIDENCE	POPULATION ⁶						CUMULATIVE TOTAL
		BEFORE 1983	1983	1984	1985	1986 ⁷	
New York, NY	9.12	584	991	1703	2473	1537	7288
San Francisco, CA	3.25	141	307	591	893	579	2511
Los Angeles, CA	7.48	95	250	436	797	520	2098
Washington, DC	3.06	17	63	161	315	152	708
Miami, FL	1.63	57	118	182	248	97	702
Newark, NJ	1.97	38	80	127	224	135	604
Houston, TX	2.91	30	75	172	262	57	596
Chicago, IL	7.10	20	46	120	216	130	532
Philadelphia, PA	4.72	18	39	106	184	119	466
Boston, MA	2.76	21	40	75	138	93	367
Atlanta, GA	2.03	14	24	69	155	104	366
Dallas, TX	2.97	8	26	86	162	62	344
REST OF U.S.	178.64	292	695	1676	3126	1818	7607
(REGARDLESS OF SMSA)							
TOTAL	227.63	1335	2754	5504	9193	5403	24189

⁵ This table cumulates cases by DATE OF DIAGNOSIS rather than DATE OF REPORT. Because of this difference, totals may differ from those in other tables and will change with late reports and new data or information. These data are provisional. Data are reported only for SMSA's with greater than 300 reported cases of AIDS.

⁶ Population of SMSA's in millions as reported in the 1980 CENSUS.

⁷ Cases diagnosed in this calendar year and reported to CDC as of date of this summary.

8. AIDS CASES BY RISK FACTOR COMBINATIONS (ADULTS/ADOLESCENTS)¹

	<u>Number</u>	<u>Percent</u>
<u>AIDS CASES REPORTED TO HAVE A SINGLE RISK FACTOR</u>		
Homosexual/Bisexual Male	15161	(63.6)
Intravenous (IV) Drug Abuse	3691	(15.5)
Hemophilia/Coagulation Disorder	115	(0.5)
Heterosexual Contact ²	875	(3.7)
Transfusion, Blood/Components	411	(1.7)
None of the Above	759	(3.2)
SUBTOTAL	21012	(88.2)
<u>AIDS CASES REPORTED TO HAVE MULTIPLE RISK FACTORS</u>		
Homosexual-Bi Male/Blood Transfusion	299	(1.3)
Homosexual-Bi Male/Heterosexual Contact	125	(0.5)
Homosexual-Bi Male/Heterosexual Contact/Blood Transfusion	3	(0.0)
Homosexual-Bi Male/Hemophilia	5	(0.0)
Homosexual-Bi Male/Hemophilia/Blood Transfusion	2	(0.0)
Homosexual-Bi Male/IV Drug Abuse	1773	(7.4)
Homosexual-Bi Male/IV Drug Abuse/Blood Transfusion	65	(0.3)
Homosexual-Bi Male/IV Drug Abuse/Heterosexual Contact	34	(0.1)
Homosexual-Bi Male/IV Drug Abuse/Heterosexual Contact/Blood Transfusion	3	(0.0)
Homosexual-Bi Male/IV Drug Abuse/Hemophilia	1	(0.0)
Homosexual-Bi Male/IV Drug Abuse/Hemophilia/Blood Transfusion	1	(0.0)
IV Drug Abuse/Blood Transfusion	136	(0.6)
IV Drug Abuse/Heterosexual Contact	252	(1.1)
IV Drug Abuse/Heterosexual Contact/Blood Transfusion	7	(0.0)
IV Drug Abuse/Hemophilia	1	(0.0)
IV Drug Abuse/Hemophilia/Blood Transfusion	1	(0.0)
Hemophilia/Blood Transfusion	79	(0.3)
Hemophilia/Heterosexual Contact	1	(0.0)
Hemophilia/Heterosexual Contact/Blood Transfusion	1	(0.0)
Heterosexual Contact/Blood Transfusion	43	(0.2)
SUBTOTAL	2832	(11.8)
TOTAL	23844	(100.0)

¹ These data are provisional. Not all risk factors may have been determined or reported for all cases.

² Includes persons who have had heterosexual contact with a person with AIDS or at risk for AIDS and persons without other identified risks who were born in countries in which heterosexual transmission is believed to play a major role although precise means of transmission have not yet been fully defined.

9. CASES OF AIDS AND CASE-FATALITY RATES BY HALF-YEAR OF DIAGNOSIS, UNITED STATES

	<u>NUMBER OF CASES</u>	<u>NUMBER OF KNOWN DEATHS</u> ¹	<u>CASE-FATALITY RATE</u>
1981 Jan-June	84	74	88%
July-Dec	176	154	88%
1982 Jan-June	364	290	80%
July-Dec	634	489	77%
1983 Jan-June	1187	911	77%
July-Dec	1567	1257	80%
1984 Jan-June	2385	1813	76%
July-Dec	3119	2233	72%
1985 Jan-June	4160	2475	59%
July-Dec	5033	2201	44%
1986 Jan-June	4948	1333	27%
July-Aug 25	455	41	9%
TOTAL ²	24189	13333	55%

¹ Reporting of deaths is incomplete.

² Table totals include 77 cases diagnosed prior to 1981. Of these 77 cases, 62 are known to have died.

Screening = mass testing

Bobby:

- get rid of the term "risk groups"

Arrogance

- I V drug

- V, poor

- sexual history (any?)

(2)

Antibody Testing of ^{women who are} drug users or otherwise ^{labeled} "high risk" women - outside of jail

- Perinatal guidelines

Ostensibly Medical, but actually part of a regulatory system

SF: Source - ^{requested by DPH} ~~req. for~~ DSS to provide

"safe" babies to foster parents

They include ^{possible} court ordered screenings of babies ~~a poss.~~

Background - In SF, there is also

- Routine tox. screening of pregnant ♀ at SFGH, other hosps.

If +, Referral to DSS, CPS

- potential neglect, abuse

- must justify right, ability.

Current proposal - to make ^{perinatal} ~~prenatal~~ maternal ^{class} Drug use during preg. a crim. child abuse -

- Visited on the poor - does not

happen to ♀ with access to private

my opinion

"A bad atmosphere" care

Now - They are also automatically "high risk for AIDS" ^{at} ^{Virus infection}

- Definitions of "high risk"

SF guidelines - ^{I.V. drug users, gay men, their partners; but} ^{also possibly} ♀♀ with multiple

sexual partners in areas with high incidences of AIDS should possibly consider themselves in "risk gp. for sex. trans."

plus "Art. Insem. since 1979" - ^{doc.} (no cases of trans in U.S.)

~~Perinatal Guidelines~~
~~FOSTER CARE - Applies to ^{well as} ~~in~~ jail as out~~

There is provision for court-ordered testing for infants
SF conditions

Only for medi
"Testing in this ^{situation} ~~setting~~ (when not
tested + high risk + no permission re kid)
~~should be~~ is indicated on med gds alone, ~~and~~

Approval ~~to use~~ Use of ^① a perinatal + ped. AIDS advisory ~~plan~~
required from ^① ~~panel~~ ^② ~~perinatal~~ ~~words in DPH~~
~~includes advocates~~

consumer advocates "representative
of ethnic + socioecon. groups at
high risk for perinatal transmission"

② Perinatal
"medical placements" poss.

Then must be
court ordered.

Testing gn'lly not needed; place
"as if"

These guidelines cover perinatal reg.s re
AIDS in SF - DSS, DPH, etc. What
about your county / city?

For women in + out of the jail system AB testing
concerning pregnancy resp. when not requested by the

(9)

woman herself, adds an additional level
of fear concerning ^{her} self and her parental
rights.