

AIDS HEALTH PROJECT

EARLY CARE FOR HIV DISEASE

CALIFORNIA PILOT PROGRAM

PRINTING COST	TOTAL 8,000 BOOKS	AIDS FOUNDATION	TOTAL 8,000 BOOKS	LABRATORY FEE	POSTAGE HANDLING	OVERHEAD AHP	TOTAL AHP 8,000 BOOKS	MISC.	PRICE PER BOOK	GRAND TOTAL 8,000 BOOKS
\$2.50	\$20,000.00	\$2.00	\$16,000.00	\$1.00	\$2.00	\$4.00	\$32,000.00	\$0.50	\$12.00	\$96,000.00
\$2.00	\$16,000.00	\$1.50	\$12,000.00	\$1.00	\$1.85	\$3.00	\$24,000.00	\$0.50	\$9.85	\$78,800.00
\$1.50	\$12,000.00	\$0.50	\$4,000.00	\$1.00	\$1.85	\$1.00	\$8,000.00	\$0.50	\$6.35	\$50,800.00
\$1.00	\$8,000.00	\$0.50	\$4,000.00	\$1.00	\$1.85	\$1.00	\$8,000.00	\$0.50	\$5.85	\$46,800.00

NATIONAL PROGRAM

PRINTING COST	TOTAL 66,000 BOOKS	AIDS FOUNDATION	TOTAL 66,000 BOOKS	LABRATORY FEE	POSTAGE HANDLING	OVERHEAD AHP	TOTAL AHP 66,000 BOOKS	MISC.	PRICE PER BOOK	GRAND TOTAL 66,000 BOOKS
\$1.00	\$66,000.00	\$0.50	\$33,000.00	\$1.00	\$2.00	\$1.75	\$115,500.00	\$0.50	\$6.75	\$445,500.00
\$0.85	\$56,100.00	\$0.25	\$16,500.00	\$1.00	\$1.85	\$1.50	\$99,000.00	\$0.50	\$5.95	\$392,700.00
\$0.65	\$42,900.00	\$0.15	\$9,900.00	\$1.00	\$1.85	\$1.00	\$66,000.00	\$0.50	\$5.15	\$339,900.00
\$0.50	\$33,000.00	\$0.12	\$7,920.00	\$1.00	\$1.85	\$0.75	\$49,500.00	\$0.50	\$4.72	\$311,520.00



A project concerned
with AIDS Prevention
and Health Promotion

MEMORANDUM

RE: PROFESSIONAL SERVICES MARKETING GROUP

TO:

Jim

Peter

Richard

Rob

John

Renetia

JD

Joanna

Jacklyn

Joseph

Minutes for 3/18/91

1. Early Care Book Distribution

Richard presented a breakdown of "profits" and costs. He suggested this is a good way to look at all projects that we are considering.

Value of this project:

Public relations

Valuable info. into hands of our target audience: HIV+

Extends visibility of ATS

Provides leads to providers who need trainings and materials

Income for AHP realized as shown on spread sheet

Note, "saved" costs that would be pocketed by AHP since we are the main testing entity for SF: lab handling and shipping.

The politics were briefly discussed and it was agreed that the next steps are:

1. Discuss this Pat Christen, SFAF. *Jim*

2. Get firm printing quotes *Paul*

2. THE TRAINING UNIT (presented by J.D.)

Currently, state-funded (\$500,000) to provide the following trainings:

Antibody Test Counselor (Office of AIDS)
Corrections (CA Dept. of Corrections)
Alcohol and Drug Treatment Centers

Local MHEP training was cut 100% although still in demand.

Other Units (ATS, ASAP, Prevention) do their own trainings from time to time as requested by community agencies; however, it is felt by J.D. that these are not paid for directly. (Renetia pointed out, are done as outreach and therefore may be contractually appropriate)

CONCERN: How can we leverage funds so that all trainings are paid. It was agreed that there is a gray area in need of clarification by the Project: what is outreach and what is training. What is our policy? Is this a shared concern? It was agreed that this should be taken up in our Clusters and worked out.

There is high demand for local trainings but no money.

State level provides money to develop and provide *specific* trainings. Agencies don't have to "buy" trainings.

Money collected by selling trainings would be unrestricted and, therefore, is very attractive.

The marketing premise should be: "*TRAINING IS ESSENTIAL.*"

In answer to the question, What do we want to do?:

1. Sell trainings to profit organizations
2. Get corporate-level sponsorship of trainings
3. Use a percentage of this income to underwrite the freebees.

In being able to sell it, we must decide "Who" an "How." Richard suggests we become capitalist pigs and sell what we already have.

Criteria: Part of da day (other is too expensive for customer)

The Basics: Psycho-social
 Alcohol/Drug relation
 Personality disorders
Prevention in Mental Health settings
Over-whelming Issues of dealing with HIV
Staff effectiveness and productivity
Reasonable accommodation

What do we have to offer a profit-making organization?:

Reasonable accommodation training is one - the legal issues, etc.

Richard's suggestions:

1. Develop a solitary, fantastic product

OR

2. Imagine the need and fill it (hopefully with something we've got).

He's concerned that there is no one theme weaving through our discussion.

NEXT STEPS:

1. Decide goals for the Training Unit - 1 year
 - 3 years
2. Decide how much money do we NEED over current funding.
3. Identify what commitment there is to selling what product.
4. How do we transfer training expertise to other media (like video).
5. What is there to sell (product development)? Is there a "hot one"?

by Paul Causey 3/22/91



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MEMORANDUM

RE: PROFESSIONAL SERVICES MARKETING GROUP

TO:

✓ Jim

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Minutes for 3/25/91

OLD BUSINESS

I. Early Care Book Distribution

A. Jim will be seeing Pat Christen *this* week.

B. Quote for printing is in from Donnelly - down to .85¢ per unit.

C. RE: feedback on the whole idea: no more than 6 people will be contacted for their opinions on the book. The inquiry will be regarded as "internally confidential" to encourage their candidness. =====> **JOHN**

D. An outline is needed at this time to send to interested trade associations. Outline should contain very brief descriptions of each chapter. —————> **Rob**

NEW BUSINESS

I. Publications Development Flow Chart (see attached)

Comments/suggestions:

- Route materials thru to key people rather having a "meeting."
- Difficult to implement - requires all staff to do some advance planning. Also, may alarm staff used to independence.

Comments/suggestions (con't.):

- An Interim Review Board could be set-up for, mostly, design purposes, only. Could be Rob and Paul.

- Would make outside staff people temporarily part of the Publications Staff (as writers).

-Questions to be answered:

Are we committed to additional staffing?

Is there a consensus? Key players must discuss and plan implementation (ideal first task for the Prof. Serv. Cluster).

Would general staff be able to accept the passing around of their work as the norm? Would take getting used to.

Who is on the Committee?: Jim, Peter, Richard Mc., Paul, Rob, John, JD, others as appropriate.

- Maybe for the Round One: only Rob and Paul. This would cover most materials developed by other Units (brochures, flyers, etc.) Then, for Round Two, when needed (especially for Books, Manuals, etc.), a larger Committee would be put together.

- Staffing is major limitation at this time.

- "Standards" would be set by the Project with the Committee (One) helping other Units to meet those standards.

- A gentler, kinder start for this approach is urged: start slowly but generally a good idea.

B. Older Business - a review of what we've accomplished:

1. Richard as Over-seer (*aka Lord Richard* -Ed.): it was agreed that Richard would/should be the one to help us keep on track and follow up on where we are at with projects and tasks that have been identified.

2. Past Minutes' Action Items - to January - were reviewed.

1/14/91: #1 HIV Coord./EAP list
HIV list done and went to Peter

#2 HIV Counselor Perspectives: waiting on #1

#3 Media List - Radio list done and to Paul/Dorothy
- Print to be done in next 7 -10 days

#4 Stress Guide - Done/removed from Order List

#5 ASAP letter to A/D Coord.
- DB being entered now
- Letter to be written=====> **PAUL**
- Mailing out by April 15=====> **PAUL**

#6 WWA to AIDSCOM/other way to dump stock
- Call Michael Helquist=====> **PAUL**
- Cost out shipping =====> **PAUL**

#7 Videos / decisions
- What's Next? dropped from list
- Facing Fears changed to read 24 min. ver/Otr.

#8 FACE/LAW - marketing happening/mailings

#9 - 22 Marketing Planning
- Meet with Richard=====> **PAUL**

#23 M.H. Publications list
- Need input to DB=====> **PAUL (to Dorothy)**

UPCOMING MEETINGS: 4/8: NO MEETING! 4/15: FOCUS
4/22: PROTOCOL 4/29: TRAININGS



A project concerned
with AIDS Prevention
and Health Promotion

May 31, 1991

Bob Barrie
Special Office of AIDS Prevention
Michigan Department of Public Health
3423 North Logan Street
Lansing, MI 48909

Dear Bob:

It was a pleasure chatting with you briefly at the National AIDS Update. In response to your request for information on antibody test counseling standards, I have enclosed a copy of the protocol that the AIDS Health Project developed and which California has adopted as its standard. The protocol was created in 1985, based on the AIDS Health Project experience running the Alternative Test Sites in San Francisco, and published in 1987. The copy I am enclosing is a draft of an updated version.

The revised version should be completed and published by the end of the year, and will include other chapters that will make it useful to test site counselors and administrators, and to policy makers. Among these chapters will be a history of antibody testing in San Francisco, the "confessions" of a test site counselor, guidelines for dealing with specific populations, a vision of how test sites may evolve over the next few years, and appendices, including test site procedures and the text of an informational handout for distribution to people being tested. The basic counseling protocol, however, will remain substantially the same, so I feel confident about sending this transitional document to you.

In addition to developing the protocol, in 1988, the AIDS Health Project, began its participation with the State Office of AIDS in the training of antibody test counselors for California's more than 450 anonymous and confidential test sites. This included training state trainers, and as a tribute to our efforts, in 1990, the Office of AIDS was able to take on the task of training counselors themselves. We have developed a "train the trainers" curriculum and continue to train state trainers and offer ongoing consultation to the Office of AIDS. We also provide support to antibody test counselors through several publications—including *FOCUS: A Guide to AIDS Research and Counseling* and *HIV Counselor PERSPECTIVES*—and through continuing education trainings. All of these services, including the protocol volume itself, are available nationally and may be of interest to you as you continue your process. I have enclosed a training brochure, a copy of *FOCUS*, and a copy of *HIV Perspectives* for your information.

If you have questions, please call James W. Dilley, MD, Director of the AIDS Health Project and coauthor of the protocol, at 415-476-6442, or JD Benson, MFCC, Coordinator of Training, at 476-6444. Dr. Dilley and I will be away for much of June, but Ms. Benson will be available. She will call you in mid-June to answer any questions you may have.

At a time when testing continues to be what some policy makers consider the only answer to HIV, it is comforting to know that there are people interested in ensuring the quality of the test encounter. Good luck.

Best,


Robert Marks
Publications Advisor
Editor, *FOCUS: A Guide to AIDS Research and Counseling*

cc: James Dilley, MD
JD Benson, MFCC

AIDS HEALTH PROJECT

A project concerned
with AIDS Prevention
and Health Promotion

MEMORANDUM

RE: *FOCUS* MARKETING GROUP MEETING

TO:

✓ Jim
Peter
Richard
Rob
John
Joseph

Minutes for 4/15/91

OLD BUSINESS

I. Editorial Changes

A. In order to increase font and leading, we may need to go to 8 pages. Problems:

1. Additional expense (\$125 over the 6 pages)
2. More editorial time. Suggestions were for more Briefs and/or graphs but not to longer articles.

B. Rough draft (hopefully) by the end of April so that we could review for the May13 meeting. =====> **ROB WITH SAUL**

C. A McCORMACK RULE OF THUMB: *"If you've always done things one way without questioning it, then you should question it."*

NEW BUSINESS

I. HOW SHOULD WE BE SELLING SUBSCRIPTIONS?

A. To whom? Rob: People between the coasts; those who don't have access to other AIDS literature; those in private practice with AIDS

B. New subscribers (per FOCUS 3/31/91 Report from Sandra) Where did they come from? =====> **PAUL WITH SANDRA**

C. Reprint requests: handled by John on a regular basis (like the 1,000 to Kaiser doctors last month). Probably amounts to 5,000 "exposures" to *FOCUS* annually.

1. Subscription info is always requested to be enclosed.

2. We should also ask for their mailing lists.

2. National AIDS Update Conference

A. We will undertake a major push to sell FOCUS here. In the past, subscriptions have not sold in this setting.

B. A display board of the past 12 issues of FOCUS will be made.=====> **RICHARD**

C. Only FACE and LAW books will be offered for display and sale with FOCUS using the new table top display. Each product will have a third of the new booth display each with their own sign.

D. We might want to try to reach people at their hotel (there are several for the conferecne).

E. Are additional passes available - 1 for Richard?
=====> **PAUL**

F. A Drawing will be made - one per day at the booth giving away one FOCUS Institutional subscription.

=====> **PAUL**

G. At each AHP workshop:

1. FOCUS display boards should be posted
2. An envelope of AHP materials should be

handed out (stuffed by volunteers)

=====> **PAUL / DOROTHY**

H. Credit card signs could be displayed in the Booth

I. We could offer a 15 month subscription as a marketing gimmick, too (3 months free).

3. WHAT DO YOU SAY (ABOUT FOCUS)?

"AIDS IS COMPLEX - FOCUS HELPS.
(every month of the year)

PROFESSIONAL SERVICES
MARKETING GROUP

Minutes for 3/11/91

1. Protocol Follow-up

A. CA Public Hospital Update - Paul -waiting for response from them - they were interested. Suggested we use NAU to find interested parties, too.

B. Where do we go from here? It was identified that no one is really "in charge" of the over-all process and this is a concern. We need deadlines/timeline established for this project.

1. Question that need to be answered: Who's responsible for bringing first, Protocol, then other products to market?

2. Editorial is proceeding with slight delay to Aug.

C. Who to sell to (as discussed previously):
Administrators
Legal Counsel
P.H.

3. Rule of Thumb in profit-making and price setting:

1/3 cost to develop and produce

1/3 cost to over-head (fixed costs and marketing)

1/3 for profits

A. First run printing of Protocol of 5,000 @ \$20 should yield profit of \$35,000.

B. Hospital Assoc. would be better partner than say Kaiser.

4. Early Care Book Distribution Proposal

5. Dementia Book - for caregivers both professional and informal -- of people with dementia.

Target completing-->end of year 1991

Concerns: never done end-user book before; always more technically-oriented.

"Video would be nice" - Richard

Next Step: Outline to Work Group

FUTURE AGENDA:

3/18: Training

3/25: Publication Process

Agency Image

- I. What is Image
 - A. When is it used and when is it important
 - B. How is it presented
 - 1. Logo/Stationery/Business Cards
 - 2. Workplan
 - 3. Staffing
 - 4. Public Presentations
 - a. Printed Materials
 - b. Public Presentations
 - C. Why talk about the image
 - 1. Give long-range direction
 - 2. Develop common terms
 - 3. Identify vehicle for representing image
- II. What is AHP's Image
 - A. Is it consistent
 - 1. Private vs. Public
 - 2. Theory vs. Practice
 - 3. Unit to Unit
 - B. Who uses the image and when
 - C. How is it presented
 - 1. Logo/Stationery/Business Card
 - 2. Proposals and Workplan
 - 3. Staffing
 - 4. Public Presentations and Materials
 - a. Mission Statement
 - b. About AHP
 - c. News and Notes
 - d. Outreach Packet
 - e. Handouts
 - f. Publications
- III. Is it the desired image
 - A. Proactive vs. reactive
 - B. Player vs. dominator
 - C. AHP as CBO vs. AHP as UCSF
- IV. How can image be shaped
 - A. Dealing with others' negative and positive impressions
 - B. Attending community activities
 - C. Infrastructure

Attachments:

- 1. Mission Statement
- 2. About AHP
- 3. News and Notes (11/90)

PBP CONTACT

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

EVENINGS AVAILABLE: M T W TH F OTHER:

EVENINGS PREFERRED: 1ST_____ 2ND_____ 3RD_____

ROOM AVAILABLE: Y N

NEIGHBORHOOD: _____

INTERESTED IN: PBP NBP MCBP OTHER:_____

DATE REFERRED TO PBP:___/___/___

DATE SCREENED:___/___/___

FOLLOW-UP CONTACTS:

(DATE)

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*A project concerned
with AIDS Prevention
and Health Promotion*

Notes from AHP Management Team Retreat

September 26, 1989

Submitted by Jim Dilley, MD

Accepted by Management Team, Oct. 10, 1989

I. Agency Mission Statement

The mission of the AIDS Health Project is to provide AIDS prevention and mental health services to those at risk for HIV infection and those with HIV disease; to train mental health, substance abuse, and other health and human service providers about the psychosocial aspects of the epidemic; and, to advocate for those affected by HIV.

PBP CONTACT

NAME: _____

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WORK PHONE: _____

EVENINGS AVAILABLE: M T W TH F OTHER:

EVENINGS PREFERRED: 1ST_____ 2ND_____ 3RD_____

ROOM AVAILABLE: Y N

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ABOUT THE AIDS HEALTH PROJECT

The AIDS Health Project is an AIDS prevention, education and mental health promotion program serving people at risk for AIDS, those with HIV infection, and their care providers. The Project was designed in 1984 by a group of mental health professionals from the University of California and the private practice community of San Francisco.

The AIDS Health Project is a unit of the Langley Porter Psychiatric Institute, School of Psychiatry, at the University of California San Francisco. It is funded by contracts with various Federal, State and City agencies and through private donations, community fundraising and private foundation grants. In operation since 1984, the Project has grown from a staff of 4 to over 70 mental health professionals, trainers and administrative personnel.

In 1985, the Project developed the internationally acclaimed protocol for HIV antibody test counseling. Since then, under contract with the San Francisco Department of Public Health, the AIDS Health Project has counseled and disclosed test results to over 36,000 people at the City's Anonymous Test Sites.

DIRECT CLIENT SERVICES

Another 31,000 have used the AIDS Health Project's Direct Client Services which include:

- Services for People with AIDS and ARC:
 - AIDS and Substance Abuse Counseling
 - Psychiatric Consultations on the AIDS Outpatient Clinic, Ward 86
 - Social Services Counseling on Ward 86
 - Psychiatric Consultations for Home Bound People with AIDS/ARC
 - Support Groups for PWA/ARC, Family and Friends
 - Support Groups for PWA/ARC with Substance Use Concerns
 - Volunteer Therapist Recruitment, Training and Referral
- Services for People who test HIV Positive:
 - Educational Support Groups
 - Short-term Counseling and Referral
 - *Positives Being Positive* - Peer Support Groups
 - *Living with HIV* - Public Forums, Panel Discussions and Health Fairs
- Services for At-Risk Populations
 - Individual Health Assessment
 - AIDS Risk Reduction Counseling
 - Educational Support Groups
- Crisis Counseling at all S.F. Anonymous Test Sites

(over please)

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EVENINGS AVAILABLE: M T W TH F OTHER:

EVENINGS PREFERRED: 1ST_____ 2ND_____ 3RD_____

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(DATE)

[illegible]

PROFESSIONAL SERVICES

Since 1984, the AIDS Health Project has worked with more than 42,000 health professionals and caregivers in addition to the over 10,000 who have utilized the educational materials listed below. Conferences, education and training services are designed for professionals working in mental health, substance abuse, education, social services and health care and cover topics such as:

- Psychosocial aspects of HIV infection
- Neuropsychological complications of AIDS
- Staff response to working with AIDS
- Establishing AIDS education curricula
- Clinical case consultation
- Planning and implementing AIDS service programs

1988-89 AGENCY CONTRACTS

The AIDS Health Project provides direct client services and professional services under contract to the following agencies:

- Centers for Disease Control (CDC)
- National Institute of Drug Abuse (NIDA)
- State of California Office of AIDS
- State of California Department of Mental Health
- City of San Francisco Department of Public Health
- City of San Francisco Community Substance Abuse Services
- University of California Statewide AIDS Task Force
- Catholic Charities AIDS/ARC Program, San Francisco, CA
- Education, Training & Research Associates, Santa Cruz, CA

— EDUCATIONAL MATERIALS FROM THE AIDS HEALTH PROJECT —

- VIDEOS:** "Facing Our Fears: Mental Health Professionals Speak"
"The Other Crisis: AIDS and Mental Health"
"What's Next? After the Test"
- NEWSLETTER:** *FOCUS: A Guide to AIDS Research and Counseling* (published monthly)
- BOOKS:** AIDS Law: A Guide to Judicious Practice
Face to Face: A Guide to AIDS Counseling
WORKING WITH AIDS: A Resource Manual for Mental Health Professionals
AIDS AND SUBSTANCE ABUSE: A Training Manual for Health Care Professionals
STRESS MANAGEMENT LEADER'S GUIDE: A Facilitator's Manual for People at Risk
THE SAN FRANCISCO PROTOCOL: Disclosing HIV Test Results
- BROCHURE:** AIDS Effects on the Brain (brochure - English and Spanish versions)

PBP CONTACT

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

EVENINGS AVAILABLE: M T W TH F OTHER:

EVENINGS PREFERRED: 1ST_____ 2ND_____ 3RD_____

ROOM AVAILABLE: Y N

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MEMORANDUM

DATE: 3/14/91

TO: ROB

FROM: PAUL CAUSEY *PC*

RE: AIDS LAW OFFERINGS

As a reminder, we have offered the AIDS Law book to the following groups of people via a direct mail sales piece:

National AIDS Network	554	8/90
UCSF Medical House Staff	330	10/90
Assoc. Gay/Lesbian Psychiatrists	400	11/90
Natl. Council of CMHC list	2,200	11/90
AIDS/mental health professionals	4,300	11/90-1/91
AHP-interested Professionals	1,500	1/91
FOCUS subscribers	1,300	1/91
sub-total (all sent)	10,584	

CA MFCC (planned)	6,000	4/91
Other (planned)	5,000	6/91

Total for FY'90-'91	21,584	

cc: *✓* Jim
Peter
Richard



A project concerned
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and Health Promotion

AHP - MARKETING

Professional Publ. and Services Work Group

Mon, Jan 14, 1991

To: Professional Services and Publications Marketing Work Group (✓ indicate Present at Meeting)

✓ J.D. Benson	Jim Dilley	✓ Richard McCormick
Jackie Brookman	Renetia Martin	Joanna Rinaldi
✓ Peter Campos	✓ Rob Marks	✓ John Tighe
✓ Paul Causey		

Fr: Peter Campos 
RE: Minutes Meeting of 1/14/91

Overview

The meeting was begun with the announcement that the minutes of the previous meeting were unaccounted for and/or misplaced in the move. Items #1 and #2 below present recollections volunteered by the group.

1. Subject - Defining Role of AHP in Professional Community

Item: Need to define our market and identify market segments.

A. Finding: We often perform grant-supported activities without fully exploring the revenue/marketing opportunities that these activities might lead to. For example, the HIV Perspectives Program Learning packets represent a tremendous expenditure of effort for a relatively small audience. Need to actively identify spin-off opportunities.

Action 1 Identify HIV coordinators at all Bay Area acute care hospitals and Employee Assistance Program (EAP) coordinators at all at major SF/Bay area corporations. Renetia Martin to provide EAP listing from her contact with UCSF EAP. (Martin/Campos).

Action 2 Send January Perspectives to HIV coordinators at all Bay Area acute care hospitals and to Employee Assistance Program (EAP) coordinators at all at major SF/Bay area corporations, with cover letter explaining AHP and its professional support capabilities (Campos/Causey/Benson).

2. Subject - Identify Media Contacts for Press Releases

Item: Need to identify key media contacts for press releases on publications..

A. Finding: Need to have up-to-date listing of key media contacts. Especially important with current media emphasis on the care provider with HIV and AHP role in serving the care provider.

Action 3 Supplement existing AHP list. (McCormick)

3. Subject - Older Publications

Item: Need to define policy for handling older publications.

A. Finding: HIV is a rapidly changing field in which printed material ages quickly. Work group indicated general difficulty in accepting anything that is two (2) years old as still marketable. Do not want to sell old stuff, thereby tainting our image as a cutting-edge agency and do not want to sell items that might not be totally correct/current

B. Finding: We have, on our sales list, many items older than two years old.

Address Correspondence To: UCSF AIDS Health Project • Box 0884 • San Francisco, CA 94143-0884

Administrative Offices: 1855 Folsom Street • Suite 506 • San Francisco, California • (415) 476-6430

Affiliated with the University of California, San Francisco

- 1) Stress Management, 1984, Quackenbush. None in inventory. Hand-typed and xeroxed. General comments: it is old and somewhat out of date, but still has a few pearls. New work projected by Quackenbush and Silven may be thought of as an update to this publication.

Action 4 Per approval by Jim Dilley, letter to author indicating intention to take off sales list, pending author input. (Causey)

- 2) AIDS and Substance Abuse, 1987, Rinaldi. 1,000 in inventory, sell about 10/month. General comments: hospital-based, hot topic these days.

Action 5 Per approval by Jim Dilley, letter to author indicating intention to launch discount sales promotion to county SA coordinators and others, pending author input. Promotion would provide courtesy copy and allow discount of 40% on cover price for additional copies. Benson has list. (Benson/Causey)

- 3) Working with AIDS, 1987, Helquist. 650 in inventory; offered to AIDSCOM for shipping costs. General comments: essentially replaced by Face to Face. Discounted on current price list.

Action 6 Per approval by Jim Dilley, identify vehicle for disposing of inventory. (Causey)

- 4) Video/Audio Tapes. Video tapes will be reviewed and discussed next time.

Action 7 Review video tapes. (McCormick, Benson, Campos)

- 5) Face to Face and AIDS Law. Need to aggressively market before we begin to feel that these publications are "too old to market". See below.

C. Finding: As part of our overall marketing strategy for each product, we need to determine what the shelf life of a product is and market to that factor.

D. Finding: "Remaindering" is a process for liquidating inventory whereby we would sell a product for \$5 and allow the retailer to knock 40% off price in their sales.

4. Subject - Face to Face and AIDS Law

Item: Need to aggressively market these publications before they get "old".

A. Finding: Face to Face. Have sold 7,000. Inventory 5,000. The most popularly ordered book. Almost everybody who orders a book orders this one.

AIDS Law. Have sold/provided per contract 3,000. Inventory 1,000.

Approximately half of the order include this book. If launch campaign and sell out will be faced with the option of updating or shrink wrapping with supplements. At current sales rate, inventory should last through 12/91.

Action 8 Call 5 book stored in SF/Bay area and determine in stock (Crown-Castro, Stacy's-SF, Cody's-Berkeley, Green Apple-Richmond, One on Peninsula). Determine location (F to F should be in professional and lay-caregiver area, Problems, call Celestial Arts. (Causey)

Action 9 Get a bookstore to feature the book for a week, track results, then get back to Celestial with results. (Causey)

Action 10 Determine if in UCSF bookstore.. (Causey)

Action 11 Summarize promotions and mailings to date, given the definition of the universe (see below).. (Causey)

Action 12 Follow-up on journal/review letters. (Causey)

Action 13 Discuss with Shanti, APLA, GMAC re resale offer. (Causey) H et.

B. Finding: Need to define our version of the universe.

1) California

- Action 14 Hospitals. Contact trade associations in Sacramento for list of acute care and SNF facilities (Causey)
- Action 15 County HIV Coordinators. Obtain list. (Benson)
- Action 16 State and County. Identify key contacts (Causey/Benson/Rinaldi/Dilley) and lists of current year contractors (Campos).
- Action 17 County Alcohol/SA Coordinators. Obtain list. (Benson)
- Action 18 Professional Health Care Trade Associations. Get contact at trade associations of all major provider groups. Identify member communications vehicles. (Causey)
- Action 19 Professional Legal Trade Associations (AIDS Law). Get contact at trade associations of all major groups. Identify member communications vehicles. (Campos/Causey)
- Action 20 Professional Legal Trade Associations. Get contact at trade associations of all major provider groups. Identify member communications vehicles. (Causey)
- Action 21 Medi-Cal Providers with HIV caseloads. Get list of providers. (Campos)

2) Nation

- Action 22 Professional Trade Associations. Get contact at trade associations of all major provider groups and HIV related agencies. Identify member communications vehicles. (Causey)
- Action 23 Journals. Identify all national journals that would be appropriate for noticing about new publications. (Marks)

5. Subject - New Products

Item: Product Development

- A. Finding: Need to have a systematic vehicle for reviewing new ideas before they go into production.
- Action 24 Review flowchart attached and implement in agreed-upon. (Campos)
- Action 25 Develop form. (Campos)

Item: Ideas Being Discussed

- A. Finding: Several new ideas are being discussed and/or are in development.
 - 1) Book - Dementia
 - 2) Book - Testing Protocol
 - 3) Book - Drs. at the Bedside
 - 4) Book - Case Book, Psychotherapy Issues
 - 5) Book - Different Populations
 - 6) Book - AHP Groups
 - 7) Book - Adolescents

Next Meeting

- 1. Update on the above (30 minutes)
- 2. Services to Professionals, including Training Manuals

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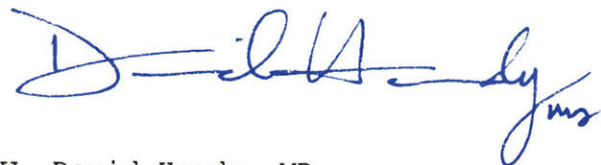
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Sincerely,

A handwritten signature in blue ink, appearing to read "D. Hardy" with a stylized flourish at the end.

W. David Hardy, MD
Executive Editor, **AIDS MEDICAL REPORT**
Assistant Professor of Medicine
Director, HIV/Infectious Disease Clinic
UCLA School of Medicine, Los Angeles

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AIDS Medical Report

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Atlanta, GA 30374

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Dear Colleague:

I don't need to tell you that AIDS can be a very complex and frustrating disease to treat. Symptoms you would interpret one way in other patients may mean something entirely different in an AIDS patient. Routinely prescribed drugs may be totally useless or cause complications you had not anticipated. And even the "established" treatments are often far from clearcut.

But the news isn't all bad. Ten years into the AIDS epidemic, we've seen significant progress both in slowing the effects of HIV infection and in improving the quality of life for patients who are now living longer.

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AMR's peer-reviewed articles are written by acknowledged experts in the field — leading physicians and other specialists with vast experience in treating AIDS patients. They are comprehensive and informative — annotated with complete references for further reading, and illustrated with useful case studies and instructive tables, charts, and graphs.

The role of fluconazole in the treatment of mycoses in AIDS

Alan M. Sugar, MD, Associate Professor of Medicine, Boston University School of Medicine, Evans Memorial Department of Clinical Research and The Department of Medicine, Boston University Medical Center, Boston

Use of polymerase chain reaction for diagnosis and treatment of HIV

Gregory T. Spear, PhD, Assistant Professor, Alan L. Landay, PhD, Associate Professor, Departments of Immunology/Microbiology, Harold A. Kessler, MD, Associate Professor of Medicine, Rush Presbyterian-St. Luke's Medical Center, Chicago

Protozoan infections of the GI tract in HIV-infected patients

John G. Bartlett, MD, Chief, Division of Infectious Diseases, The Johns Hopkins University School of Medicine, Baltimore

Diagnosis and management of cryptococcosis in patients with AIDS

Nancy Khardori, MD, Assistant Professor, Section of Infectious Diseases, M.D. Anderson Cancer Center, Houston

Treating intraoral manifestations associated with HIV infection

Michael Glick, DMD, Director, Infectious Disease Center, Temple University School of Dentistry, Philadelphia

Comparing options for prophylaxis of Pneumocystis carinii pneumonia

W. David Hardy, MD, Assistant Professor of Medicine, Director, HIV/Infectious Disease Clinic, UCLA School of Medicine, Los Angeles

Zidovudine pharmacology effects reviewed in HIV-infected patients

Gene D. Morse, PharmD, Assistant Professor of Pharmacy and Medicine, State University of New York at Buffalo, Erie County Medical Center, Buffalo

How to diagnose and treat syphilis in the HIV-infected patient

Charles B. Hicks, MD, Infectious Disease Physician, Walter Reed Army Medical Center, Washington, DC

Treating lymphoproliferative disorders in pediatric AIDS patients

Denis R. Miller, MD, Director of Pediatric Hematology/Oncology, Lutheran General Hospital, Children's Medical Center, and Professor of Pediatrics, Northwestern University Medical School, Chicago

Zidovudine: Clinical use and complications in treatment

Sunil Shaunak, MD, Infectious Disease Fellow, and John A. Bartlett, MD, Assistant Professor of Medicine, Division of Infectious Diseases, Department of Medicine, Duke University Medical Center, Durham, NC

The relationship of MAI to other secondary infections

Harry V. Vinters, MD, Assistant Professor of Pathology, University of California-Los Angeles, School of Medicine, Los Angeles

Managing patients with upper GI disease and HIV

Saul Rodriguez, MD, Research Associate, Section of Infectious Diseases, Department of Medical Specialties, The University of Texas, M.D. Anderson Cancer Center, Houston

Classification, diagnosis, and treatment of oral candidiasis

Jonathan E. Samuels, MD, Instructor, Division of Infectious Diseases, Albert Einstein College of Medicine, Montefiore Medical Center, North Central Bronx Hospital, Bronx

How does zidovudine affect virologic, immunologic markers of HIV activity?

Mark A. Jacobson, MD, Assistant Professor of Medicine, Department of Medicine, University of California, San Francisco

The role of antimicrobial, antiviral, and immunomodulating agents in treating opportunistic infections

Milan Fiala, MD, Department of Internal Medicine-Infectious Diseases, Eisenhower Medical Center, Rancho Mirage, California

Recent Articles from AIDS MEDICAL REPORT

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Management of the patient with AIDS dementia complex

Elyse J. Singer, MD, Assistant Professor, Department of Neurology, UCLA School of Medicine, Los Angeles

Hematopoietic growth factors may be answer for neutropenia, anemia

Ronald Mitsuyasu, MD, Division of Hematology-Oncology, AIDS Clinical Research Center, UCLA Medical Center, Los Angeles

Clinical presentation and treatment of AIDS-related Kaposi's sarcoma

Donald W. Northfelt, MD, Research Fellow, Division of AIDS Activities/Oncology, San Francisco General Hospital, University of California-San Francisco

Using oral manifestations to diagnose HIV infection

John Molinari, PhD, Department of Biomedical Sciences, University of Detroit School of Dentistry, Detroit

Undernutrition and nutritional treatment in AIDS patients

Ronald R. Watson, PhD, The Department of Family and Community Medicine, University of Arizona, Tucson

Mental status examination pivotal in diagnosing HIV encephalopathy

Joel K. Levy, PhD, Assistant Professor of Psychiatry (Psychology), Baylor College of Medicine, Department of Psychiatry and Behavioral Sciences, Houston

Understanding alternative therapies often used to fight HIV infection

Debra Medeiros Glazier, RN, Freelance Health Policy Researcher, and Raymond Glazier Jr., Senior Health Analyst, Abt Associates Inc., Cambridge, MA

Epidemiologic trends of HIV infection and AIDS in the United States

Kenneth G. Castro, MD and D. Peter Drotman, MD, MPH, Division of HIV/AIDS, Center for Infectious Diseases, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services, Emory University School of Medicine, Atlanta

CMV: What is its effect on AIDS patients, and how do you treat it?

Harry V. Vinters, MD, Assistant Professor of Pathology, and Jorge A. Ferreira, MD, Senior Resident in Pathology, UCLA Medical Center, Los Angeles

Non-opportunistic bacterial infections in patients with AIDS

Kenneth V.I. Rolston, MD, Associate Professor of Medicine, The University of Texas, M.D. Anderson Cancer Center, Houston

Assessment and treatment of depression in AIDS patients

Valerie F. Holmes, MD, Assistant Professor, Department of Psychiatry and Behavioral Science, Health Sciences Center, State University of New York at Stony Brook, Stony Brook, NY

Cryptosporidiosis in patients with the acquired immunodeficiency syndrome

Kenneth V.I. Rolston, MD, Associate Professor of Medicine, The University of Texas, M.D. Anderson Cancer Center, Houston

The child with HIV infection: Dilemmas in management

James M. Oleske, MD, MPH, Professor of Pediatrics and Preventive Medicine, University of Medicine and Dentistry-New Jersey Medical School, and Medical Director, Children's Hospital AIDS Program, Newark

Evaluating T lymphocyte subsets in HIV infection and disease

Susanna Cunningham-Rundles, PhD, Department of Pediatric Hematology/Oncology, Cornell University Medical College, New York

***Mycobacterium avium* complex common in AIDS patients**

Lowell S. Young, MD, Director, Kuzell Institute for Arthritis and Infectious Diseases; Chief, Division of Infectious Diseases, Pacific Presbyterian Medical Center; and Clinical Professor of Medicine, University of California-San Francisco

Human immune serum globulin for IV use could prevent infections in children

E. Richard Stiehm, MD, Division of Immunology, UCLA Department of Pediatrics, Los Angeles

Psychostimulant use for HIV depression, cognitive impairment

Francisco Fernandez, MD, Assistant Professor of Psychiatry, Department of Psychiatry and Behavioral Sciences, Baylor College of Medicine, Houston

How to approach endocrine complications of AIDS

Thomas A. Murphy, MD, Endocrinology Section, Metro Health Medical Center, and David C. Aron, MD, Endocrinology Section, Veterans Administration Medical Center, Division of Endocrinology and Hypertension, Department of Medicine, Case Western Reserve University School of Medicine, Cleveland

Salmonellosis in AIDS patients: How to control and treat it

Kenneth V.I. Rolston, MD, Associate Professor of Medicine, The University of Texas, M.D. Anderson Cancer Center, Houston

Dealing with neuromuscular complications in HIV infection

Harry V. Vinters, MD, Assistant Professor of Pathology (Neuropathology), Department of Pathology, UCLA School of Medicine, Los Angeles

How to treat HIV-infected patients with cardiovascular problems

Pranatharbi H. Chandrasekar, MD, Associate Professor of Medicine, Division of Infectious Diseases, and Cheryl A. Rudnick, MD, Fellow, Division of Infectious Diseases, Department of Medicine, Harper Hospital, Wayne State University, Detroit

AIDS complicated by progressive disseminated histoplasmosis

Philip C. Johnson, MD, Department of Internal Medicine, The University of Texas Health Science Center, Houston



A project concerned
with AIDS Prevention
and Health Promotion

AHP - MARKETING Work Group Minutes

Tue, Jan 22, 1991

To: AHP FOCUS Marketing Work Group (✓ indicate Present at Meeting)

✓ Paul Causey
Jim Dilley

✓ Rob Marks
✓ Richard McCormack

John Tighe
Erik Wheaton

✓ Joseph Wilson

Fr: Peter V. Campos

RE: Meeting of 12/17/90

1. Subject - Problems in Securing Responses to Telephone Survey

Item: Erik Wheaton presented results. Difficulty in identifying contact points brings to question the accuracy of current subscriber list information. Are people getting their FOCUS?

Action 1 Add telephone number on invoice and order form. Telephone required for Mastercharge payments. (Wilson)

2. Subject - Renewals Call Back Policy

Item: Call back once.

3. Subject - Renewals Last Edition Stamp

Item: Want stamp to highlight that this is last edition.

Action 2 Joseph to order stamp.

4. Subject - Storage

Item: Back issues of FOCUS take up a lot of shelf space.

Action 3 Joseph to investigate.

5. Subject - Many subscriptions expire in July

Item: 338 subscriptions (mostly State of CA) expire..

A. Finding: Need to target these subscribers. *f*

Action 4 Need to determine if State will continue. (Causey).

Action 5 Need good edition in April/May to encourage renewals if State does not pick up. Marks)

6. Subject - Major clients need servicing

Item: What about Hawaii? *Jan 92*

A. Finding: Need to target these subscribers.

Action 6 Need to determine plan. (Causey).

7. Subject - Comp. subscription list

Item: Comp subscriptions need to be evaluated.

Action 7 Refer comp. list to Jim and others for comments. (Wilson) ✓✓

Action 8 Review on quarterly basis. (Wilson)

Action 9 Add comment line in database to denote who comped and why. (Wilson)

8. Subject - Special offers

- Item Special offers are difficult to track and maintain
A. Finding: No new special offers.

9. Subject - Special subscription offers

- Item Special offers are difficult to track and maintain
A. Finding: No new special offers.

Future Agenda Items

- Dec. 1990 Implementation of referral card insert ("Names of persons who would like FOCUS")
Determine method for evaluating typical length of subscription (One year and out?)
1.20/yr. — Determine policy/number of complimentary and trade-out subscriptions
year — Add phone number to subscriber information ?

- Jan. 1990 Implementation of editorial changes, including:
a. Pictures
b. Multiple topics in one issue
c. More bibliographical information
d. More biographical information on authors
e. Information on why AHP chose this topic
f. Bruce Hilton type information ("AIDS Month") on a 5th and 6th page (possibly using his copy???)

Reprint rights.

- Feb 1991 Need to define target market and set penetration objective.
Develop tip-in card

- Mar 1991 Automatic Billing System Evaluation - Continue or Modify



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and Health Promotion

FOCUS Marketing Work Group Memorandum

To: AHP FOCUS Marketing Work Group
Peter Campos Jim Dilley John Tighe Joseph Wilson
Paul Causey Richard McCormack Eric Wheaton

From: Rob Marks

Date: January 10, 1991

RE: Potential editorial changes to be discussed at January 29 Group meeting.

There are two reasons to change the design or content of *FOCUS*. First, if there are indications that something is not working and could be improved—for example, if the type is too small to be comfortably read—we should consider appropriate changes. Second, while enrap in the creative process of problem solving, we might discover ways to pursue our own visions of a better *FOCUS*, regardless of popular consensus.

Changes in Content

Counseling Emphasis: The non-renewer survey suggested one content change we are already applying to *FOCUS* articles. Some readers asked for a greater emphasis on psychotherapeutic issues. In our planning for future issues, Jim and I have tried to include a clear counseling component in most articles. (This is not so much a change in process as it is a change in the degree to which we are committed to achieving this goal.)

The irony of this approach is that there were also some readers who asked for a greater emphasis on medical aspects of HIV. Clearly, we cannot completely satisfy the needs of our diverse audience in every issue. We continue to try to include medically-based articles when they add to our counseling focus, and we try to put medical information in the context of its connection to HIV-related counseling.

Multiple Topics: At least one non-renewer, an antibody test counselor, said that since she relies so much on *FOCUS* for HIV-related information, it would help her if *FOCUS* dealt with more than one topic in an issue. In the past, there has been a consensus that publishing two articles on the same topic enhances our coverage, and most non-renewers did not suggest changing this policy.

Publishing issues with multiple topics would enables us to print articles that could be geared to different parts of our audience, allowing each issue to have more appeal to the whole of our readership. One could argue that this would also enable us to choose topics that are *most* timely, since we would be free from the constraints of connecting topics. This change would require us to decide if there would be any connection between articles; and what would be the criteria, if not topic, for designating the content of an issue?

Our current policy of relating articles to each other has worked well for two reasons. First, each issue to be coherent and integrated. There is a clear connection between the articles and also between the articles and the recent reports. This makes it easy to understand, and easy to use for trainings, counseling, and prevention education. Second, up to now, we have not been hampered by our commitment to this format; we have published issues in which the connection between articles is more tenuous. For example, the March 1990 issue included articles on the homeless and older people, two populations that have been overlooked in prevention education. In the October 1990 issue, we paired Walt Odets's article on the homosexualization of AIDS with Andy Handler's article on safe sex negotiation: the connection between the two was gay men. If we were to expand *FOCUS* and add significant amounts of new text, we might consider a third article on an unrelated topic.

More Biographical Information: Biographical information serves three purposes. It assures the reader that the author knows what he or she is talking about and thereby guarantees the credibility of *FOCUS*. It lets the reader know the author's bias so that the reader can correctly interpret the text. It is marketing tool, presenting the author's credentials and highlighting the fact that he or she is an expert with a reputation.

We are somewhat inconsistent about the amount of biographical information we include. Sometimes, there is not that much to say about an author; other times there is too much to say, and we favor the text of the article over an extended biography. It is axiomatic in the trade that any article can be cut down more than it is, so we could include more biography and less text.

Clearinghouse Image and Page Expansion: I've include here several ideas that were formulated during discussions about making *FOCUS* more accessible to our audience and, well, more *focused*. I will present these ideas as a package, but most of them could be used without others of them.

The basic change here is the expansion of *FOCUS* to six pages. Half of the space created by two extra pages would be taken up by design changes (discussed below), chiefly an increase in type size and leading. The other half would include, but not be limited to, at least some of the following content additions:

- ✓ **Editorial:** (about one column long) a piece written by an identifiable *FOCUS* person, probably Rob or Jim, that would interpret for readers the ways in which the issue was relevant to them, would describe the process of creating the issue (like *TIME* magazine opening) or would take an editorial stance on topics raised by the articles in the issue. It might do all of these things. The idea would be to create a voice(s) and person(s) that readers could identify with *FOCUS*.
- ✓ **Reference Listing:** (about one column long) an expanded reference list—perhaps including names and addresses of researchers or clinicians doing similar work, as well as books and journal articles—related to the main topic of the issue.
- **Question and Answer/Case Studies:** These possibilities have also been raised before. The first would consist of one or two questions, probably on a clinical issue, that would be answered by an expert (maybe Jim/maybe an outsider/maybe an appropriate staff (or board) member. The questions would be generated either by staff or, preferably, by readers.
The Case Study option is a more specific form Q&A. In this instance, a clinical case study, again probably developed by staff, would be explored by an expert staff member. Both of these ideas represent opportunities for staff and reader involvement in *FOCUS*.

Each of these possibilities could work with a single-topic issue. In fact, an expanded format would strengthen this concept. One idea, the publication of **Updates**—pieces 1/2 to one column long, written by past authors, updating past articles—would not work as well with a single-topic issue, but could be used in an expanded multi-topic version of *FOCUS*.

Mega Expansion—*FOCUS*: the Journal (the book, the movie, the industry. . .): Another idea that Jim and I have kicked around for the past two years and one that we dismiss as often has recently reared its ugly masthead. To change to a peer-reviewed journal is not merely an expansion, but is actually the launching of a new publication while possibly eliminating an old one. It would require a big investment in time and money, and an increase in staffing. There are currently two journals—*AIDS Education and Prevention* and *AIDS Care*—that cover similar material; it would be important to distinguish the *FOCUS* journal from these, or to decide that the market is big enough for all three. We would also have to decide whether to produce the journal in-house in order to maintain control—editorial, design, process—or to farm it out to a journal publishing house.

The prospect of producing a journal is exciting, but represents a huge step in a new direction. The question for us now is: is this interesting enough to us to warrant further research at this time?

Bruce Hilton: Finally, the "Bruce Hilton" idea, a reprint of his Sunday *Examiner* column on AIDS would probably not work in *FOCUS*, but might work if we went forward on Richard's idea for a publication on HIV-related news and policy. But that's another meeting. . . (Incidentally, might be difficult to get rights to the column--I don't think it is syndicated and the *Examiner* might be reluctant to let us use it.???)

Changes in Design

Pictures: Do we want to include photographs of authors? This change might *FOCUS* more personality and create some design variety. Problems include maintaining quality and consistency of the photographs, complicating the lay-out process (minor), cost in terms of layout and printing (\$50 to \$75 per issue), and obtaining photographs (we have enough trouble getting the articles from authors. . .). One way to deal with the problem of photograph quality is to import photos into a graphics program and turn them into stylized line drawings. (This might require purchasing some hardware (scanner) and software, but may ultimately pay for itself by reducing printing costs.)

Bigger Type and Leading: We all agree (yes, Peter, all of us) that life would be a nicer state of mind if *FOCUS* had bigger type and wider leading. It is unlikely that we could implement this change without expanding *FOCUS* to six pages, but very likely if we do. One of the extra pages would be devoted to design changes, including bigger type and leading.

White Space: Again, white space and more graphics, perhaps extra pull quotes, would be preferable and possible if we expand. These changes should make *FOCUS* more attractive and easier to read.

Other Changes: At the time of the redesign in May 1989, we kicked around several other design change ideas and rejected them because it seemed they might threaten *FOCUS*'s recognizability. We should consider whether this is still true. Among these ideas are changes in ink and paper color, changes in masthead design, and changes in column layout, etc.

Expansion Costs and Staffing

A brief note: any expansion from the six-page to the journal will cost more money in terms of printing and production and staff time. The biggest additional cost will be printing itself. Keith recently quoted me the following figures: \$1279.40 per month for 5800 copies for six pages including an inserted page; \$1169.00 per month for 5800 copies for six pages including a fold-out (total spread is 11" x 25", which is then folded in three). This is compared to our current cost of \$1017.00 for 5800 copies for four pages.

$$\begin{array}{r} 262/mo \\ 12 \\ \hline 534 \\ 262 \\ \hline 3154 \end{array}$$

FOCUS Monthly Subscription Figures as of 12/31/90

	Dec. 90	Jan. 91	Change*		
5/15/55		2			
9/15/90	62	57	- 5		
10/15/90	55	48	- 7		
11/15/90	31	26	- 5		
12/15/90	129	102	- 27		
1/15/91	84	68	- 16		
2/15/91	75	68	- 7		
3/15/91	65	65	0		
4/15/91	47	46	- 1		
5/15/91	67	66	- 1		
6/15/91	138	138	0		
7/15/91	63	63	0		
8/15/91	398	395	- 3		
9/15/91	51	56	5		
10/15/91	63	68	5		
11/15/91	30	35	5		
12/15/91	37	87	50		
1/15/92	2	22	20		
2/15/92	3	9	6		
4/15/92	2	3	1		
5/15/92		1	1		
8/15/92		1	1		
1/15/99	12	12	0		

	1414	1438			
*Positive numbers are usually indicative of an increase in new or renewal subscriptions					
Negative numbers are usually indicative of a reduction in lapsed subscriptions or recent					
renewals					
	Dec. 90	Jan. 91			
Type					
State	337	337			
Individual	1077	1053			
Comps.	?	48			
Total	1414	1438			
New		23			
Renewals		83			
Money Collected					
New		\$1,160			
Renewals		\$3,762			
Total		\$4,922			

FOCUS Subscription Report As Of: 1/3/91

Cut Off Date: 1/15/91

Individual Subscriptions

Current 1,205

Lapsed 233

Total 1,438

Subscription activity during 12/90

New 23

Renewals 83

State Subscriptions (included in current total): 337

Expiration 8/15/91, rate \$71

Hawaii Medical Services (not included in current total): 3,100

Expiration 6/15/92, rate \$00

FOCUS Subscriptions by Expiration Date As Of: 1/3/91

Cut Off Date: 1/15/91

Exp. Date	Total Subscribers
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09/15/90	57
10/15/90	48
11/15/90	26
12/15/90	102
01/15/91	68
02/15/91	68
03/15/91	65
04/15/91	46
05/15/91	66
06/15/91	138
07/15/91	63
08/15/91	397
09/15/91	56
10/15/91	68
11/15/91	35
12/15/91	87
01/15/92	22
02/15/92	9
04/15/92	3
05/15/92	1
08/15/92	1
01/15/99	12

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This month's FOCUS inside...

AIDS FACULTY DEVELOPMENT RETREAT
NEUROPSYCHIATRIC ASPECTS of HIV INFECTION
JANUARY 20 - 23, 1991

Asilomar Conference Center

AGENDA

Sunday, January 20, 1991

3:00 - 5:00 Registration at the Administration Building

4:00 - 5:00 *Pre-conference Seminar: Overview of Neuropsychiatric Aspects of HIV Infection*
At the Heather
Elizabeth Harrison, MD

6:00 Dinner In the Crocker Dining Hall

7:00 *A Biopsychosocial Approach to the Neuropsychiatric Aspects of AIDS*
At the Heather
Leonard S. Zegans, MD

Followed by wine and cheese reception

NOTE: All meals will be served in the CROCKER DINING HALL. All presentations will be at HEATHER, with the exception of discussion groups, as noted.

Monday, January 21, 1991

8:00 Breakfast

9:30 ***Neurobehavioral Complications of HIV Infection from a Natural History Perspective***
Igor Grant, M.D.

10:30 ***Clinical Pathology of the Peripheral and Central Nervous System in AIDS***
Elyse Singer, M.D.

11:30 ***The Neuropathology of AIDS***
Clayton Wiley, M.D.

Lunch

1:45 ***AIDS Dementia Complex and Neuropsychological Testing***
John Sidtis, Ph.D.

2:45 ***The Neuroimmunology of AIDS/Mysteries of the Immune System***
Steve Schutzer, M.D.

3:45 ***Psychosocial Factors of HIV Infection and Psychoneuroimmunology as Applied to AIDS***
Margaret Kemeny, Ph.D.

6:00 ***Dinner reservations for speakers and their accompanied guest at the El Cocodrillo, 7:30***

7:00 Discipline specific groups for attendees

Tuesday, January 22, 1991

8:00 Breakfast

9:30 **Clinical Psychiatric Diagnoses**
Jim Nininger, M.D.

10:30 **Psychotropic Medication and the Psychiatric Side Effects of Additional Treatments**
Francisco Fernandez, M.D.

Lunch

1:30 Concurrent Discussion Groups

Contending with Dementia in the Heather
Leonard Zegans, M.D. (to be confirmed)

Clinical Psychiatric Diagnoses in the Acacia room
Jim Nininger, M.D.

Psychotropic Medication and the Psychiatric Side Effects of Additional Treatments in the Toyon room
Francisco Fernandez, M.D. (to be confirmed)

3:00 Concurrent Discussion Groups

Neuropsychological Assessment in the Heather
Alicia Boccalari, Ph.D. (to be confirmed)
John Sidtis, Ph.D.

End Stage Care in the Acacia room
Elizabeth Harrison, M.D.

Monitoring Immune Functioning: Diagnostic and Prognostic Variables
in the Toyon room
Steve Schutzer, M.D.

6:00 Dinner

8:00 **LIVE ENTERTAINMENT** by select speakers (A.K.A. Musicians)

Wednesday, January 23, 1991

8:00 Breakfast

9:30 *Psychotherapy and the AIDS Patient*
Anita Gerhard, M.D.

10:30 *Rehabilitation and Management of HIV Dementia*
Alicia Boccalari, Ph.D.

11:15 *Laboratory and Radiologic Assessment of HIV Infection: an Appraisal
of the Future*
Wally Tourtelotte, M.D., Ph.D.

12:00 - 12:15 Post-Test

Call Michael Knox

FOCUS: FUTURE ISSUES

Revised 11/30/90

1991

January: Caregivers

- Support for Nonprofessional Caregivers, Ken Pinhero (OC)
- Enmeshment, by Ian Barlow (AHP)

February: International Solidarity

- Solidarity and discrimination, by Jonathan Mann (harvard)
- ??????, by Michael Helquist

March: Hispanic

- Cultural Response to AIDS in Hispanic Communities, by Barbara Marin (CAPS)
- Disease manifestations in hispanic communities; or medical approaches in hispanic communities, by Joanne Mantell (NYC Dept. of Health)

April: Paying for AIDS

- Deciding how to spend the AIDS dollar, by Phil Lee and Pat Franks (IHPS)
- Ethical perspective, by Carol Levine (Citizens Commission on AIDS, NY)

May: Couples/Family

- Responding to HIV in primary relationships, by Robert Cabaj (Boston)
- Emotional cutoff and family therapy, by Gloria Horsley (AHP/Syracuse NY)

Potential Articles

(deadlines: February 1 for at least 1, March 1 for all others)

Vaccine issue: see # 3 below. Have John James write lead to run in August or September 1991, after conference. Don't think John Krowka's article is the most relevant we could offer our readers, although it is interesting. May fit in more with an issue updating a pathogenesis/virology issue, or clinical research update focusing on opportunistic conditions.

Condoms: First article by Deborah Cohen (USC) or Aronson (UCSC) ??? on promoting safer sex (specifically, condoms, dental dams, spermicides): social marketing v. individual counseling v. peer pressure: how these interact. Eroticizing v. protection. (Australia;walt odets).

Second article by ???someone from SFAF, GMHC, APLA??? re: the mechanics of using condoms, dental dams and spermicides, and how to evaluate them. — *Resch based* —

Death, Dying and Suicide: a variety of possibilities, see below # 9. Also Steve Follansbee heard Lee Slome speak to consortium re: docs and facilitated suicide. She did a survey of physicians.

Challenging populations: as we've discussed before; see # 12. Lead article, by medical anthropologist, looking at how health care systems, including in this case volunteer psychosocial support, and, more specifically, health care workers shift when populations they are used to working with change. Then make connections to AIDS. Rob still will check with some experts to see if this article is really feasible.

Second article focusing on dealing with drug using populations in terms of counseling techniques. more sophisticated approach might also talk about the perceptions of drug users of caregivers and how this might complicate relationship. If first falls through, broaden second article to deal with psychosocial as well as counseling issues, as with women issue.

(Side note: Low literacy--E. Quinn at USC--U.Wide AIDS Research Program.)

Potential Articles (Past)

1: Impaired Understanding

-Low literacy counseling and education (Glenn Margo): in what cases does the need for low literacy counseling arise (developmentally disabled (just touch on this--see below), poor education, low literacy in English??), how often does this need arise, how does counseling and education reach these people, problems with usual forms of education and counseling, is low literacy counseling and education an adaptation of "normal literacy" techniques or is it a different animal altogether????

-Education for the developmentally disabled (Ray Jacobs): epidemiology of HIV, interventions to reach this population and how these differ from non-developmentally disabled interventions, special requirements of interventions (low literacy, different levels of understanding, basic messages without ambiguity, sex education????etc.??)

3: Antiviral and Vaccine Research

-Discussion of research issues. Look at a few high-profile research initiatives--salk vaccine, azt, ddI, etc--and use them to discuss research and development process.

-Discussion by a patient of what it is like to be a guinea pig; everything from reasons for participating, to hopes that drug will work, to fears that it is a placebo, to routine of taking drugs, to hospital visits and tests, to being objectified as a guinea pig.

or

-Ethical implications of research: placebo-control, long waiting periods for drug release, pricing, etc. (two people from montreal may be good for this)

-Discussion by patient/(as above)

or

-Review of vaccine research and implications for HIV counseling

-plus either discussion by patient or shortened version of ethical implications

5: Heterosexuals

-What's the latest in terms of incidence and transmission; discussing as a side issue all the categories of people that fall into the heterosexual category--do these labels work; book by ???

-Counseling for heterosexuals (Chris Alexander??)

6: Rural issues

-Epidemiology in rural areas (give an array of communities); discuss availability of medical and support services, attitudes of the community, access to innovative care and experimental treatment, money, volunteers, etc.; compare to urban; written by someone with experience in both rural and urban (Jeremy Landau??)

-Case example of working in rural community in terms of counseling (woman from Idaho??)

7:Health care workers

-Medical care setting: risk, emotional pressure, death. Interventions: ways workers can help themselves, institutional responsibility. Ethical issues?

-Mental health and medical care settings: dealing with burn out. Do we have anything new to say about this? It would be great to get someone who could offer some truly innovative approaches.

or

-for first or second article in-depth discussion about risk alone: define incidence (in light of uncertain figures); define risk; define precautions; discuss fear; outline interventions regarding fear; outline counseling and medical interventions when there is exposure; talk about legal and ethical issues involved--responsibilities of workers to treat or at least to attempt to deal with fears, responsibilities of employers to provide clear instruction about risk, emotional support, treatment when exposed, good medical coverage and disability.

8:Substance Abuse as a Cofactor

-Alcohol: and transmission, and treatment, and counseling.

-Non-IV substances: and transmission, and treatment, and counseling.

or

-Medical aspects of substance abuse (alcohol and drugs) and AIDS

-Effect of counseling on substance abuse, and substance abuse on counseling

or

-something on needle exchange??

9:Death and Dying

-Changing counseling approaches to death and dying. A sophisticated article that looks at ways these approaches have changed since the beginning of the epidemic. How has the fact that people are living longer and that death is (correctly or incorrectly) no longer considered a foregone conclusion affected attitudes? Has it become harder or easier to counsel about death because of hope? (or was hope always there?)

-Inside a hospice: How does a hospice function from a very practical perspective. What are the psychological pluses and minuses for patients of living in a community of dying people? Issues for workers (there may not be enuf room for this).

10:Suicide

-Correlates of suicide and HIV, and implications of counseling.

-Legal and ethical challenges of suicide for practitioner.

11:Legal issue

-Condensed book/several possibilities.

12:Challenging populations

-Shift in affected populations and how this affects the jobs of medical and mental health workers. Need a very good writer to discuss how the change from gay white men to people of color some of whom are I.V. drug users and most of whom are straight is changing AIDS care for workers. Focus on ways of making this situation work.

-Working with people who appear uncooperative or angry or violent from any population.

13:Doctor issue (Michael--we're thinking about a book on these issues, so might plan this to coincide with anticipated publication.) Four possibilities:

- The changing doctor/patient relationship; treating patients who know more than you.
- Learning to include a counseling component in medical care.
- Primary care procedures by doc; background for MHPs--focus on emotional response of patients to procedures like bronchoscopy and marker testing.
- Helping patients make treatment decisions when faced with life-threatening disease.

14:Lesbians

- as infected population; transmission and counseling
- as AIDS service organization workers

15:International topics (not necessarily as one issue)

- sex and meaning in other cultures (montreal presentation) and how this may affect HIV interventions (can also briefly connect to U.S. subcultures)
- resources available to internationally to deal with AIDS; distribution; how it is being spent; implications for treatment and prevention; ways of addressing
- Counseling and education lessons from other countries--successful interventions that differ from U.S. approaches that may be adapted (Thailand, Australia???)
- Effect of AIDS as an epidemic on psychology of people in areas hardest hit in africa; how aids interacts with other problems--drought, poverty, malnutrition, poor health care systems and delivery, etc.

16:Cofactors

This was something that Harry Hollander emphasized as a big issue after Stockholm. I saw it get some play in Montreal. Maybe, we can evaluate at San Francisco conference to see if there is someone who can address this. Several approaches: cofactors for infection, appearance of serious symptoms, and long-term survival. We should do something on **long-term survivors**, especially as we come around to 10 years: both psychological and medical aspects.

17:Media

This seems a little less important whenever I put it on the list with everything else. I think there is a potential article about language and the epidemic and John Erni (MH-a PhD student from Illinois who did some volunteer work for us last summer) and/or his mentor may be the ones to write it. Another topic may be the effect of the media on helping and hindering education--with a sidebar on how to use the media to enhance education.

***18:Updates**--keep in touch with authors, include with note to contributors note saying that we are considering publishing short (one to two pages) updates and every six months, or maybe once a year, we could publish a page of updates on previous stories. Allows us to continue working with a story and covering a topic, without having to write a whole new article. When enough has changed, could write a new article.



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November 28, 1990

RECEIVED
NOV 20 4 1990

RECEIVED
DEC 04 1990

James Dilley, M.D.
Director
UCSF AIDS Health Project
Box 0884
San Francisco, CA 94143-0884

Dear Jim:

I was finally able while flying back from New York City to look at the preliminary outline of your book's content. Sorry I could not respond by November 2, but hope that these comments will still be of some use. I have chosen to highlight certain paragraphs that I wanted to respond to, so I am returning the outline back to you to help interpret my comments.

Please contact me if you have any questions. I really think this is a very important project and I wish you the best of luck with it.

1. As a family physician I challenge the notion that AIDS has uniquely redefined the doctor-patient relationship. The second paragraph of your overview is a clear description of how many general practitioners have practiced in the past and clearly is how family physicians see their role. If you truly hope that this book will have special relevance to primary care physicians then you will need to be sensitive to this viewpoint.
2. As noted above, I feel it will be important either in an introduction or an early chapter to have some overview by a thoughtful person to articulate how Family Physicians' roles "fit" with the book and its message.
3. Likely to become quickly dated. Do you really want to detail particular therapy issues or instead focus on telling bad news, changes in self-image, hope vs. hopelessness, etc.?

4. This is important. I would favor keeping it broad e.g. discussing some procedures likely for AIDS patients, but also others like coronary catheterization, chemotherapy, etc. How to give realistic informed consent without causing confusion, uncertainty, doubt, or dread. I would also keep discussions about treatment broad.
5. I am perhaps unclear about the true purpose of the book. Is it to focus on the doctor-patient relationship using AIDS as a major example or is it to primarily help doctors with the challenge of dealing with patients with AIDS? Each is a lofty purpose. I would favor the former as I see more similarities than differences when looking at AIDS along with other chronic, life-threatening conditions (severe coronary artery disease, cancer, severe renal disease, emphysema, etc.). The second goal clearly is important and I expect it is what has motivated you thus far. If this is your goal I would still keep your examples general and less in danger of becoming quickly outdated by new tests and treatments.
6. Also very important is to what degree should physicians set aside their science and critical thinking in terms of new treatments, particularly when costs are so high. Keep in mind the primary care doctor is often faced by high cost, unproven technologies/drugs while at the same time trying to help people without the most basic resources - children growing up in poverty unable to afford immunizations or adequate food and housing, women unable to afford prenatal care. What are rational approaches in the context of such big gaps in our health care system?

Again, I hope some of these comments are of use to you. Good luck with your efforts.

Sincerely,



Hi! Happy Holidays

Betsy Garrett, M.D.
Assistant Professor
Department of Family & Community Medicine
Course Director
Ambulatory Primary Care Clerkship

cc: Robert Marks



A project concerned
with AIDS Prevention
and Health Promotion

The New Bedside Manner: The Doctor-Patient Relationship in the Age of AIDS

Overview

A variety of medical, political, social, and economic factors have changed the way many people approach medical care. Those affected by the AIDS epidemic have both responded to and at least partially caused many of these changes. Perhaps the most clear-cut example of this interaction came early on in the epidemic when people with HIV disease, faced with governmental neglect and a bewildered medical establishment, became their own best sources of information about their treatment. It is a common story now, in places like New York and San Francisco, that many doctors rely as much on their patients as they do on their colleagues for insights into advances in AIDS treatment.

① { As a result, doctors, who once had the first and last word on health care, now face patients who question medical advice, who expect doctors to work as partners in health care, and who want their caregivers to pay attention to the emotional as well as the physical aspects of their care. At the same time, there is evidence—although it is controversial and sometimes contradictory—that emotional state and physical well-being interact, and many patients expect their doctors to consider quality of life as a factor when offering treatment advice.

In the end, primary care physicians may be the first and most important mental health intervenor in their patients' constellation of care providers. Physicians who can effectively counsel, as well as treat, are better able to meet their patients' needs and to battle HIV disease.

The New Bedside Manner: The Doctor-Patient Relationship in the Age of AIDS will describe these changes and offer physicians ways to adjust to them. It will be written primarily by physicians for physicians. In about 200 to 250 pages and about 10 chapters, the book will define the doctor-patient relationship—the areas where doctors and patients interact on a personal level—the past and current expectations of patients about the quality of this interaction, and the skills doctors need to meet these expectations. Authors will focus on how the doctor-patient relationship stretches beyond the normally prescribed boundaries of medical care and on ways that physicians may approach and adjust to these deviations. Each chapter will seek to determine the positive and negative aspects of the change, ways of taking advantage of the positive ones, and ways to mitigate the negative ones. The book will also offer insights into how patients might adjust their expectations and ways doctors may help bring about appropriate changes in these expectations.

2 Most of the chapters in the book will be written by clinicians who work regularly with people concerned about HIV disease and who have developed insights into changes in the doctor-patient relationship. Authors will be asked to define the changes in the areas they are discussing and to offer flexible and philosophical approaches, rather than "solutions," to these changes. While they will be encouraged to make suggestions about interventions and skills-building, they will be discouraged from offering a "counseling how-to." Finally, where appropriate, authors will refer to concepts and situations that are relevant to the doctor-patient relationship irrespective of connections to HIV-related care.

Preliminary Outline

I. Introduction

Briefly define subject and explain how it is important for doctors. Set a tone for the book—informative and affirming versus doctrinaire and confrontational—and focus on how the changes covered, while possibly unsettling, are ultimately beneficial to doctors as well as patients. An opinion piece that puts contents of book into context of subject (perhaps referring to specific chapters).

II. Overview

1. Define Topic

How social, economic, political, and medical influences have interacted to create a situation in which the roles of "doctor" and "patient" have changed.

2. The Patient's Perspective

How doctors are and are not meeting patients' needs. What a patient (and we all are patients) thinks a doctor needs to know and do to meet patients' needs. Non-judgmental.

3. A Word to Patients: The Reciprocal Nature of the Relationship

Companion to Chapter 2: the doctor-patient relationship is reciprocal. What are the responsibilities patients have to facilitate the relationship?

4. The Nature of Effective Counseling

Written by a mental health professional: what do doctors need to know about counseling to create successful interpersonal relationships with patients? Counseling for the layperson. Concepts like listening, support, empathy, advocacy, limit-setting, the psychological aspects of being a patient and being a sick person: powerlessness, anger, giving up control, fear. What is the appropriate "interpersonal stance" doctors should adopt when seeing patients? How does this differ from the stance doctors have taken in the past? The role of honesty in the doctor-patient relationship.

5. Special Challenges for Doctors

A discussion of special interpersonal challenges doctors face when dealing with the people most often affected by HIV disease, including: the effect of culture on the doctor-patient relationship (expanding the definition of culture to include race, ethnicity, sex, sexual orientation, class, etc.); dealing with uninsured and indigent patients; and dealing with families and extended families.

III. The Doctor-Patient Relationship over the Course of HIV Disease

Discussion of the ways doctors and patients interact over the course of HIV disease. Each chapter will attempt to cover the situations of patients who are knowledgeable about HIV and its treatment issues and those who are not.

6. Patients at Risk of HIV Infection

Dealing with the concerns of patients who are uninfected or who do not know if they are infected. Includes dealing with AIDS-anxious patients. Dealing with patients who deny their risk of being HIV infected. Helping patients to define their risk of being HIV infected, to decide whether to be tested, and to reduce risk of exposure. HIV antibody testing, including: pre-test counseling and the medical, financial, political, social, and psychological implications of getting tested and test results, and confidentiality, partner notification, and other testing-related legal issues.

7. Diagnosis

③ Post-test counseling, including helping patients to start the process of defining course of treatment. Educating patients about other diagnostic techniques, including T-cell testing, beta₂, neopterin, etc. Reactions physicians can expect from patients in response to these issues. How have physicians approached these issues in the past? How should physicians approach them when patients want to be partners in health care, and when information is frightening, uncertain, and has unclear implications?

8. Medical Procedures over Course of Care

④ Educating patients about clinical activities, including, exams, tests—such as x-rays, spinal taps, bronchoscopy, etc.—and how these procedures fit into the course of care. Discussions of pain involved in procedures, the implications of routine procedures, the implications of special procedures, communication about results, and appropriate counseling before and after procedures. Defining the range of “normal” results, and when results may be noteworthy. Are there times when results may signify something to physician, but may be too uncertain to warrant disclosure of implications to patient? Reactions physicians can expect from patients in response to these issues. How have physicians approached these issues in the past? How should physicians approach them when patients want to be partners in health care, and when information is frightening, uncertain, and has unclear implications?

9. Treatment

Educating patients about treatment, including experimental therapies and alternative therapies. Adjusting to the role of the patient as partner in care. How do doctors distinguish between patients who want direction and those who want to collaborate in care, and how should doctors acknowledge the patients role in care whatever it is? How can a physician be a partner and still feel effective in the relationship? How can a physician use information about treatment techniques and treatments that he or she learns from patients? What is the role of anecdotal evidence in treatment decisions? Issues for doctors who are not the only or primary care practitioners for their patients (including patients who are either “treating” themselves with drugs they get through their own sources, or who are under the care of other practitioners including acupuncturists, homeopaths, etc.)

Discussing prognosis with patients when the prognosis is by definition uncertain. How is the doctor-patient relationship complicated by the fact that treating “HIV infection” itself is different from treating its opportunistic conditions (in terms types of treatment, defining prognosis, and defining “health”)? How do doctors balance concerns about quality of life with goals to extend life? Counseling about pain.

10. Death and Dying

5 The doctor's role in counseling about death and dying. Dealing with the perception that a patient's death is a professional failure. Accepting, or at least acknowledging, patient's beliefs about death and dying and the ways in which these beliefs affect care. Responding to patients who feel they have nothing to lose and will try anything, and to those who feel there is nothing to do and will try nothing. Dealing with grief as a physician. Accepting death as a probable result of AIDS care and continuing to treat people with HIV disease. Dealing with the feeling that there is nothing the doctor can do. Considering ethical approaches to suicide and assisting suicide.

IV. Epilogue

How to think about these concepts, how to implement them, how to adjust them to each situation, and how to let them go when they are not relevant or comfortable. Reaffirmation that providing medical care is the most important job of the doctor, but that functional relationships with patients can facilitate medical treatment. Discussion of how these concepts are universal and relevant to medical treatment outside the scope of HIV disease.

V. Appendices/Beyond the White Coat: Other Roles Physicians Play

Appendices explore the roles, beyond the delivery of medical care, that physicians may be asked to play.

A. Emotional Support

The role of emotional support in appropriate medical care. How can the physician provide emotional support to patients? What emotional resources must a physician have in order to provide support? Setting limits of involvement with patients. The limits of emotional support provided by physician: physicians may be counselors in the new order, but they can't be personal therapists. Times when limits are pushed and compromised. Dealing with barriers to being emotional and providing emotional support. Dealing with discomfort regarding emotional displays. Learning that listening is often enough. Knowing when to refer patients for mental health treatment.

B. Social Service/Political Advocacy

These two roles do not automatically go together, but they do relate in as much as both require the physician to go beyond his role as clinician and interact with the outside world. Is it appropriate for a physician to accept these roles? In what ways, in this imperfect world, must a physician advocate for social services and political change? How does this fit into a treatment plan? How can a physician set limits on these activities without feeling irresponsible?

C. Research

6 1 In what ways does the researcher become a clinician when dealing with HIV-related treatments? How must research protocols and research treatment change in response to the fact that subjects are patients as well and may be receiving primary care through study? The psychology of the guinea pig. Sensitivity to subjects in this role and its indignity: many in this population may feel they have no alternatives to participation in a study for extending their lives. Desperation and fear. In what ways do clinicians become researchers when dealing with HIV disease?

VI. Index



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RECEIVED
DEC 4 1990
NOV 20 1990
DEC 4 1990

November 27, 1990

James W. Dilley, M.D., Director
UCSF AIDS Health Project
Box 0884
San Francisco CA 94143-0884

Dear Jim:

Thanks for the opportunity to review the overview for The New Bedside Manner: The Doctor-Patient Relationship in the Age of AIDS. Please forgive me for not having responded sooner. When I first read your letter I did not notice the November 2 deadline. Hopefully my comments will still be of some use.

What an interesting time to write a book about the doctor-patient relationship. The needs are tremendous! Unfortunately, the specter of lawsuits has only contributed to waste and untruthful communication. The Cruzan situation and others have made people even more suspicious of doctors (why shouldn't they be?). The drive toward subspecialization (and it's getting worse with three years in a row decreased interest in general internal medicine and family practice) has built additional barriers by providing fractionated, uncoordinated care. We have been working on a series of educational video tapes on doctor-patient communication in the primary care setting, identifying a modest set of skills and methods. Even with a database of several hundred video taped interactions from across the country, finding acceptable illustrative examples has been challenging. I don't perceive that the current educational and health care systems are serving us well with regard to the doctor-patient relationship.

HIV infection has certainly created whole new sets of challenges, as described by your outline. Your planned book sounds fascinating. As I reflect on the needs that I have perceived as a primary care physician, they relate to: appropriate testing (including pre- and post-test counseling), dealing with HIV positive, asymptomatic individuals (including the spectrum of denial vs. the overly anxious person), how to keep up with the latest information and recommendations (particularly when one might care for a few patients), and the role of the primary care physician in coordinating medical care of the patient (consultants, ICU admissions, advance care

directives). I especially liked the various dimensions and skills that you describe that are required over the course of the disease.

Anything you can do to include reference to resources which could be accessed for particular problems, and examples of patient education materials (that could be copied) would also be useful. While many primary care physicians may not respond to prescriptions, most want to do the right thing, and they do appreciate helpful materials such as these.

I really congratulate your effort.

Best regards,

A handwritten signature in cursive script, appearing to read 'Steve', written in dark ink.

Steven Zweig, M.D.
Associate Professor

P.S. Kathy Oriel, the third-year student who contacted you about a psychiatry experience, is an enthusiastic and right-minded student. I think she would do a good job.

SZ:sk

Robert Paul Cabaj, M.D.

Called
11/20/90

October 8, 1990

Dear Jim,

Great to hear from you recently, and even better to have seen you in D.C. The proposal to offer the newsletter "Focus" to AGLP - either at a reduced rate or even at the not-outrageous - full subscription cost is excellent - I'll call and/or write Peggy this week to fully support.

Also, the idea of a follow-up on the couples issues makes great sense - I'll be giving a lecture on the very subject this Friday and could easily pull it together into a brief newsletter article. Couples generally or ✓

The particular job in S.F. turned out to be too part-time, but I will be searching more intensely soon. I'll be out the weekend of Oct 26-29 for a brief visit to Graeme, Blansett and Don Tugel and I'll call you then (I'll be staying at Graeme's - [redacted]). Hope you're well and that I'll get to see you in your "natural" environment. Fondly
Bob



A project concerned
with AIDS Prevention
and Health Promotion

AHP - MARKETING INTERNAL MEMO

Mon, Nov 12, 1990

To: Persons Involved in Marketing AHP Services and Materials

J.D. Benson (2)
Paul Causey (2,3,4)
Richard Daquiaoag (*)
Marisa Davis (1)
Ed Diaz (1)

Jim Dilley (2,4)
Renetia Martin (2,4)
Rob Marks (2)
Richard McCormick
Joanna Rinaldi (2,4)

Kean Tan (1)
John Tighe (2)
Renay Weeams (1)
Erik Wheaton (*)
Joseph Wilson (*)

Fr: Peter V. Campos 

RE: Marketing Planning and Implementation Sessions

As many of you know, the Project is very interested in improving its overall marketing efforts. To that end, Richard McCormick, a friend of AHP and a marketing consultant, has met with several of us over the past few weeks to discuss our program objectives and to consider how his assistance could help us attain and surpass those objectives.

Renetia and I met with Richard today and developed a structure for working with him on an ongoing basis. The following is presented for your review.

The Model

We will work on no more than four new marketing projects at any one time. Each project will be agreed upon by the affected parties and progress will be monitored on a monthly basis through a series of meetings.

The meetings will take place monthly on Mondays, from 2:30 - 4:30 and will follow the below schedule. The schedule of meetings will begin on November 19th.

Monday of the Month	Project #	Topic
1st Monday	#1	ATS Services
2nd Monday	#2	Professional Publications and Services Think Tank
3rd Monday	#3	FOCUS
4th Monday	#4	Agency Public Image
5th Monday	Nothing	

As we complete the development work on one project, it will be dropped from the list and a new project will be identified.

Your Participation

You have received this memo because you are involved in providing services in the areas mentioned above. These special marketing-oriented meetings are designed to help us implement more successful marketing efforts. Our initial meetings will afford an opportunity to discuss the role of these meetings and to set some meeting guidelines.

I have taken the liberty of projecting the meetings at which your input would be invaluable as noted by the number after your names (* indicates as needed) The meeting designations may or may not be accurate and your schedule may or may not allow you to attend. Please consult with your unit manager concerning your availability.

I realize that some of you may not be interested in attending, or may not have the time to do so. If you have any problems with the model or schedule, please let me know immediately.

Thank you.

Address Correspondence To: UCSF AIDS Health Project • Box 0884 • San Francisco, CA 94143-0884

Administrative Offices: 1855 Folsom Street • Suite 506 • San Francisco, California • (415) 476-6430

Affiliated with the University of California, San Francisco

MEMORANDUM

DATE: 11/20/90

TO: PETER

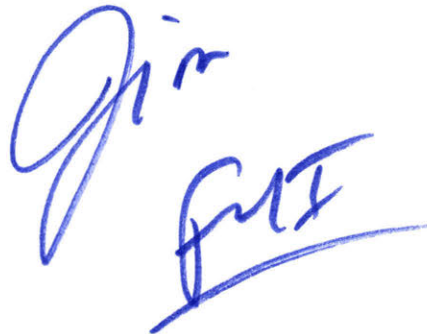
FROM: PAUL CAUSEY 

RE: MAILING COST ESTIMATIONS

Here is a copy of the spreadsheet. The file name is "Mailing Cost Estimating SS" and it is in my Public folder so that Erik and you may retrieve at your convenience (I've told him already).

All one needs do is to enter where indicated - the first five items on the first (top) ss, the weight of the piece on the second (bottom) ss and whether the affixing, folding and stuffing will be standard (machine) or non-standard (by hand). The rest is magic!

blind cc: Joseph



MAIL COST ESTIMATING SS

	A	B	C	D	E
47					
48	UCSF ADDRESSING SERVICES MAILING ESTIMATION WORKSHEET				
49	<i>You must input the wieght where requested.</i>				
50					
51	FOR MAILING OF:	2000	PIECES VIA FIRST CLASS		
52	NUMBER OF PAGES:	3	PER EACH PIECE		
53	WEIGHT BY OUNCES:	2	PER EACH PIECE (round up to nearest oz.)		
54					
55	CHARGE	QTY/RT	CHARGE	MISC.	SUB-TOTAL
56	DESCRIPTION	RATE	AMOUNT		
57					
58	FIRST CLASS MAIL	2000			
59	Weight in ounces	1.50			
60	No. of pages	3	1		
61	Postage	0.25	600	\$77.99	\$677.94
62	(Misc. of 13% - UCSF)				
63					
64	Affixing Label				
65	Standard*	13.00	0		\$0.00
66	Non-standard*	40.00	0		\$0.00
67	Which? S or N	S			STANDARD
68	<i>*Standard - Cheshire or 1-up Press-Apply</i>				
69	Sorting				
70	<i>not required for First Class Mailing (unless Carrier Pre-sorted)</i>				\$0.00
71					\$0.00
72					
73					
74	Folding				
75	Standard*	13.00	26		\$26.00
76	Non-standard*	40.00	0		\$0.00
77	Which? S or N	S			STANDARD
78	Multi-page	19.00	57		\$57.00
79	<i>*Standard - piece(s) 8.5x11 - can be machine folded</i>				
80					
81	Stuffing (\$45/MIN)	S			
82	Standard*	13.00	26		\$26.00
83	Non-standard*	40.00	0		\$0.00
84	Which? S or N	S			STANDARD
85	Add'l. insert	4.00	8		\$8.00
86	Multi-page	19.00			\$0.00
87	<i>*Standard - piece(s) 8.5x11 - can be machine stuffed</i>				
88	Minimum Charges			\$0.00	\$0.00
89					
90	GRAND TOTAL - FIRST CLASS RATE:				\$794.94
91					
92	GRAND TOTAL - BULK RATE:				\$538.00

MAIL COST ESTIMATING SS

	A	B	C	D	E
1	UCSF ADDRESSING SERVICES MAILING ESTIMATION WORKSHEET				
2	<i>You must input the next five items (B3 - 7).</i>				
3	FOR MAILING OF:	2000	PIECES TO GO OUT		
4	NUMBER OF PAGES:	3	PER EACH PIECE		
5	AFFIX LABELS? Y OR N	N	<i>N for NO</i>		
6	FOLDING? Y OR N	Y	<i>Y for YES</i>		
7	STUFFING? Y OR N	Y	<i>Y for YES</i>		
8	CHARGE	QTY/RT	CHARGE	MISC.	SUB-TOTAL
9	DESCRIPTION	RATE	AMOUNT		
10					
11	BULK MAIL	2000	<i>(up to 3.5 oz. per piece, only)</i>		
12	<i>(US only/200 min.)</i>				
13	No. of pages	3			
14	Postage	0.085	170		\$170.00
15					
16	Affixing Label				
17	Standard*	13.00	0		\$0.00
18	Non-standard*	40.00	0		\$0.00
19	Which? S or N	N			
20	<i>*Non-Standard: labels other than Cheshire or 1-up Press-Apply</i>				
21	Sorting	S			
22	Standard*	13.00	26		\$26.00
23	Non-standard*	40.00	0		\$0.00
24	Which? S or N	S			
25	<i>*Standard - all pieces already in zip-sort order</i>				
26	Folding				
27	Standard*	13.00	0		\$0.00
28	Non-standard*	40.00	80		\$80.00
29	Which? S or N	N			
30	Multi-page	19.00	57		\$57.00
31	<i>*Non-Standard: other than 8.5x11 - requires hand-folding</i>				
32					
33	Stuffing (\$45/MIN)	S			
34	Standard*	13.00	0		\$0.00
35	Non-standard*	40.00	80		\$80.00
36	Which? S or N	N			NON-STANDARD
37	Add'l. insert	4.00	8		\$8.00
38	Multi-page	19.00	57		\$57.00
39	<i>*Non-Standard: other than 8.5x11 - requires hand-stuffing</i>				
40	Misc.- Drop-Off (up to...)			\$60.00	\$60.00
41					
42	Minimum Charges			\$0.00	\$0.00
43					
44	GRAND TOTAL - BULK RATE (THIRD CLASS):				\$538.00
45					
46	GRAND TOTAL - FIRST CLASS RATE:				\$794.94

MARKETING MEETING
FOCUS STUDY GROUP AGENDA - 11/19/90

A. EXPECTATIONS

1. Goals and objectives

B. FOCUS Marketing

1. Richard's Report - Summary (FOCUS only)

a. Problems

1. Drop-off rate (equal to new orders) ✓
2. Loss of subscriber data ✓
3. Lack of penteration (m.h. professionals/AIDS) ✗ →

b. Suggestions

1. Reconstruct data ✓
2. Survey non-renewers ✓ ()
3. Billing procedures (renewal system) ✓
4. Mail list - move in-house ✓

a. Establish clear procedures ✓

5. First class vs bulk rate ✓
6. Feedback from AHP staff and board
7. Editorial considerations

Summary of Data FOCUS Survey

Question #1

Number of answers

- 9 Unaware subscription had lapsed
- 0 HIV Service Dropped
- 2 Did not provide info needed
- 1 No time to read it
- 1 Too expensive
- 3 Have ended number of subscriptions to save c
- 2 A colleague subscribes
- 1 Receive other materials that provide same information
- 15 Other Comment: (see next page for listing of comments)

Jim
this is in
updated page #1
of the FOCUS
survey memo

Question #2 Average Rating

- A. Rate: 4.06 Was subject matter interesting?
- B. Rate: 3.50 Was subject matter relevant to your work?
- C. Rate: 4.50 Were articles well written and informative?
- D. Rate: 4.86 Were article easy to read?
- E. Rate: 4.57 Did you like overall design of newsletter?
- F. Rate: 4.67 Was the length of newsletter and articles about right?
- G. Rate: 4.25 Did you find the newsletter to be a reliable source of information?

(See 2nd page following for list of comments)

Question #3

- A. How many people read your copy?

AVG = 9.125

Number Yes / No

- B. 0 5 Is there something we could do to encourage you to renew?
- C. 8 2 Are you interested in being informed of announcements of future pubs?
- D. 3 6 Do you know someone who would be interested in subscribing?
- E. 5 2 Would you be interested in and expanded newspaper format ?

(See 3rd page following for list of comments)

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Question #1

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(See 3rd page following for list of comments)



A project concerned
with AIDS Prevention
and Health Promotion

AHP-ATS INTERNAL MEMO

For Rob
mtg 11/19/90

Fri, Nov 9, 1990

To: James W. Dilley MD, FOCUS staff, and other interested parties

From: Erik Wheaton

Re: FOCUS Survey

Its done! The results are in and summarized in the attached pages.

Despite running up some impressive phone bills only 21 persons were contacted by our interviewers. Considering the time and efforts everyone put in to the survey this was the best we can expect. A big thanks to all who took part in the survey.

Most of the comments were very positive. When asked to rate FOCUS on a 1 to 5 basis the average rating for 6 of the 7 categories was between 4 and 5!

The raw data is in Filemaker, anyone interested in a copy can see me.

Thank you.

Summary of Data FOCUS Survey

Question #1

Number of answers

- 9 Unaware subscription had lapsed
- 0 HIV Service Dropped
- 2 Did not provide info needed
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(See 2nd page following for list of comments)

Question #3

- A. How many people read your copy?

AVG = 9.125

Number Yes / No

- B. 0 5
- C. 8 2
- D. 3 6
- E. 5 2

(See 3rd page following for list of comments)

Summary of comments question #1 "Why didn't you renew your subscription."

The person who ordered did not do so through Central Ordering. She had a heart attack and no one knew about FOCUS or that it had lapsed. Send courtesy copy for Ms. Ducat's review.

Did not notice our renewal notice. Asks that subscription be started up.

Lapsed by accident

Budget priorities, had to cut back, no time for survey.

New program officer. Did not order FOCUS cannot speak on it.

Subscription lapsed before he came on. Sent sample.

Just renewed.

New person in position, doesn't know the publication.

Hawaii Medical Association sends it free, now gets 2 free copies.

On maternity leave. Probably would renew if not out.

Renewed 10/30/90

Renewed 9/28/90

Reads copy at GMHC on library.

Change of position. Someone else in former groups gets it.

Get many comp. publications.

Summary of comments to question #2 FOCUS ratings.

Shortness is right.

Could make articles longer.

Rating would be 4 to 4 1/2.

Because you provide mostly direct medical care; less clinically based. More focused on counselors/psychologists.

More opinion than factual information. Gay perspective.

Material seems dated.

Information was provided that was not found in other places.

Well edited.

Followed up on some of the references

More technical.

More technical than I need.

Summary of comments on Question #3

B. N/A

D. Medical libraries in the Bay Area

B. N/A

C. cost is a factor

D. San Joaquin AIDS Foundation 4410 N. Pershing Ave. Suite 15, 209-476-8533

B. N/A

C. Has the books.

D. Mary Rose Sheldon, RN Modesto Jr. College, Modesto CA 95351

B. N/A

C. Everything you've done is great.

B. Needs AIDS clinic.

B. Don't need it in current position.

D. Ann Downer AIDS Education and Traing Univ. of WA, XD-20 Seattle, WA 98195

Summary of question #4 "additional comments."

Respondent said that he had kept FOCUS after weeding out several other publications.

She finds newsletters to be more current than journals, but libraries often don't subscribe to newsletters because they are not usually indexed and libraries get most subscriptions through agencies, which do not handle newsletters.

Worthwhile for us to receive. Not everything is of interest. Most of it is generally pleasing(?)

Use for a reference. Check it when it arrives. FOCUS often comes up with articles before other publications.

Budget problems. Do enjoy publication! Had to justify expense.

Suggestions: Second article on a second topic - sometimes first article so comprehensive, maybe could deal with another topic as well.

I wouldn't give it up. You're not going out of business are you? I really depend on it. Chairs a task force of 9 people. I'am a glutton for anything you do.

I'am very happy with it. Frequently use it as handouts in trainings. Handed out to medical residents and students. Really a high quality piece.

Has to pay for journals out of own pocket. AIDS clinic has no budget for buying publications. "If we had a budget, I'd subscribe and may anyway when I return."

Department no longer subscribes to any publications. Original subscriber's replacement had no interest in samples or subscription to FOCUS.

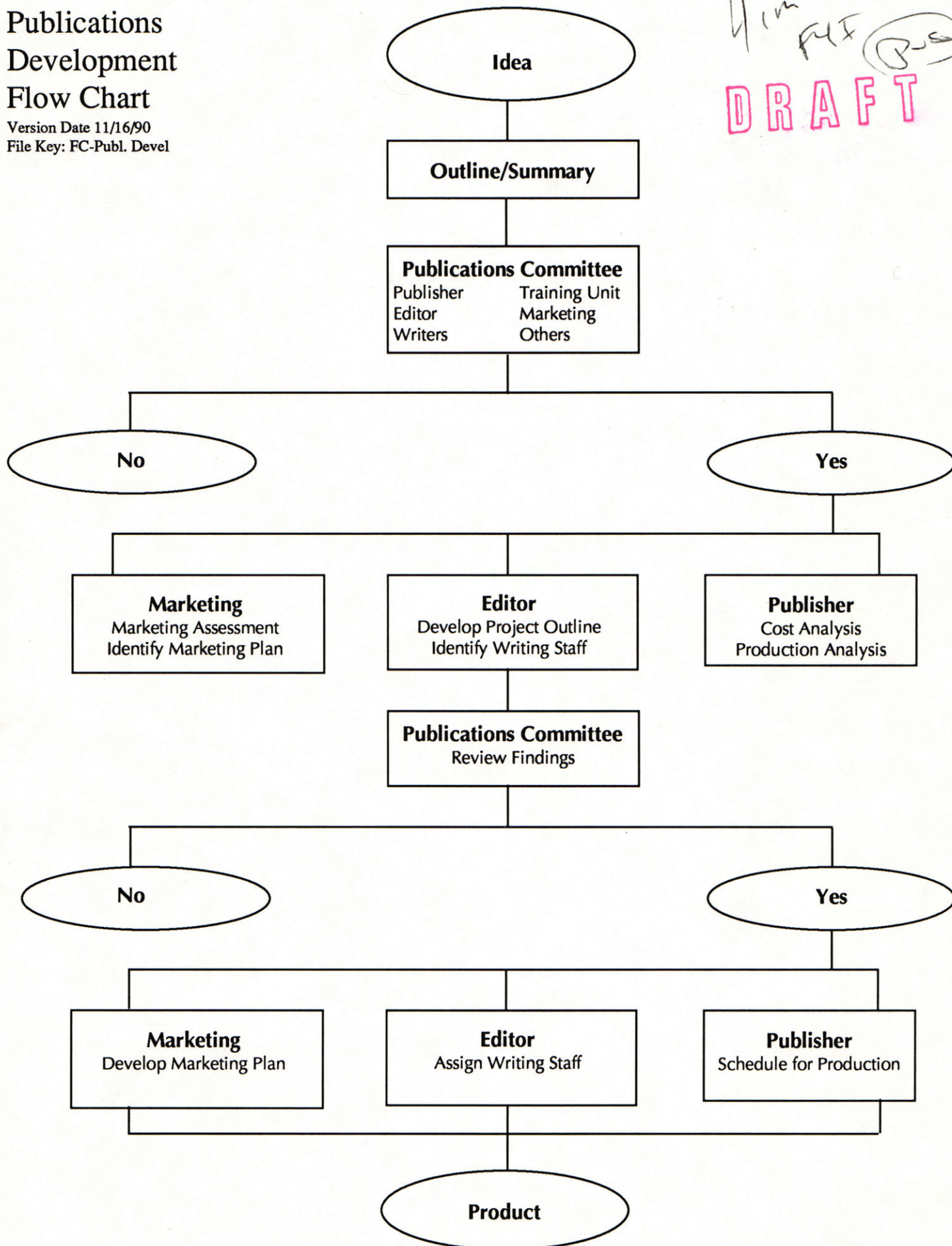
Very impressed with newsletter. Continue to use it. (She volunteers on speakers bureau at GMHC.)

He's a reporter. Needs "breaking story" information.

Publications Development Flow Chart

Version Date 11/16/90
File Key: FC-Publ. Devel

Jim
PLF
BS
DRAFT



AIDS ANTIBODY TESTING:

The first five years

Introduction.....Don Francis or Dave Werdegart??

Role of Antibody testing in the AIDS epidemic, the importance of counseling for AIDS Prevention, etc.

Section One: The Beginning

I. The Development of Antibody Testing.....Jim and Rob?

Recap of the emergence of the AIDS epidemic with an emphasis on the early epidemiology and the identification of the virus. Would discuss licensure, the decisions to fund and operate Alternative Test Sites, the struggle over the importance of counseling and the early political/social climate surrounding testing. Ends with the need to develop a protocol.

II. A Model for Disclosing AIDS Antibody Test Results.....Jim et al.

Our existing Protocol: Rationale and "HOW TO"

III. Running an Alternate Test Site.....Peter/Jim

Condensed policies and procedures, with an emphasis on policy development.

IV. The effect of Antibody Testing on Behavior Change.....Tom Coates or??

Section Two: Personal Perspectives

I. The experience of getting tested

a. Gay Man.....???

What it was like to go through testing....thought processes, struggles, influence of friends, "community/peer pressure", etc. around decision to take the test/ experience at the test site from the eyes of the client. The waiting period and Getting my results.

b. Minority Female.....?????

As above

c. Others??

II. Living with HIV.....Paul
Wychules/Pierre

A personal/political account. One that not only tells the story, but also points out the resources that have been developed for seropositive people.

III. Confessions of an Alternative Test Site Counselor.....Kathy Baca

An intimate view of the day to day life of a test site counselor. What is it like to perform this work day in and day out....stress of giving "bad news", talking anonymously to people about their intimate secrets/sex/extramarital relationships/ etc. Give examples of particularly memorable clients. (Kathy might be an ideal person for this. She is preparing to leave ATS and this might be a nice nostalgic project for her.)

Section III Training and Evaluation

I. Short version of existing AHP training schedule/objectives/rationale

II. Summary of San Francisco's experience.....Peter Campos/AIDS Office person

Demographic and quantitative review of the ATS experience. Discussion of the addition of the Roving Team, the emphasis on minority recruitment and outreach.

Section IV The Future

I. An Expanded Role for Alternate Test Sites.....John Tighe

Existing article.

II. The Importance of Early Intervention and Treatment of HIV Infection.....Margaret Fischl/ Tony Fauci/Paul Volberding

Using antibody testing as a "jumping off" point, a short article on the current and assumably future of increasingly early intervention.

Appendices ????



A project concerned
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and Health Promotion

FOCUS: A Guide to AIDS Research and Counseling Reader Survey Results

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The first part of the questionnaire includes five general items regarding the value of *FOCUS* and three general items regarding the value of the *Supplement*. Respondents were asked to respond to each statement using a four-point Likert scale ranging from Highly Agree (4) to Strongly Disagree (1). The second part of the questionnaire is a rating of each of the articles—both *FOCUS* and the *Supplement*—that counselors received between September 1989 and June 1990. Respondents were asked to rate each article on a four-point Likert scale ranging from Very Helpful (4) to Not Interesting and Not Helpful (1). In addition, respondents who did not receive or could not remember a particular article could check Not Applicable (N/A) for that item.

Overview of Results

AHP sent out 322 questionnaires and received 101 responses (31 percent). Numbers of responses to the second part of the questionnaire—ratings of specific articles—were lower, ranging from 68 to 91. In general, we are enthusiastic about the results: a 31 percent response rate, clustering of responses at the high end of the scale (4 and 3 ratings), and very few low ratings. In addition, almost all of 15 narrative comments were extremely positive, and even those that included some negative criticism also included positive statements.

Questions regarding

FOCUS: A Guide to AIDS Research and Counseling

FOCUS is a monthly, semi-scholarly newsletter that is distributed to 5,000 mental health professionals, physicians, AIDS service personnel, and lay people throughout the country and the world. Each issue includes a lead article and a shorter second article on a particular topic, and abstracts of between three and five journal articles related to the issue's topic.

Respondents overwhelmingly agreed with the statement that it is important to continue receiving *FOCUS* (average rating of 3.8) and that *FOCUS* is a good source of HIV-related information (average rating of 3.8). None of the average ratings regarding the five *FOCUS*-related questions was below 3.5, and there were no individual ratings of Strongly Disagree (1).

FOCUS: A Guide to AIDS Research and Counseling **Reader Survey**

Comments regarding FOCUS: A Guide to AIDS Research and Counseling and the Supplement on HIV Antibody Test Counseling

1. I also make copies and distribute these to my HIV counselors and to medical clinic providers.
2. My largest criticism of *FOCUS* is the difficulty in the reading level of articles - too technical and "academic" for many of my counselors. However, *FOCUS* is a valuable source of information which we can't get elsewhere - the only publication with its focus on HIV antibody test counselors and their issues.
3. *FOCUS* is one of the best publications I receive. I copy it for all staff to read. Great resource!
4. I have received *FOCUS* since January, 1988 and find it continues to be one of my primary sources of current and *relevant* information. (As AIDS Program Coordinator in a Northeast California rural county, I cover all facets of our educational programs and case management - we are not presently dealing with PWAs, but the education is ongoing relating to homophobia, risk reduction and behavior change, program evaluation, etc., and all have been addressed in issues of *FOCUS*.) I have also used the articles for our local newspaper. I would like to see an area for questions and answers - maybe 3 or 5 per issue with one paragraph responses - added to the content. Please continue this very excellent publication!
5. Since workshops and seminars are limited on continued information, education and training techniques, I rely heavily on *FOCUS* as continued education for our counselors. I have appreciated the easy-to-read format and style of writing. Thank you.
6. An excellent resource. The articles are well written and a constant source of grounding for myself and staff. We use this publication to update the community. It's to the point - not too technical. And timely! Thank you.
7. Most of the articles I circled and graded "4" were of very high importance for updating and preparing training sessions within our agency. I also used that information to back up the information being provided to the population we serve.
8. *FOCUS* articles are generally well-written and easy to understand, but that depends. Sometimes they are long-winded.
9. I have received *FOCUS* for three years and not only read *all* articles, but distribute copies widely through my network. First class work!
10. I would like to see *FOCUS* address a broader array of HIV/AIDS-related issues within each monthly issue.

FOCUS: A Guide to AIDS Research and Counseling **Reader Survey**

***Comments regarding FOCUS: A Guide to AIDS Research and Counseling
and the Supplement on HIV Antibody Test Counseling***

11. Both issues provide a concise update of the broad spectrum of issues in HIV infection/AIDS. I look forward to them - better than reviewing all the professional magazines for articles.
12. Please continue. This is best source of information yet.
13. It is very helpful and very important that we receive the *FOCUS* publications. Unfortunately we have to prioritize how we want to spend our limited funds. We usually request free materials before we decide to spend any money and I don't know whether we will be able to subscribe to It is very helpful and very important that we receive the *FOCUS* during our next fiscal year.
14. Keep up the good work.
15. Excellent publication!



A project concerned
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FOCUS: A Guide to AIDS Research and Counseling Reader Survey Results

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Jim-
FYI
Rob.



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Questions regarding *FOCUS: A Guide to AIDS Research and Counseling*

FOCUS is a monthly, semi-scholarly newsletter that is distributed to 5,000 mental health professionals, physicians, AIDS service personnel, and lay people throughout the country and the world. Each issue includes a lead article and a shorter second article on a particular topic, and abstracts of between three and five journal articles related to the issue's topic.

Respondents overwhelmingly agreed with the statement that it is important to continue receiving *FOCUS* (average rating of 3.8) and that *FOCUS* is a good source of HIV-related information (average rating of 3.8). None of the average ratings regarding the five *FOCUS*-related questions was below 3.5, and there were no individual ratings of Strongly Disagree (1).

Questions regarding the *Supplement on HIV Antibody Test Counseling*

The *Supplement* is written specifically for an antibody test counseling audience and covers topics in such a way as to be most helpful in a test counseling setting. It is distributed quarterly to the 322 antibody test counselors and test counseling trainers identified by the Office of AIDS and the Training Unit of the AIDS Health Project.

Again, respondents overwhelmingly agreed with the statement that it is important for them to continue receiving the *Supplement* (average rating of 3.7) and that the *Supplement* is a good source of HIV-related information (average rating of 3.7). None of the average ratings regarding the three *Supplement*-related questions was below 3.5, and there were no individual ratings of Strongly Disagree (1).

Ratings of Specific *FOCUS* and *Supplement* articles

Respondents rated the 23 articles (including *Supplements*) they have received since the state initiated the grant. At least 71 percent of respondents rated every article, except one (dealing with the adaptation of experiential exercises for training counselors in developing countries) as Very Helpful (4) or Helpful (3). Sixteen articles were rated at Very Helpful or Helpful by 85 percent of respondents. Only seven responses, out of a total of 1,822 for all the articles, were at the lowest rating, Not Interesting and Not Helpful (1).

Conclusions

We are encouraged by these findings. They demonstrate that State Office of AIDS funding of the distribution of *FOCUS* and the *Supplement* provides a valuable and valued resource to individuals and agencies who deliver HIV antibody test counseling services through state-funded programs.

FOCUS: A Guide to AIDS Research and Counseling Reader Survey

Highly Agree 4	Agree 3	Disagree 2	Strongly Disagree 1
----------------------	------------	---------------	---------------------------

Questions regarding FOCUS: A Guide to AIDS Research and Counseling

	A	R	#
1. It is important to me to continue receiving <i>FOCUS</i> .	3.8	4-2	101
2. <i>FOCUS</i> is a good source of HIV-related information.	3.8	4-3	100
3. <i>FOCUS</i> is a good source of information regarding counseling skills.	3.5	4-2	100
4. Information from <i>FOCUS</i> has benefitted me and my clients.	3.5	4-3	101
5. <i>FOCUS</i> articles are generally well-written and easy to understand.	3.7	4-3	100

Questions regarding the Supplement on HIV Antibody Test Counseling

1. It is important to me to continue receiving the <i>Supplement</i>	3.7	4-2	100
2. The <i>Supplement</i> is a good source of HIV-related information.	3.7	4-3	101
3. The <i>Supplement</i> is a good source of information regarding counseling skills.	3.6	4-2	99

FOCUS: A Guide to AIDS Research and Counseling Reader Survey

*Please rate each article of FOCUS and the FOCUS supplement by answering the following question:
How useful was this article?*

	Very Helpful	Helpful	Interesting but not relevant to me	Not interesting and not helpful	N/A *	
	4	3	2	1	#	N/A *
September 1989 Report from the 5th Intl Conference	29.6% (21)	63.4% (45)	7.0% (5)		71	11
Supplement: Lessons for Antibody Test Counselors from the AIDS Conference	48% (34)	48% (34)	4.0% (3)		71	12
October 1989 Pregnancy and HIV Infection	63.5% (54)	28.2% (24)	8.2% (7)		85	5
Caring for Children with HIV Infection	35.1% (27)	41.5% (32)	22.1% (17)	1.3% (1)	77	6

* Respondent either did not receive or did not remember article. These numbers are not included in the percentages.

FOCUS: A Guide to AIDS Research and Counseling **Reader Survey**

*Please rate each article of FOCUS and the FOCUS supplement by answering the following question:
How useful was this article?*

	Very Helpful	Helpful	Interesting but not relevant to me	Not interesting and not helpful	N/A	
	4	3	2	1	#	N/A *
November 1989 AIDS and Issues of Partner Notification	44.6% (37)	48.2% (40)	6.0% (5)	1.2% (1)	83	3
<i>HIV Infection and Sexual Assault</i>	34.2% (26)	56.6% (43)	9.1% (7)		76	6
December 1989 AIDS and the meaning of Natural Disaster	30.0% (23)	49.0% (37)	21.0% (16)		76	12
Life Review and the Threat of Death	37.7% (26)	52.2% (36)	10.1% (7)		69	16
<i>Supplement: Access to Care</i>	41.2% (28)	48.5% (33)	10.3% (7)		68	11

* Respondent either did not receive or did not remember article. These numbers are not included in the percentages.

FOCUS: A Guide to AIDS Research and Counseling Reader Survey

*Please rate each article of FOCUS and the FOCUS supplement by answering the following question:
How useful was this article?*

	Very Helpful	Helpful	Interesting but not relevant to me	Not interesting and not helpful		N/A *
	4	3	2	1	#	N/A *
January 1990 Diet, Immunity and Nutritional Therapies	45.0% (36)	42.5% (34)	12.5% (10)		80	5
Nutritional Guidelines for People with HIV Infection	51.9% (41)	36.7% (29)	11.4% (9)		79	6
February 1990 Evaluating AIDS Prevention Programs	44.4% (36)	50.6% (41)	5.0% (4)		81	6
Adapting Experiential Exercises for Developing Countries	17.1% (12)	28.6% (20)	51.4% (36)	2.8% (2)	70	14

* Respondent either did not receive or did not remember article. These numbers are not included in the percentages.

FOCUS: A Guide to AIDS Research and Counseling Reader Survey

*Please rate each article of FOCUS and the FOCUS supplement by answering the following question:
How useful was this article?*

	Very Helpful	Helpful	Interesting but not relevant to me	Not interesting and not helpful		N/A *
	4	3	2	1	#	N/A *
March 1990 AIDS Prevention Challenges for Colleges and Universities	34.9% (29)	44.6% (37)	19.3% (16)	1.2% (1)	83	8
Sexual Behavior among Heterosexual College Students	40.0% (34)	47.0% (40)	11.8% (10)	1.2% (1)	85	5
<i>Supplement:</i> Early Intervention	60.0% (48)	40.0% (32)			80	7
April 1990 Caring for Homeless People with HIV Disease	36.1% (30)	39.7% (33)	24.1% (20)		83	5

* Respondent either did not receive or did not remember article. These numbers are not included in the percentages.

FOCUS: A Guide to AIDS Research and Counseling Reader Survey

*Please rate each article of FOCUS and the FOCUS supplement by answering the following question:
How useful was this article?*

	Very Helpful	Helpful	Interesting but not relevant to me	Not interesting and not helpful		N/A *
	4	3	2	1	#	N/A *
April 1990 (Cont.) Older People: An Overlooked Population	30.9% (25)	41.9% (34)	27.2% (22)		81	9
May 1990 Looking Ahead: HIV Risk Reduction	61.5% (56)	37.4% (34)	1.1% (1)		91	2
Psychoneuroimmunology and HIV Infection	43.2% (35)	39.5% (32)	17.3% (14)		81	6
June 1990 Update on HIV Transmission	68.2% (60)	28.4% (25)	3.4% (3)		88	3

* Respondent either did not receive or did not remember article. These numbers are not included in the percentages.

FOCUS: A Guide to AIDS Research and Counseling
Reader Survey

*Please rate each article of FOCUS and the FOCUS supplement by answering the following question:
 How useful was this article?*

	Very Helpful	Helpful	Interesting but not relevant to me	Not interesting and not helpful		N/A *
	4	3	2	1	#	N/A *
June 1990 (Cont.) Refining Safer Sex	59.3% (51)	38.4% (33)	2.3% (2)		86	4
<i>Supplement:</i> Cross-Cultural Sensitivity	56.4% (44)	39.7% (31)	2.6% (2)	1.3% (1)	78	5

Michael's
suggestions
for
FOCUS.

A. Partner Negotiations

What is the research/experience with the effectiveness of partner negotiations related to safe sex, condom use, etc. How can counsellors help their clients initiate negotiations? What are the primary obstacles to negotiating? Are gay men or sex workers better at this than others? Do safer sex workshops help increase these skills?

We could also review a few books on this subject: for instance the book on how to get your partner to use condoms (Paul Reed's book). He might be good to write a secondary article specifically on this.

I have some data from the Caribbean on men's responsiveness to their partner's request to use condoms (surprisingly, they generally agreed to without a problem).

B. Setting Limits: On Three Levels

Personal: how to set limits to not have your life "overwhelmed" by a focus on AIDS.

Professional: health care providers, educators, etc. how to set limits on energy and time expended working in the AIDS field.

Organizational: how can AIDS organizations decide what its realistic limits are and can maintain them in light of either "enticing" government grants or the impulse to do everything possible. How do you determine what your staff is capable of and of what your organizational infrastructure can handle without detrimental effect on the organization and people in it.

01/29/90 08:30 202 862 1947

AED WASH

003

page two

C. The Language of AIDS:

I would be willing to try to analyze this grade two level debate going on between the extremes of "word police" advocates and "political correctness." What is overdone, demanding, and unrealistic. Have the early standards gotten out of hand. Is there some element of pure contrariness here as well as a tendency by one to exploit the word debate. A review of the original purpose of some phrases: people with AIDS, safe sex, prevention counseling, patient/victim, sex worker, etc.

Style Sheet

Sri Francis Drake
2012 - 2014

FOCUS: FUTURE ISSUES

Revised 6/18/90

1990

July: Health Care Workers

- How institutions should support their workers concerns about infection/counseling and testing, by Julie Gerberding
- Treatment for infected HCWs, ie: AZT protocol at SFGH, by Jim Dilley

August: Pain

- Psychological aspects of pain and HIV, by William Breitbart (Memorial Hosp., NY)
- Medical management of pain, by Mathew Lefkowitz (Downstate Med., Brooklyn)

September: Chinese Medicine

- Chinese Medicine and AIDS, by Qingcai Zhang (OHAI, Long Beach)
- Response of Western Providers to Chinese Medicine, by Gifford Leong (SF)

October:

- Homosexualization of AIDS, by Walt Odets (Oakland, private practice)
- Safer Sex Partner Negotiation, by Martin McCombs (LA)
- Review of *AIDS Prevention in Public Sex Environments*, by Chuck Frutche (uncon)

November: Black Community

- Sociological perspective of AIDS in Black community, by Mindy Fullilove (Columbia)
- Manifestations of HIV among Blacks, by Eric Goosby (SFGH)

December??????:

- Special new year issue, with updates, and some overall assessment??? marking the ten years of the epid. and the end of five years of the FOCUS???

1991

January:

February: Paying for AIDS

- Deciding how to spend the AIDS dollar, by Phil Lee and Pat Franks (UCSF)
- Ethical perspective of the issue,

Potential Articles

1: Impaired Understanding

- Low literacy counseling and education (Glenn Margo): in what cases does the need for low literacy counseling arise (developmentally disabled (just touch on this--see below), poor education, low literacy in English??), how often does this need arise, how does counseling and education reach these people, problems with usual forms of education and counseling, is low literacy counseling and education and adaptation of "normal literacy" techniques or is it a different animal altogether???
- Education for the developmentally disabled (Ray Jacobs): epidemiology of HIV, interventions to reach this population and how these differ from non-developmentally disabled interventions, special requirements of interventions (low

literacy, different levels of understanding, basic messages without ambiguity, sex education????etc.??)

3:Antiviral and Vaccine Research

- Discussion of research issues. Look at a few high-profile research initiatives--salk vaccine, azt, ddI, etc--and use them to discuss research and development process.
- Discussion by a patient of what it is like to be a guinea pig; everything from reasons for participating, to hopes that drug will work, to fears that it is a placebo, to routine of taking drugs, to hospital visits and tests, to being objectified as a guinea pig.

or

- Ethical implications of research: placebo-control, long waiting periods for drug release, pricing, etc. (two people from montreal may be good for this)
- Discussion by patient/(as above)

or

- Review of vaccine research and implications for HIV counseling
- plus either discussion by patient or shortened version of ethical implications

4:The epidemic

- Will HIV counseling issues remain the same as the epidemic progresses, or slows?
- What happens after the epidemic--changes for mental health and health care workers

5:Heterosexuals

- What's the latest in terms of incidence and transmission; discussing as a side issue all the categories of people that fall into the heterosexual category--do these labels work; book by ???
- Counseling for heterosexuals (Chris Alexander??)

6:Rural issues

- Epidemiology in rural areas (give an array of communities); discuss availability of medical and support services, attitudes of the community, access to innovative care and experimental treatment, money, volunteers, etc.; compare to urban; written by someone with experience in both rural and urban (Jeremy Landau??)
- Case example of working in rural community in terms of counseling (woman from Idaho??)

7:Health care workers

- Medical care setting: risk, emotional pressure, death. Interventions: ways workers can help themselves, institutional responsibility. Ethical issues?
- Mental health and medical care settings: dealing with burn out. Do we have anything new to say about this? It would be great to get someone who could offer some truly innovative approaches.

or

- for first or second article in-depth discussion about risk alone: define incidence (in light of uncertain figures); define risk; define precautions; discuss fear; outline interventions regarding fear; outline counseling and medical interventions when there is exposure; talk about legal and ethical issues involved--responsibilities of workers to treat or at least to attempt to deal with fears, responsibilities of employers to provide clear instruction about risk, emotional support, treatment when exposed, good medical coverage and disability.

8:Substance Abuse as a Cofactor

- Alcohol: and transmission, and treatment, and counseling.

- Non-IV substances: and transmission, and treatment, and counseling.
- o r
- Medical aspects of substance abuse (alcohol and drugs) and AIDS
- Effect of counseling on substance abuse, and substance abuse on counseling
- o r
- something on needle exchange??

9:Death and Dying

- Changing counseling approaches to death and dying. A sophisticated article that looks at ways these approaches have changed since the beginning of the epidemic. How has the fact that people are living longer and that death is (correctly or incorrectly) no longer considered a foregone conclusion affected attitudes? Has it become harder or easier to counsel about death because of hope? (or was hope always there?)
- Inside a hospice: How does a hospice function from a very practical perspective. What are the psychological pluses and minuses for patients of living in a community of dying people? Issues for workers (there may not be enuf room for this).

10:Suicide

- Correlates of suicide and HIV, and implications of counseling.
- Legal and ethical challenges of suicide for practitioner.

11:Legal issue

- Condensed book/several possibilities.

12:Challenging populations

- Shift in affected populations and how this affects the jobs of medical and mental health workers. Need a very good writer to discuss how the change from gay white men to people of color some of whom are I.V. drug users and most of whom are straight is changing AIDS care for workers. Focus on ways of making this situation work.
- Working with people who appear uncooperative or angry or violent from any population.

13:Doctor issue (Michael--we're thinking about a book on these issues, so might plan this to coincide with anticipated publication.) Four possibilities:

- The changing doctor/patient relationship; treating patients who know more than you.
- Learning to include a counseling component in medical care.
- Primary care procedures by doc; background for MHPs--focus on emotional response of patients to procedures like bronchoscopy and marker testing.
- Helping patients make treatment decisions when faced with life-threatening disease.

14:Lesbians

- as infected population; transmission and counseling
- as AIDS service organization workers

15:International topics (not necessarily as one issue)

- sex and meaning in other cultures (montreal presentation) and how this may affect HIV interventions (can also briefly connect to U.S. subcultures)
- resources available to internationally to deal with AIDS; distribution; how it is being spent; implications for treatment and prevention; ways of addressing

- Counseling and education lessons from other countries--successful interventions that differ from U.S. approaches that may be adapted (Thailand, Australia???)
- Effect of AIDS as an epidemic on psychology of people in areas hardest hit in africa; how aids interacts with other problems--drought, poverty, malnutrition, poor health care systems and delivery, etc.

16:Cofactors

This was something that Harry Hollander emphasized as a big issue after Stockholm. I saw it get some play in Montreal. Maybe, we can evaluate at San Francisco conference to see if there is someone who can address this. Several approaches: cofactors for infection, appearance of serious symptoms, and long-term survival. We should do something on **long-term survivors**, especially as we come around to 10 years: both psychological and medical aspects.

17:Media

This seems a little less important whenever I put it on the list with everything else. I think there is a potential article about language and the epidemic and John Erni (MH-a PhD student from Illinois who did some volunteer work for us last summer) and/or his mentor may be the ones to write it. Another topic may be the effect of the media on helping and hindering education--with a sidebar on how to use the media to enhance education.

***18:Updates**--keep in touch with authors, include with note to contributors note saying that we are considering publishing short (one to two pages) updates and every six months, or maybe once a year, we could publish a page of updates on previous stories. Allows us to continue working with a story and covering a topic, without having to write a whole new article. When enough has changed, could write a new article.

AIDS HEALTH PROJECT
Subscription Expirations
by Month

06-10-90

<u>Month</u>	<u>Expirations</u>
09/89	36*
10/89	32*
11/89	30*
12/89	48*
01/90	57
02/90	22
03/90	39
04/90	28
05/90	59
06/90	143
07/90	78
08/90	389
09/90	83
10/90	89
11/90	56
12/90	141
01/91	84
02/91	74
03/91	69
04/91	46
05/91	30
06/91	32
07/91	2
08/91	3
09/91	2
10/91	4
12/91	4
01/92	2
02/92	2
04/92	1
05/92	1
No Charge	4

(Shown with expiration date of
N/C COMP1 on reports)

* to be deleted from database

Alabama	3
Alaska	7
Arizona	11
Arkansas	0
California	787
Colorado	7
Connecticut	19
Delaware	1
District of Columbia	16
Florida	8
Georgia	16
Hawaii	9
Idaho	0
Illinois	17
Indiana	6
Iowa	2
Kansas	3
Kentucky	7
Lousiana	4
Maine	3

California	787
New York	98
Massachusetts	32
Canada	28
Europe	28
Texas	26
Maryland	22
Pennsylvania	22
Connecticut	19
Illinois	17
Georgia	16
New Jersey	16
District of Columbia	16
Ohio	15
Virginia	15
Oregon	14
Asia & Pacific Rim	14
Washington	12
Arizona	11
North Carolina	10

TOTAL CURRENT SUE

AIDS HEALTH PROJECT
Current Focus Subscribers by State

-- -- -- -- Alphabetic by State --

Maryland	22	F
Massachusetts	32	E
Michigan	8	S
Minnesota	6	T
Mississippi	1	T
Missouri	9	U
Montana	4	V
Nebraska	2	V
Nevada	4	V
New Hampshire	1	W
New Jersey	16	W
New Mexico	1	W
New York	98	W
North Carolina	10	A
North Dakota	0	E
Ohio	15	C
Oklahoma	3	C
Oregon	14	A
Pennsylvania	22	A
Puerto Rico	1	U

-- -- -- -- By Number of Subscribers --

Missouri	9	Sc
Hawaii	9	Id
Michigan	8	Ne
Florida	8	We
Kentucky	7	Fu
Alaska	7	Un
Colorado	7	Ve
Tennessee	6	Ne
Indiana	6	Af
Minnesota	6	Ne
Montana	4	Mi
Nevada	4	De
Louisiana	4	Am
Maine	3	Id
Kansas	3	Ar
Central & South America	3	Ut
Alabama	3	No
Wisconsin	3	So
Oklahoma	3	Vir
Rhode Island	2	Wyo

SUBSCRIBERS: 1340

AIDS HEALTH PROJECT
Current Focus Subscribers by State

-- -- -- -- Alphabetic by State -- -- -- --

Maryland	22	Rhode Island	2
Massachusetts	32	South Carolina	2
Michigan	8	South Dakota	0
Minnesota	6	Texas	26
Mississippi	1	Tennessee	6
Missouri	9	Utah	0
Montana	4	Vermont	1
Nebraska	2	Virginia	15
Nevada	4	Virgin Islands	0
New Hampshire	1	Washington	12
New Jersey	16	West Virginia	2
New Mexico	1	Wisconsin	3
New York	98	Wyoming	0
North Carolina	10	American Territories	1
North Dakota	0	Europe	28
Ohio	15	Canada	28
Oklahoma	3	Central & South America	3
Oregon	14	Africa & Mid. East	1
Pennsylvania	22	Asia & Pacific Rim	14
Puerto Rico	1	Unclassified	1

-- -- -- -- By Number of Subscribers -- -- -- --

Missouri	9	South Carolina	2
Hawaii	9	Iowa	2
Michigan	8	Nebraska	2
Florida	8	West Virginia	2
Kentucky	7	Puerto Rico	1
Alaska	7	Unclassified	1
Colorado	7	Vermont	1
Tennessee	6	New Mexico	1
Indiana	6	Africa & Mid. East	1
Minnesota	6	New Hampshire	1
Montana	4	Mississippi	1
Nevada	4	Delaware	1
Louisiana	4	American Territories	1
Maine	3	Idaho	0
Kansas	3	Arkansas	0
Central & South America	3	Utah	0
Alabama	3	North Dakota	0
Wisconsin	3	South Dakota	0
Oklahoma	3	Virgin Islands	0
Rhode Island	2	Wyoming	0

IBERS: 1340

FOCUS: FUTURE ISSUES

Revised ~~2/2/90~~ 3/1/90

1990

April: Homeless/Older

- Homeless issues, by Steven Lane and Richard Levine (UCSF)
- Older people, by Bruce Folsom (SFDPH)

May: Psychological Variables

- Behavior change models and relapse, by Jeffrey Kelly (U.Miss)
- Psychoneuroimmunology, by Robert Kertzner (NY)

June: Risk and Risk Reduction

- Review of literature on HIV transmission risk, by Alan Lifson (SFDPH)
- Risk reduction guidelines, by the AIDS Committee of AAPHR/Neil Shram (LA)

July: Health Care Workers

- How institutions should support their workers concerns about infection/counseling and testing, by Julie Gerberding and Jim
- Treatment for infected HCWs, ie: AZT protocol at SFGH
- Briefs: International

August: Pain

- Psychological aspects of pain and HIV, by William Breitbart (Memorial Hosp., NY)
- Medical management of pain, by Matthew Lefkowitz (Downstate Med., Brooklyn)
- Briefs: International

September: Chinese Medicine

- Chinese Medicine and AIDS, by Qingcai Zhang (OHAI, Long Beach)
- Response of Western Providers to Chinese Med. (Follansbee, Hollander, Scannell???)
- Briefs: International

October:

- Homosexualization of AIDS, by Walt Odets (Oakland, private practice)
- Partner Negotiation, ?????

November: People of Color Communities

- Sociological perspective of AIDS in Black community, by Mindy Fullilove (Columbia)
- Sociological perspective of AIDS in Latino community, by Barbara Marin (uncon.??)

December: Paying for AIDS

- Deciding how to spend the AIDS dollar, by Phil Lee and Pat Franks (UCSF)
- Ethical perspective of the issue, Al Jonsen??, John Golienski???

1991 (Wow!)

January:

- Special new year issue, with updates, and some overall assessment??? marking the ten years of the epid. and the end of five years of the FOCUS???

FOCUS IDEAS

- ① Identification / gay Rxists working with gay men // Qualitative Survey

Steven Cadwell, Smith College of Social Work, Northampton, MASS:

- ② Provider - Pt Relationships - Telephone Survey (B. Gerbert) Older pts have slightly more passive attitudes.

- ③ Denial of Suicidal Ideation: A Clue to Lethality in Seropositive Homosexual Men. Victoria Coad, PhD Pt. Richmond, CA.

- ④ 4. Social Factors Associated with Progression to AIDS. Reillo, Michelle. Nat'l Study Ctr, U. of Maryland, Baltimore, MD

- ⑤ Health Related Beliefs in AIDS - Stephen Eyre.

- ⑥ Treating the Non-Infected Sibling: An AIDS Dilemma
Adell Harris, Bronx-Lebanon Hospital Ctr, Albert Einstein College of Medicine

- * ⑦ Dietary Intake, Nutritional Status and Immunologic Factors in Pts w/ HIV Infx
Chlebowski, Rowan (MD)
Harbor-UCLA Medical Ctr, Dept Med. Torrance, CA.

Psychological Response to Participation + Non-participation in a Placebo-Control Drug Trial

Melroe, Holly

U. of Minn Health Psychology Clinic

St. Paul Ramsey Med. Ctr, St. Paul, MN USA

PHONE MEMO

TO

Dr. Dille

DATE

1/39

TIME

520

AM

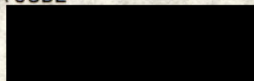
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FROM

Dr. Massie

AREA CODE

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MESSAGE

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1/30/90

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CALL BACK



RETURNED CALL



WANTS TO SEE YOU



WILL CALL AGAIN



WAS IN



URGENT



TO: Jim

FROM: Rob 

DATE: August 21, 1989

RE: Access to Information

I wanted to reiterate some of what we discussed today about John Tighe's task in organizing information for office staff.

The aim of the system will be to make the large amount of information that we receive in the office accessible and useful to staff. The ideal result will be that everyone will know about the content and quality of every AIDS-related article that we receive. John Erni and I have developed the following system:

1) Over a specified period (two weeks or one month), the information coordinator will scan the journals we receive for AIDS-related articles. The coordinator will have in mind the information needs of each staff member, or at least each unit, and so may be able to eliminate some AIDS-related articles as irrelevant, and include some non-AIDS-related articles (for instance neuropsych and substance abuse) as relevant.

2) During the specified period of time, the coordinator will read or skim the articles to determine their content and make a preliminary and basic evaluation of their validity. The purpose of the evaluation would not be to eliminate articles, but to give staff an insight into whether these articles deserved further attention. It would define the ways in which the studies were limited, in terms of usefulness to staff.

3) The coordinator would then write *brief* abstracts including basic methods and conclusions and dramatic limitations of the study. Finally, as the coordinator became more knowledgeable and perhaps with your and my help, the abstract might also include brief information to put the study in the context of past and future research.

4) The coordinator would compile the abstracts by broad subject, date and journal, and distribute a printout to each unit manager, who would handle further distribution. The report might also include abstracts from a few of the leading newsletters—*MMWR*, *BETA*, *AIDSfile*, *AIDS Treatment News*, and *Treatment Issues*—(these could be selected listings of contents of these newsletters, if there were time or space constraints), references to news articles, and a few references to articles from journals that we do not receive (gleaned from *ATIN*).

5) Under ideal circumstances, the coordinator would also compile a database listing all the articles abstracted, by author, journal, date, and subjects, to create a catalogue. Each article would be assigned a chronological abstract number, and photocopies of each article would be filed by number in a cabinet in the library. The database catalog would enable much easier access to the articles than a complex filing system, and would allow for cross-referencing.

An alternative to this would be simply to create an ongoing chronological listing of article abstracts. This listing would refer interested staff directly to the journals. The drawbacks of this include: articles from journals are harder to reproduce than already-photocopied articles; journals might get misplaced when articles were reproduced; and there would be no catalogue access to articles in terms of title or subject, and no cross-referencing.

The most important aspect of this system is its delivery to staff of immediate access to abstracted information and evaluation of current articles. At this point, staff are basically uninformed about AIDS research unless they wade through what we receive. You, Marcia Q., Joanna and I make valiant efforts to keep informed, but we never cover all the bases, and despite Marcia's system, the rest of the staff receives little information, and ultimately reads less.

The beauty of this system, in its ideal form, is that one person does the work for many. The coordinator's hour of time reading saves an hour for each staff member. If an abstract is good, most people will not have to read the article itself until they must use its information directly. Abstracts could be printed out with one subject per page, so that even if we forewent the computer database, people could develop bibliographies on particular subjects, far less cumbersome and far easier to use than the piles of unfiled articles we all have on our desks. (Think of that stack on yours *disappearing!* And if you order now, we'll send you a dozen free condoms!)

While, in theory, Medline provides some of these services, in practice it is not much more useful than the pile on your desk. Its main drawback is that its abstracts are either too long or too short, providing too much or too little information. It provides no evaluative information, and is also cumbersome to use. Finally, while the idea of being one or two months out of date seems negligible, it becomes important for staff, particularly *FOCUS*, the Training Unit, and the ATS unit to be able to respond immediately to research that is printed today.

Your concern regarding the coordinator's time (and I know this is the crux of the issue) is valid. We currently receive about 20 journals, including about five weeklies, and the rest monthlies and quarterlies. I think that once a system is in place, the coordinator could aim to spend 30 minutes reading articles and writing abstracts. If we budget 30 hours per month for reading and writing, that is 60 articles. I have not figured the monthly average number of AIDS articles we receive, but I think if we covered 60, we'd be in *great* shape. In addition, I think it is reasonable to assume we could recruit volunteers and interns, on a limited basis, to help in the reading (providing we carefully screen the work of these people), and eventually some of the coordinator's clerical functions could be supported by AHP clerical staff.

In the end, I think we should approach this flexibly. Anything we do to inform the staff will be better than what we have done. But, I do not think we should start out compromising our ideal, because if we can accomplish it in reasonable time, and if it fulfills our needs, it will be extremely valuable. If the ideal does not work, we can develop compromise and we'll still be ahead of the game.

This project has the potential to lift a great burden from the shoulders of many staff members, who feel uninformed, guilty about being uninformed, and overwhelmed. *Remember! A dozen free condoms! Two dozen if you say yes by the end of the day!*

TO: Jim

FROM: Rob

DATE: August 21, 1989

RE: Access to Information

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The aim of the system will be to make the large amount of information that we receive in the office accessible and useful to staff. The ideal result will be that everyone will know about the content and quality of every AIDS-related article that we receive. John Erni and I have developed the following system:

1) Over a specified period (two weeks or one month), the information coordinator will scan the journals we receive for AIDS-related articles. The coordinator will have in mind the information needs of each staff member, or at least each unit, and so may be able to eliminate some AIDS-related articles as irrelevant, and include some non-AIDS-related articles (for instance neuropsych and substance abuse) as relevant.

2) During the specified period of time, the coordinator will read or skim the articles to determine their content and make a preliminary and basic evaluation of their validity. The purpose of the evaluation would not be to eliminate articles, but to give staff an insight into whether these articles deserved further attention. It would define the ways in which the studies were limited, in terms of usefulness to staff.

3) The coordinator would then write *brief* abstracts including basic methods and conclusions and dramatic limitations of the study. Finally, as the coordinator became more knowledgeable and perhaps with your and my help, the abstract might also include brief information to put the study in the context of past and future research.

4) The coordinator would compile the abstracts by broad subject, date and journal, and distribute a printout to each unit manager, who would handle further distribution. The report might also include abstracts from a few of the leading newsletters—*MMWR*, *BETA*, *AIDSfile*, *AIDS Treatment News*, and *Treatment Issues*—(these could be selected listings of contents of these newsletters, if there were time or space constraints), references to news articles, and a few references to articles from journals that we do not receive (gleaned from *ATIN*).

5) Under ideal circumstances, the coordinator would also compile a database listing all the articles abstracted, by author, journal, date, and subjects, to create a catalogue. Each article would be assigned a chronological abstract number, and photocopies of each article would be filed by number in a cabinet in the library. The database catalog would enable much easier access to the articles than a complex filing system, and would allow for cross-referencing.

An alternative to this would be simply to create an ongoing chronological listing of article abstracts. This listing would refer interested staff directly to the journals. The drawbacks of this include: articles from journals are harder to reproduce than already-photocopied articles; journals might get misplaced when articles were reproduced; and there would be no catalogue access to articles in terms of title or subject, and no cross-referencing.

The most important aspect of this system is its delivery to staff of immediate access to abstracted information and evaluation of current articles. At this point, staff are basically uninformed about AIDS research unless they wade through what we receive. You, Marcia Q., Joanna and I make valiant efforts to keep informed, but we never cover all the bases, and despite Marcia's system, the rest of the staff receives little information, and ultimately reads less.

The beauty of this system, in its ideal form, is that one person does the work for many. The coordinator's hour of time reading saves an hour for each staff member. If an abstract is good, most people will not have to read the article itself until they must use its information directly. Abstracts could be printed out with one subject per page, so that even if we forewent the computer database, people could develop bibliographies on particular subjects, far less cumbersome and far easier to use than the piles of unfiled articles we all have on our desks. (Think of that stack on yours *disappearing*! And if you order now, we'll send you a dozen free condoms!)

While, in theory, Medline provides some of these services, in practice it is not much more useful than the pile on your desk. Its main drawback is that its abstracts are either too long or too short, providing too much or too little information. It provides no evaluative information, and is also cumbersome to use. Finally, while the idea of being one or two months out of date seems negligible, it becomes important for staff, particularly *FOCUS*, the Training Unit, and the ATS unit to be able to respond immediately to research that is printed today.

Your concern regarding the coordinator's time (and I know this is the crux of the issue) is valid. We currently receive about 20 journals, including about five weeklies, and the rest monthlies and quarterlies. I think that once a system is in place, the coordinator could aim to spend 30 minutes reading articles and writing abstracts. If we budget 30 hours per month for reading and writing, that is 60 articles. I have not figured the monthly average number of AIDS articles we receive, but I think if we covered 60, we'd be in *great* shape. In addition, I think it is reasonable to assume we could recruit volunteers and interns, on a limited basis, to help in the reading (providing we carefully screen the work of these people), and eventually some of the coordinator's clerical functions could be supported by AHP clerical staff.

In the end, I think we should approach this flexibly. Anything we do to inform the staff will be better than what we have done. But, I do not think we should start out compromising our ideal, because if we can accomplish it in reasonable time, and if it fulfills our needs, it will be extremely valuable. If the ideal does not work, we can develop compromise and we'll still be ahead of the game.

This project has the potential to lift a great burden from the shoulders of many staff members, who feel uninformed, guilty about being uninformed, and overwhelmed. *Remember! A dozen free condoms! Two dozen if you say yes by the end of the day!*

TO: AIDS In Our Workplace Committee

FROM: Rob

DATE: August 22, 1989

RE: Issues we have discussed

As I promised at our August 1 meeting, I have compiled a listing of the issues we have identified since the inception of the committee. I think this will help us organize our efforts and determine priorities. Please let me know if I have omitted any issue.

- 1) *Define process for communicating to staff about illness or crisis of coworker.* We have instituted a process by which the management team will act with all due haste to inform staff about illness, absence or crisis of a coworker. Of course, the information that will be divulged in any particular case will be approved by the ill or absent person. This process has functioned well in two or three instances since our first meeting in April.
- 2) *Define ways of responding to people who are ill.* This includes helping staff to determine ways to respond to coworkers who are ill, dealing with a diagnosis, grieving or caretaking. It may also include developing a way for people who are in any of these situations to let others know what can be done for them. This concern applies equally to staff who want to actively help a colleague but who do not know how, and staff who would like support in remaining aloof of the situation. While we all agreed that the best way to resolve some of these issues is to talk to the coworker, him or herself, we also acknowledged that there may be some basic advice we could offer staff about responding. In addition, one committee member suggested that there be a point person on staff for each crisis, a person who could, in a limited way, act as a conduit for information. (This person would probably be determined by the absent coworker and his or her unit manager.)
- 3) *Develop process by which work is handled for people who are ill or absent.* This includes defining ways in which an absent person's work is covered in such a way that an emergency does not arise, leaving other overworked staff to bear the brunt of extra work without warning. This may apply to coworkers who are absent for reasons ranging from serious illness that requires extended leave to burn-out or bereavement that may require a single mental health day. At this point, the UCSF policy on leave has been distributed to unit managers who have permission to arrange leave within their units. I am unclear whether we have planned to develop further agency-wide direction on this issue.
- 4) *Institute system by which staff can process feelings about the death, illness, diagnosis, or absence of coworkers.* So far, we have had a cross-unit small group facilitated by Kitsy Shoen, a large group inservice facilitated by Kitsy Schoen, a spontaneous process group in response to Neil's death, and a staff meeting "ritual" in response to Neil's death. I understand that ATS and Hospital Services are both organizing small group support (through EAP and Kitsy respectively). We have not repeated a cross-unit group, nor have we fully explored the need for and feasibility of ongoing groups organized by the committee, rather than by individual unit managers. (At least two staff members have expressed the desire to attend an ongoing, drop-in, cross-unit support group.)

5) *Develop list of counseling resources in the community.* David L. and Francis have completed this.

6) *Respond to the variety of concerns raised by staff during Kitsy Schoen inservice.* I will not list here all of these concerns, but there are many. Denice and others have started dealing with some of these: the journal, the bulletin board, pot lucks, the alter. We need to spend some time defining other issues, instituting these suggestions, and, where there are suggestions that cannot be instituted, working on possible alternatives (for instance, the cool-out room). I think we have an obligation at this point to develop some response to these concerns.

7) *Develop process by which staff may respond to information from inservices.* Marcia organized an inservice to deal with this issue. It was apparent that staff was divided about the best way to proceed, although there seemed to be interest in holding inservices before staff meeting and using staff meeting to process when necessary.

FOCUS: FUTURE ISSUES

Revised 1/10/90

1990

February: Evaluation

- Evaluation for counseling and prevention programs, by Deborah Rugg (CDC)
- Adapting experiential counseling to developing countries, John David Dupree *Washington, DC*

March: Students

- College-age issues, by Richard Keeling (U.VA)
- High-risk sex among young people/risk & labels, by Reinisch and Sanders (Kinsey)

April: Homeless/Older

- Homeless issues, by Steven Lane and Richard *Levine, MD* ??? (UCSF)
- Older people, by Bruce Folsom (SFDPH)

May: Psychological Variables

- Behavior change models and relapse, by Jeffrey Kelly (U.Miss)
- Psychoneuroimmunology, by Robert Kertzner (NY)

June: Risk and Risk Reduction

- Review of literature on HIV transmission risk, by Alan Lifson (SFDPH)
- Risk reduction guidelines, by the ~~Scientific~~ *AIDS* Committee of AAPHR/Neal Shram (LA) (including condoms??)

Neel

Potential Articles

1: Impaired Understanding

- Low literacy counseling and education (Glenn Margo): in what cases does the need for low literacy counseling arise (developmentally disabled (just touch on this--see below), poor education, low literacy in English??), how often does this need arise, how does counseling and education reach these people, problems with usual forms of education and counseling, is low literacy counseling and education and adaptation of "normal literacy" techniques or is it a different animal altogether???
- Education for the developmentally disabled (Ray Jacobs): epidemiology of HIV, interventions to reach this population and how these differ from non-developmentally disabled interventions, special requirements of interventions (low literacy, different levels of understanding, basic messages without ambiguity, sex education????etc.??)

2: AIDS spending

- How should we spend our AIDS dollars? (Phil Lee/after 6/90): Define sources of AIDS money--government (fed, state, muni), insurers, foundations, private donations. Look at conflicts for money: AIDS research v. research for other diseases; AIDS research (ie vaccine) v. AIDS care and treatment; Expensive AIDS treatments (bone marrow; AZT) for few v. the best care possible for all. Education? Focus perhaps on the choice between vaccine--potential preventative measure, if it could ever work--and treatments for people already infected. Does society have to make this choice? If there were lots of money, would society still have to make these choices? Are vaccine and education tantamount to the same thing--stopping before infection? Is there an ethical dilemma involved--saving the infected v. saving the uninfected; saving people with HIV v. saving people with other

Coning

diseases--or is this really an issue of the most expedient scientific solution, in other words, are the scientific solutions clear?

-The role of private insurers in AIDS epidemic?? or Allow Phil Lee the whole issue and divide an article that asks the questions and on that offers opinions???

or

-Impact of epidemic on health care delivery/both financial and philosophical. How AIDS has changed the way we perceive appropriate health care. How counselors can be advocates for clients in the health care system.

3:Antiviral and Vaccine Research

-Discussion of research issues. Look at a few high-profile research initiatives--salk vaccine, azt, ddI, etc--and use them to discuss research and development process.

-Discussion by a patient of what it is like to be a guinea pig; everything from reasons for participating, to hopes that drug will work, to fears that it is a placebo, to routine of taking drugs, to hospital visits and tests, to being objectified as a guinea pig.

or

-Ethical implications of research: placebo-control, long waiting periods for drug release, pricing, etc. (two people from montreal may be good for this)

-Discussion by patient/(as above)

or

-Review of vaccine research and implications for HIV counseling

-plus either discussion by patient or shortened version of ethical implications

4:The epidemic

-Will HIV counseling issues remain the same as the epidemic progresses, or slows?

-What happens after the epidemic--changes for mental health and health care workers

5:Heterosexuals

-What's the latest in terms of incidence and transmission; discussing as a side issue all the categories of people that fall into the heterosexual category--do these labels work; book by ???

-Counseling for heterosexuals (Chris Alexander??)

6:Rural issues

-Epidemiology in rural areas (give an array of communities); discuss availability of medical and support services, attitudes of the community, access to innovative care and experimental treatment, money, volunteers, etc.; compare to urban; written by someone with experience in both rural and urban (Jeremy Landau??)

-Case example of working in rural community in terms of counseling (woman from Idaho??)

7:Health care workers

-Medical care setting: risk, emotional pressure, death. Interventions: ways workers can help themselves, institutional responsibility. Ethical issues?

-Mental health and medical care settings: dealing with burn out. Do we have anything new to say about this? It would be great to get someone who could offer some truly innovative approaches.

or

-for first or second article in-depth discussion about risk alone: define incidence (in light of uncertain figures); define risk; define precautions; discuss fear; outline interventions regarding fear; outline counseling and medical interventions when there is exposure; talk about legal and ethical issues involved--responsibilities of workers to treat or at least to attempt to deal with fears, responsibilities of employers to provide clear instruction about risk, emotional support, treatment when exposed, good medical coverage and disability.

8:Substance Abuse as a Cofactor

- Alcohol: and transmission, and treatment, and counseling.
- Non-IV substances: and transmission, and treatment, and counseling.
- or
- Medical aspects of substance abuse (alcohol and drugs) and AIDS
- Effect of counseling on substance abuse, and substance abuse on counseling
- or
- something on needle exchange??

9:Death and Dying

- Changing counseling approaches to death and dying. A sophisticated article that looks at ways these approaches have changed since the beginning of the epidemic. How has the fact that people are living longer and that death is (correctly or incorrectly) no longer considered a foregone conclusion affected attitudes? Has it become harder or easier to counsel about death because of hope? (or was hope always there?)
- Inside a hospice: How does a hospice function from a very practical perspective. What are the psychological pluses and minuses for patients of living in a community of dying people? Issues for workers (there may not be enuf room for this).

10:Suicide

- Correlates of suicide and HIV, and implications of counseling.
- Legal and ethical challenges of suicide for practitioner.

11:Legal issue

- Condensed book/several possibilities.



12:Challenging populations

- Shift in affected populations and how this affects the jobs of medical and mental health workers. Need a very good writer to discuss how the change from gay white men to people of color some of whom are I.V. drug users and most of whom are straight is changing AIDS care for workers. Focus on ways of making this situation work.
- Working with people who appear uncooperative or angry or violent from any population.

13:Doctor issue (Michael--we're thinking about a book on these issues, so might plan this to coincide with anticipated publication.) Four possibilities:

- The changing doctor/patient relationship; treating patients who know more than you.
- Learning to include a counseling component in medical care.
- Primary care procedures by doc; background for MHPs--focus on emotional response of patients to procedures like bronchoscopy and marker testing.
- Helping patients make treatment decisions when faced with life-threatening disease.

14:Lesbians

- as infected population; transmission and counseling
- as AIDS service organization workers

15:International topics (not necessarily as one issue)

- sex and meaning in other cultures (montreal presentation) and how this may affect HIV interventions (can also briefly connect to U.S. subcultures)
- resources available to internationally to deal with AIDS; distribution; how it is being spent; implications for treatment and prevention; ways of addressing
- Counseling and education lessons from other countries--successful interventions that differ from U.S. approaches that may be adapted (Thailand, Australia???)

-Effect of AIDS as an epidemic on psychology of people in areas hardest hit in africa; how aids interacts with other problems--drought, poverty, malnutrition, poor health care systems and delivery, etc.

16:Cofactors

This was something that Harry Hollander emphasized as a big issue after Stockholm. I saw it get some play in Montreal. Maybe, we can evaluate at San Francisco conference to see if there is someone who can address this. Several approaches: cofactors for infection, appearance of serious symptoms, and long-term survival. We should do something on **long-term survivors**, especially as we come around to 10 years: both psychological and medical aspects.

17:Media

This seems a little less important whenever I put it on the list with everything else. I think there is a potential article about language and the epidemic and John Erni (MH-a PhD student from Illinois who did some volunteer work for us last summer) and/or his mentor may be the ones to write it. Another topic may be the effect of the media on helping and hindering education--with a sidebar on how to use the media to enhance education.

***18:Updates**--keep in touch with authors, include with note to contributors note saying that we are considering publishing short (one to two pages) updates and every six months, or maybe once a year, we could publish a page of updates on previous stories. Allows us to continue working with a story and covering a topic, without having to write a whole new article. When enough has changed, could write a new article.

RECEIVED

NOV 2 1989



DEPARTMENT OF ANESTHESIOLOGY

September 14, 1989

*Copies to Track B Committee.
I think this is too
much on one topic -
your opinion(s)?*

J. L. Maff

Robert Wachter, M.D.
Sixth International Conference On AIDS
Box 1505
San Francisco, California 94143-1505

Dear Dr. Wachter:

I would like to submit a proposal for a workshop entitled "AIDS and Chronic Pain: Presentation and Treatment" for the VIth International Conference on AIDS. The overall aim of this workshop is to describe the pathophysiology and etiology of chronic pain in the AIDS patients and also to examine current pain management techniques. The alarming prevalence of chronic pain among AIDS patients and the lack of a specific disease oriented treatment leaves a critical need to evaluate current pain management techniques.

The topics in the workshop covered would be as follows:

Presentation of Pain in AIDS Patients

Mathew Lefkowitz, M.D.
Assistant Professor of Anesthesiology
Director, Pain Management Service
State University of New York Health Science Center at Brooklyn

Psychologic Correlates of Pain in AIDS Patients

Allen Lebovits, Ph.D.
Clinical Associate Professor of Anesthesia and Psychiatry
State University of New York Health Science Center at Brooklyn

Pharmacological Modalities of Treatment in Chronic Pain Management

Alexander Mauskop, M.D.
Assistant Professor of Neurology
Long Island College Hospital
State University Health Science Center at Brooklyn

Non-pharmacological Modalities of Treatment of Chronic Pain in AIDS Patients

Howard Rosner, M.D.
Assistant Professor of Anesthesia
Cornell University Medical College

Psychiatric Disorders in AIDS Patients

Robert Kertzner, M.D.
Assistant Professor of Psychiatry
HIV Testing Center
Columbia Presbyterian Medical Center
New York State Psychiatric Institute

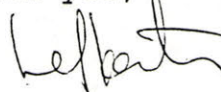
Panel Discussion

The discussion among this group of uniquely qualified experts with specific research and clinical expertise in pain and the AIDS patient, will increase the awareness of practitioners with regards to this important issue. Appropriate modalities of treatment will be highlighted in this often very difficult to manage group of patients.

In 1988 I conducted a retrospective chart review study of the prevalence of pain in a general AIDS population during hospitalization. I am enclosing a copy of this recent manuscript entitled "AIDS and Chronic Pain" to be published in the Clinical Journal of Pain. Results, presented at the Vth International Conference in AIDS in Montreal, stirred much interest. We have received many phone calls and requests for further information. On September 13, 1989 I participated in a telecast on "Chronic Pain Management in the AIDS Patient" sponsored by the AIDS Satellite Television Network and the Physicians Association for AIDS Care.

Please contact me if you require any further information or have any questions. I look forward to hearing from you.

Thank you,



Mathew Defkowitz, M.D.
Assistant Professor of
Anesthesiology
Director
Pain Management Service
State University of
New York Health Science Center
at Brooklyn

ML/ir

SIXTH INTERNATIONAL CONFERENCE ON AIDS

SAN FRANCISCO, CALIFORNIA USA ▪ 20-24 JUNE 1990

October 24, 1989

Mathew Lefkowitz, MD
Director, Pain Management Service
State University of NY, Brooklyn
450 Clarkson Ave, Box 6
Brooklyn, NY 11203-2098

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202-347-5900
Telefax
202-347-6109

Dear Dr. Lefkowitz,

Thank you for your suggestions regarding the program of the 6th International Conference on AIDS. These ideas have been shared with the meeting co-chairs and the relevant Track Committee chairs.

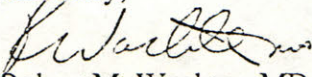
As you can well imagine, we are receiving exciting program ideas from many fronts, from San Francisco to Singapore. We will be considering all these ideas over the next six months or so. Final decisions regarding the program will be made by the meeting co-chairs and myself only after extensive consultation with the Local Organizing Committee, the International Steering Committee and the relevant Track Committees.

Most of the scientific program will be generated from abstracts which describe the results of research studies. These studies may deal with any subject related to AIDS, including Basic Science (Track A), Clinical Science (Track B), Epidemiology and Prevention (Track C), and Social Science and Policy (Track D).

Therefore, we encourage you to submit an abstract to the 6th International Conference on AIDS. Enclosed you will find the Call for Abstracts and Registration, which describes the process of abstract submission. Please note that the deadline for abstract submission is January 22, 1990.

Once again, we thank you for your interest and input.

Sincerely,


Robert M. Wachter, MD
Program Director



Enc: Call for Abstracts

November 11, 1989

Janice Krupnick
4100 Oliver Street
Chevy Chase, MD 20815

Dear Janice:

Again, I apologize for our tight schedule and thank you in advance for your help.

Enclosed is an edited draft with some suggestions for ways to focus the article more on the issue of life review. Your original was a good examination of psychotherapy for people with HIV infection. Our audience, however, has read similar material in *FOCUS* before. Our particular interest at this time is life review.

As I mentioned on the telephone, Jim offers some specific ways to approach this issue, and I have included notes on this in the text. We have also suggested a structure including some of the material from your earlier draft. I have made some suggestions for changes in style in these sections, so that the piece moves toward its focus on life review. I have made small changes in word order and tone as well; their will be further stylistic editing when we receive the revised article. (Please note: substantive changes or questions are noted in **bold-faced type**.)

I emphasize that these changes are suggestions; forgive me if I have misunderstood your meaning. We believe the changes we are suggesting will make this article more useful to our readers and build on the material you have already submitted. With the changes I have made in your existing text, you have room for about two more pages.

As I mentioned, it would be wonderful to receive revisions from you by Friday, November 17. Please call me if you have any questions or concerns, or even just to confirm that this arrangement will work for you. You can reach me at home—(415) 648-1339—or at work—(415) 476-5684. (I often work at home during the day, but will probably be at the 476 number both Monday and Tuesday afternoons. Jim can be reached at (415) 476-6430 during the day.

Thank you very much.

Sincerely,

Robert Marks
Editor, *FOCUS*

Life Review and the Threat of Death

Janice Krupnick, PhD and John Shill, MD

Over the years, knowledge about the course of HIV infection has changed the way in which it is treated and the prognoses of those who are infected. The medical conditions of many people are stable over long periods of time, and the goal of medical treatment is to halt further progression of the illness and maintain the health of patients. As the medical picture has changed, the psychological needs of the population of infected people have also shifted. Psychological treatment used to seek only to provide emotional support; now, there is a greater opportunity to explore and resolve deeper psychological issues.

These issues arise out of the tremendous psychological stress involved in coping with a diagnosis of HIV infection, and the barrage of internal, interpersonal, and societal repercussions that follow. Treatment requires a **reexamination** [instead of a "total reorganization"] of an individual's sense of self and direction, and his or her perceptions of life and the world. [Very important: Briefly define life review here, and how it may help answer questions such as: Why me? and Why AIDS?] This article will explore the role of life review in the psychological treatment of people with HIV infection.

Psychological Context for Life Review

People facing life-threatening diseases respond by experiencing different phases of stress; for each person, however, the order of the phases, the time spent in each phase, and the clinical manifestations that occur during each phase varies

depending on the personality and situation of the individual.¹ Initially, there is an outcry, **an immediate emotional response to the news**, followed by a phase of denial, which is characterized by emotional numbing, behavioral constriction and warding off of ideas **[Can you rephrase behavioral constriction and warding off of ideas. They're a little too close to jargon for our purposes.]** Following this is an intensive phase of emotional response, with waves of agitation, tension, insomnia, and recurrent nightmares. In coming to terms with the reality of the situation, individuals are likely to oscillate between denial and intrusion **[define intrusion]** as they "dose" themselves with information about the medical prognosis for people with HIV infection **[instead of "what has happened and what is about to occur."]**. Denial of the grimmer realities keeps them from becoming overwhelmed; intrusion allows them to psychologically integrate these realities?? and prepare for the future.

[Janice--the paragraph on page 2 of your original, starting "During periods," and ending "suicide is high," is a good summary of the panorama of issues for someone with HIV infection. Given space considerations and the fact that we would like to focus on life review and the existential issues in particular, this is less important.]

A life review and how it is approached is central in determining a person's capacity to cope with these stresses, and is influenced by an individual's pre-existing character and developmental conflicts. For example, a person who is typically a goal-oriented achiever is more likely to actively seek out and try to understand the complex nature of the infection and its bewildering therapeutic approaches, while a more dependent, anxiety-prone individual may become overwhelmed, and rely on hearsay and the advice of others. For many, this threat to life **often occurs when they are less than 40 years old?**, when such a challenge is unexpected and when previous life experiences have consisted of progressive achievements.

The difficulties that result are compounded by the fact that friends who might provide emotional support are often equally confused, overwhelmed, and unfamiliar with such situations.

[Janice--At this point, Jim suggests that you add a brief case history illustrating the points that will follow, and then go into a discussion of these points, including:

- the utility of individual psychotherapy in creating a context for life review;
- the efficacy of recounting one's life activities, and in particular the re-thinking of important past relationships (father, mother, and other significant people);
- the utility of life review in identifying and working through these difficult relationships, using the therapist as a surrogate in the transference, and, with the help and support of the therapist, perhaps, actually confronting the issues with the significant figure (please include a one sentence definition of transference in this discussion);
- the notion of using the threat of loss of life as a stimulus to look more deeply at the experience of one's life in a positive light. Further, the notion that life review helps an individual see his or her place in the world in the context of what has gone before, and see what is incomplete in his or her life and how to reach completion in what will probably be an abbreviated existence.

Jim suggests that the key to making this structure work is a good case history that illustrates these issues, and demonstrates the suitability of therapy. Since this discussion would be the heart of the article, I recommend that, if you run long, you cut from the introductory material above, or try to condense it further. The material that follows below in your original is informative, but focuses more on the general therapeutic situation, rather than the specifics of life review. I suggest you minimize this material, perhaps cutting it all, perhaps reintegrating small parts of it back into the new version. Finally,

please keep in mind that while ours is a sophisticated audience in terms of knowledge about AIDS and many are therapists, we also have subscribers who are physicians and lay-people. Please define, or if possible and appropriate, avoid terms that are technical. Thanks.]

Janice Krupnick, PhD is ?????? ?????? ?????? ?????? etc. John Shill, MD is ?????? ?????? ?????? ?????? etc.

References

1. Horowitz MJ. *Stress Response Syndromes*. New York: Jason Aronson, 1976.

FOCUS: FUTURE ISSUES

Revised 7/24/89

1989

August: Gay Community counseling topics issue

- Counseling Discordant Couples, by Tom Caldarola & Michael Helquist
- Issues for Seronegatives, by Rachael Schochet

September: Montreal

- Seven articles (1 column each) on: Psychosocial issues (Jim); Clinical care (Robert Gorter); Education (Chuck Frutche); Legal (Jerome Davis); International (Michael); Basic Science (Judy Wilber); Intro (rob et al)--no briefs.
- Insert on AT counseling (state grant): ATC abstracts from Montreal (Alan Brickman)

October: Parenting issue

- Perinatal issues and counseling issues for potential parents, by Laurie Hauer
- Pediatrician's perspective on HIV and medical care recommendations for infants and children, by Ellen Cooper

November: Partner Notification

- Legal advice to counselors about partner notification, including current laws and public policy, ethical and social questions, by Robyn Meinhardt
- HIV and subjects of sexual abuse, by Linda Fratarolli

December: Nutrition

- Nutrition and HIV: clinical aspects of nutrition and immunity, by Richard Heacach
- Ways to evaluate alternative diets or nutritional supplements, by Marci Fenton

1990

January: Natural Disaster

- AIDS and natural disasters, by Alan Berube
- Life history review, by Janice Krupnick and John Schill

February:

- Evaluation for counseling and prevention programs, by Deborah Rugg
 - box saying programs w/o evaluation are okay (by us)
- Adapting experimental counseling models to developing countries, John David Dupree (almost confirmed)

March:

- College-age issues, by Richard Keeling
- High-risk sex among young people/risk & labels, by Reinisch and Sanders (Kinsey)

In the drawer:

- Transmission and risk reduction guidelines (David Silven)
- Suicide and attachment (Victoria Coad; unconfirmed)
- Low literacy counseling and education (Glenn Margo; unconfirmed)
- Education for mentally-retarded (Ray Jacobs)
- Retroviral and vaccine research
 - Placebo control and ethics
 - perspective of PWA as guinea pig; focus of research (David Lee)

Potential Articles

- Two-part series on primary procedures by doc; background for MHPs--focus on what brings up for patient.
- Heterosexuals
- Lesbians as HIV infected population, and as ASO workers (w/burnout)
- Alcohol
- Health care workers fear of AIDS
- Role of counseling in prevention
- Condom promotion
- Hospice issues
- Death and dying
- Reflective piece on law/how HIV has affected legal system (Mary Morgan?)
- Impact on health care delivery/financial and philosophical; changes in ways of perceiving health care; developing advocacy skills among clients, both for social services and for health care; information counselors need to know about health care and social service system
- The practitioner and the law (take off on book, pre-book)
- How to deal with media: interpretation and correction
- Counseling with limited resources
- Managing Stress among MHP (J. Macks)
- Cofactors
- Needle exchange
- Longterm survivors and psychoimmunolgy (temochuk)
- Shift of affected population; effect on AIDS workers who don't want to work with new populations, such as IV drug users and/or people of color, and/or women etc.
- counseling to make medical decisions
- talking about terminal illness for physicians; treatment decisions in irreversible illness (physician feels like torturer)
- insurance
- sex and meaning in other cultures

JOB DESCRIPTION

Editorial Assistant (25 percent to 49 percent)

The Editorial Assistant will research current medical literature regarding HIV infection and write abstracts for monthly and quarterly publication in *FOCUS: A Guide to AIDS Research* and its quarterly supplement for HIV antibody test counselors, and will implement a system to distribute HIV-related information to AIDS Health Project staff. Specific duties include:

5% A. Participate in meetings with *FOCUS* Editor and Executive Editor to determine topics for Recent Reports section of *FOCUS* and for quarterly supplement. Identify journal articles by referring to printed journal indexes, such as *ATIN (AIDS Targetted Information Newsletter)*, and online computer indexes, such as Melvyl Medline.

25% B. Read and evaluate journal articles regarding various aspects of HIV infection. Articles will be selected primarily from journals received by the AIDS Health Project, but also from journals at the UCSF library.

20% C. Write abstracts of articles for Recent Reports section. Compile information for quarterly supplement, using one of several forms: individual abstracts, review article, question and answer, etc.

40% D. With the help of Editor, develop, and then implement a system for classifying and distributing medical journal information to AIDS Health Project Staff, including evaluating and briefly summarizing HIV-related journal articles received by project. Help organize and maintain library. Help develop and maintain cataloguing system.

10% E. Assist Editor with miscellaneous duties, possibly including:

1. Respond to reprint requests for *FOCUS* articles;
2. Complete monthly production requisitions;
3. Proofread *FOCUS*;
4. Assist with layout and paste-up (computer);
5. Assure that medical journal subscriptions are up to date.

NOTE: Hours may be flexible, but must be scheduled with Editor. Deadlines may require a greater concentration of hours.

Skills, knowledge and abilities: Demonstrated writing, editing and researching skills. Experience handling technical information. Knowledge of HIV-related issues, or willingness to become familiar quickly. Experience with medical or AIDS research a plus.

Willingness to use computers for word processing and for abstract searches. Experience using word-processing software (Apple Macintosh/Microsoft Word/Aldus Pagemaker a plus, but not required).

Demonstrated organizational skills and the ability to work independently. Ability to set and meet deadlines.

Bachelor degree preferred. Applicant must submit writing samples.

FOCUS: FUTURE ISSUES

Revised 4/12/89

1989

May: Prison issue

- Overview of HIV Infection in Prisons, by Judy Greenspan
- Education Programs in Prisons and Insider's View of AIDS in Prisons, by Juan Rivera and/or David Gilbert, prisoners from two New York prisons. Both of have worked on AIDS education programs in prisons.

June: Bisexual issue

- Counseling and prevention issues for Bisexual men, by Jay Paul
- Bisexual issues in the U.S. Latino community, by Ernesto de la Vega

July: Living with HIV infection

- Medical practitioner's view of counseling issues for HIV infected over course of infection (focusing on language), by Lisa Calpadini
- Counseling Programs for People who are HIV Positive, by Pierre Luddington and someone at Body Positive, with help from someone in St. Louis

August: Gay Community counseling topics issue

- Counseling Discordant Couples, by Tom Caldarola & Michael Helquist
- Issues for Seronegatives, by Rachael Schochet

September: Montreal

- Seven articles (1 column each) on: psychosocial issues (Jim); Clinical care (Tim Mess or Paroski contact); Education (????); Caregivers (Mary Vachon); Legal (Ben Schatz or someone from Lambda); International (Michael); Basic Science (????); into (rob et al)--no briefs.

Chuck Fitching / RAY JACOBS

JUL KRONKA

October: Parenting issue

- Perinatal issues and counseling issues for potential parents, by Laurie Hauer
- Pediatrician's perspective on HIV and medical care recommendations for infants and children, by Paul Paroski (unconfirmed)

November: Partner Notification

- Legal advice to counselors about partner notification, including current laws and public policy, ethical and social questions, by David Shulman (unconfirmed)
- Counseling issues regarding partner notification

December: Nutrition

- Nutrition and HIV: clinical aspects of nutrition and immunity, by (unconfirmed)
- Ways to evaluate alternative diets or nutritional supplements; advice for mhp (

Potential Articles

-Two-part series on primary procedures by doc; background for MHPs--focus on what brings up for patient.

-Heterosexuals

-Lesbians as HIV infected population and as ASO workers (w/burnout)

-Alcohol

-Health care workers fear of AIDS

-Low literacy counseling and education

-Role of counseling in prevention

-Condom promotion

-Hospice issues

-Death and dying —

Talking to pts. about incurable illness.

-Reflective piece on law/how HIV has affected legal system (Mary Morgan?)

-Impact on health care delivery/financial and philosophical; changes in ways of perceiving health care; developing advocacy skills among clients, both for social services and for health care; information counselors need to know about health care and social service system

-The practitioner and the law (take off on book, pre-book)

-How to deal with media: interpretation and correction

-Counseling with limited resources

-Managing Stress among MHP (J. Macks)

-counseling adult mentally ill or retarded; and/or prevention among mentally impaired

-Think piece by Berube on AIDS as a natural disaster

-Cofactors

-Needle exchange

-Longterm survivors and psychoimmunology (temochuk)

- "Evaluation" of counseling and prevention programs

-Shift of affected population; effect on AIDS workers who don't want to work with new populations, such as IV drug users and/or people of color, and/or women etc.

FOCUS Style Sheet

Grammar

Person: use third person only, except when referring to research conclusions that are the author's original work. Second person may be used conversationally, for example, "You [the therapist] may want to counsel patients about safe sex....," but this should be avoided if possible.

Tense in Briefs: present tense when describing article, for example, "The researchers state..."; past tense when describing study itself, independent of the article, for instance, "The study found..."

Avoid split infinitives, except when this causes awkward phrasing or when split infinitive is accepted form, or when the adverb demands emphasis.

In general, avoid passive tense.

Do not separate words with a slash "/"; for example and/or, unless this is accepted scientific usage, eg:??

Word Usage (not medical)

Childcare

caseload

Use of "he or she": this is one we will debate. In general, avoid using "he or she," or any other reference to uncertain gender, when use of the third person plural, "they," for example, can be substituted without creating an awkward sentence. Use "he or she" when it is important to content to use singular or to make it clear that statement applies to each sex.

My (rob's) opinion is that articles that use only "they" may seem contrived. I also do not believe that "he or she" is always awkward phrasing. (It can become awkward if this subject is carried through in several forms throughout the sentence: "He or she should not take his or her own feelings too seriously or these feelings may interfere with the work the he or she, him or herself, needs to accomplish.") But where such constructions are used only once (or even twice) in a sentence, they may offer contrast and clarity, and also make the point that acknowledging the variety of gender is important.

Races should be capitalized: Black, White, Hispanic

Refer to people as gay except when talking about sexual aspects of orientation, then use homosexual, for instance, "gay men" and "heterosexuals who engage in homosexual practices."

In general, refer to prostitutes as sex industry workers. Use sexually-active instead of promiscuous (but make sure the meaning of "sexually-active" may not always be clear).

Refer to people with AIDS, as people with AIDS, people with HIV infection, HIV-infected _____. When talking about people with AIDS in medical or clinical setting, you may refer to them as patients or clients.

Use the infected, contracted or transmitted, not exposed. Also be careful about saying someone was exposed to information, an unfortunate pun.

Professional titles: practitioner, therapist, counselor, mental health professional, health care professional.

Style

In general, do not use questions in subheads??

Style: in general, avoid conversational style.

Numbers

One to nine should be spelled out; 10 and above should be expressed as numerals.

Numbers, 10 and above, that begin a sentence, should be spelled out, unless this becomes unwieldy (35,263 for example), in which case the sentence should be rewritten.

Always use numeral for expressing percentage, for example 2 percent. Spell out the word "percent."

Abbreviations

No periods in degrees: MD, MPH, PhD

No periods in UC campuses: UCSF, UCLA

Place Names

University of California San Francisco, University of California Berkeley (comma??)

Medical Word Usage

HIV, not HIV virus

Preferred labels to describe HIV infection: HIV infection, AIDS, the epidemic. Michael prefers that we do not use HIV disease. Rob wants to avoid AIDS describing everything as AIDS. May use HIV disease if an author insists, or if we convince each other???

Important to make sure that when author refers to CDC stats, that this be expressed as AIDS cases.

To: Jim, Michael and Paul

From: Rob

Date: February 7, 1989

RE: January 9 and 10 FOCUS Meeting Conclusions

I had hoped to compose this in the first week after the meeting, but the excitement of January's issue, the Law Book grant, February FOCUS and doing all the things I was to have completed while we were in fact meeting has kept me busy. I have compiled a selective report of what happened at the FOCUS meetings, including decisions we made and highlights of some of our discussions. Please tell me if any of this contradicts the proceedings as you remember them if I have omitted important points.

Vision

We decided that FOCUS should be defined by its emphasis on counseling issues, for lack of a better term, and not by its audience, primarily mental health professionals.

New Name: FOCUS: A Guide to AIDS Research and Counseling

We decided not to organize a national advisory board, but to sponsor more often facilitated discussions like the one we held on January 10. This would include primarily local people, but may include others, for instance when we are in Montreal, we may be able to get feedback from people we know from other places.

Content

We defined our process for deciding on content. It is comprised of the following elements: intuition, balance, current concerns, geography, what we've run previously, and topics of interest to specific audience segments.

We decided to solicit more data-based articles and behavioral articles.

We discussed future articles. I've attached an updated **Future FOCUS** to this summary. The following are highlights of our discussions.

We redesignated Pierre's article (for July) to be a second rather than a lead article and decided that it should deal with the spectrum of "living with AIDS" programs. (Pierre agreed to all of this and will be getting an outline to me when he returns from Spain.) Sandra Hernandez et al. still up in the air for the lead article for this issue. Jay Paul and Ernesto de la Vega have confirmed for the bisexual issue for June. The exciting August issue is still up in the air; we still need people to write about discordant couples (Helquist and Caldarola??) and about seronegatives.

I will do medline literature searches and send information to writers.

Everyone likes the idea of an index, but we need someone to do it.

Michael and I will keep notes on style issues to be used in developing a FOCUS style sheet. We will discuss these issues and perhaps finalize the conventions when Michael visits in April.

We decided to include an author query in FOCUS and to also encourage readers to write in and share ideas and concerns. We also decided to run occasional inserts (6-page FOCUS) to use reader feedback, whether as a reader-inspired article or as a Forum, or if appropriate a Q&A.

Design

We will institute all the design changes we approve at one time. This includes the name change. Joseph and I will prepare mock-ups of the more dramatic changes and distribute them. We will make final decisions when Michael visits in April.

We decided to consider, but for the moment only consider, the expansion issue. There is a compelling argument that FOCUS is sometimes hard to read that six pages would allow us more white space and larger type. We did decide, very informally at the advisory section, to consider occasional inserts. We will also consider, but not act upon immediately, changes in paper and ink.

Other design decisions included:

- redesign masthead to incorporate new title
- eliminate the titles: "Dx/Rx/Tx," and "BRIEFS"
- change way Briefs are formatted--put Brief title alone on first line, put affiliation of authors and journal name at bottom of Brief in italics
- incorporate an authors query

Potential design changes include:

- try out a change in the way organizational information is presented
- try out removing some or all borders
- try out changing FOCUS page numbers

Financial

FOCUS is making around \$2500 a month in profit. We currently have \$33,500 in the bank. We anticipate having \$63,500 by the end of December 1989. This amount will be allocated as follows:

- \$20,000 - cushion for AHP (to 7/89)
- \$23,500 - cushion for AHP (to 12/89 or 7/90??)
- \$20,000 - FOCUS

The \$20,000 has not been completely allocated at this point. We decided to fund a half-time marketing position at about \$12,000 to \$14,000 including benefits. We also decided in principle to fund occasional literature reviews on selected topics a presence at conferences where we can rub elbows with those on the front lines. Other potential uses of the money could be additional computer equipment and occasional inserts.

Marketing

Paul has committed his marketing presentation, including input from the advisory meeting, to paper. I have attached his report.

In addition, we decided to establish a low-income rate of \$24. It is unclear whether this would replace the PWA rate of \$12.

Staffing

We decided to seek out volunteer proofreaders, to hire occasionally consultant do literature reviews, and to hire a marketing person. David Lee will help with inputting articles into computer.

Facilitated Discussion (Advisory Meeting)

Present: Jim, Michael, Rob, Paul, Katherine Pierce, Paul Barnes, Steve Follansbee, Marcia Quackenbush, Judy Macks, Joseph, Chuck Frutchey.

Content: Insert page: Give the other side--debate forum (Barnes and Pierce),
 Letters (Pierce), Q&A (Barnes), Case presentation, short reports,
 allows for greater geographic representation of authors
 (Quackenbush), Contributor's exchange (Pierce), Could be Q&A or
 a Q-inspired article (Follansbee)
 More abstracts and review articles (Macks)
 More data-based articles (Macks, Helquist, everyone)
 Make sure authors' work reflects current data (Helquist)
 Make more comprehensive. Add a third, technical article (Frutchey)

Design: Expand--difficult to read--type to small (Barnes)

Marketing: Mail reader survey not worth it. Try phone survey??(Pierce, Barnes)
 Push for institutional subs (Frutchey)
 CBO rate (Barnes),
 Low-income rate. Too expensive for private practs. (Quackenbush)
 Raise rates after creating larger sub base (Barnes)
 Tax deduction (Barnes)
 When price goes up, offer three-year sub at old price to current
 subscribers (Quackenbush)

Next Meeting with Michael: Afternoon of April 3.

FOCUS: FUTURE ISSUES

Revised 2/7/89

1989

March: Children issue

- AIDS Classroom Education for Very Young Children, by Marcia Quackenbush
- Counseling High-Risk Youth, by Ken Dunnigan

April: Hemophilia issue

- Scientific Aspects of Hemophilia and AIDS, by Margaret Ragni
- Counseling Aspects of Hemophilia and AIDS, by Debbie DeMaio

May: Prison issue

- Overview of HIV Infection in Prisons, by Judy Greenspan
- Education Programs in Prisons and Insider's View of AIDS in Prisons, by Juan Rivera and/or David Gilbert, prisoners from two New York prisons. Both of have worked on AIDS education programs in prisons.

June: Bisexual issue

- Counseling and prevention issues for Bisexual men, by Jay Paul
- Bisexual issues in the U.S. Latino community, by Ernesto de la Vega

July: Living with HIV infection

- Medical practitioner's view of counseling issues for HIV infected over course of infection, by Sandra Hernandez and Jim Dilley (unconfirmed) (*The Jim Dilley anniversary issue*)
- Counseling Programs for People who are HIV Positive, by Pierre Luddington and someone at Body Positive, with help from someone in St. Louis

August: Gay Community counseling topics issue

- Counseling Discordant Couples, by Tom Caldarola & Michael Helquist (unconfirmed)
- Issues for Seronegatives--?????????

September: Montreal

- Lead article will deal with issues that we anticipate will come out of International: for example, risk guidelines, vaccine update, co-factors, treatments(?), universal precautions, needle exchange.
- Second article on international issues, global trends on AIDS epidemiology and prevention??
- Insert page will include four to six responses to the conference by pre-assigned reviewers. Each will focus on reviewer's perception of most important or relevant item to come from the conference and how this item is important to our audience. Potential reviewers: Michael, Marcia Q., Jim. We need to assign these soon.

October: Parenting issue

- Perinatal issues and counseling issues for potential parents, by Laurie Hauer
- Pediatrician's perspective and medical care recommendations, by Paul Paroski (very unconfirmed) or perspective of parents who are raising HIV infected child.

November:

- Prevention counseling worldwide, by Helen Sheeting (unconfirmed)

Planned Articles

-Three-part series on primary procedures by doc (Steve Follansbee??) background for MHPs--focus on what brings up for patient.

Potential Articles

- Heterosexuals and bisexuals (Chris Alexander article) or bisexuals alone
- Alcohol
- Health care workers fear of AIDS
- HCW issue: article by Ward 5A nurse and/or article on nursing IV drug users in NY (Alma Dixon or Mary Boland in NJ). Instead of one of these, possibly article on physician burnout (Jacki ?? or Gerald Friedman in NY)
- Low literacy counseling and education
- Role of counseling in prevention
- Condom promotion
- Hospice issues
- Death and dying
- Reflective piece on law/how HIV has affected legal system (Mary Morgan?)
- Educating people in legal system (Mary Morgan?)
- Impact on health care delivery/financial and philosophical
- Legislation (dealing with flood, major legislative issues)
- The practitioner and the law (take off on book, pre-book)
- Future of AIDS funding
- Other public policy issues: potential authors--Steve Morin, Ron Bayer, Pat Christian, David Kirp, etc. or issue on review of public policy issues
- How to deal with media: interpretation and correction
- Counseling with limited resources
- Managing Stress among MHP (J. Macks)

FOCUS Mtg

Behavioral Research + effectiveness: staying up to date,
CAPS, et. al.

Mission Statement:

- educate interested parties on the counseling issues relevant to mental health and health care providers.
- Use of consultants to develop specific ideas; review literature, develop position statements, etc.
- go to CAPS meetings;

- Style Sheet (April)

- AIDS

- grammar

- Proofreader Ads

Information

- Attend CAPS

- searches to Authors

- conferences

- Call Sandra Hernandez re:
Pt with HIV Disease:
Counseling the ~~the patient~~ ~~the patient~~
med + Psych Issues
~~On the Change of~~

Proposed Agenda for FOCUS Meetings, January 10 and 11, 1989

Tuesday, January 10

8:30 to 9:00 Determine Agenda (Jim, Michael, Paul, Rob)

9:00 to 11:00 Vision (Jim, Michael, Paul, Rob)

Definition of what FOCUS is: its content, audience, staffing, editorial and writing procedures, authors, etc. Discussion of an ideal of what we want FOCUS to be and how this is different from what it is.

11:00 to 12:30 Content (Jim, Michael, Rob)

Content

- articles
- authors
- audience
- staffing

12:30 to 1:15 Lunch (continuation of discussion?)

1:15 to 3:00 Design and Production (Michael, Paul, Joseph, Rob)

Design

- layout conventions
- size
- procedures for determining design
- staffing

Production

- computer issues
- staffing

3:00 to 5:00 Editorial Procedures (Jim, Michael, Rob)

Editorial procedures

- determining content, authors
- editing
- style (and style sheet)
- discussions with authors
- staffing

Proposed Focus Agenda, 2

Wednesday, January 10

8:30 to 9:30 Finances (Jim, Michael, Paul, Donna, Rob)

9:30 to 11:30 Marketing (Jim, Michael, Paul, Rob)

Marketing

- determining audience
- reaching audience
- survey
- staffing

11:30 to 1:30 Facilitated Discussion with Advisors (Lunch)
(Jim, Michael, Rob, Paul, Joseph, Judy Macks,
Marcia Quackenbush, Paul Barnes, Katherine Pierce,
Chuck Frutche, Steve Follansbee)

1:30 to 3:00 Staffing (Jim, Michael, Rob)

Staffing

- paid
- volunteer
- consulting
- Advisory Board
- Review: Rob

3:00 to 5:00 Conclusions

Summary of proposals

Timeline for changes

Assignment of tasks

Immediate Issues

INDEPENDENT SURVEY RESULTS

A recent independent* survey of readers of
FOCUS: A Guide to AIDS Research
revealed the following:

- When asked, "How would you evaluate *FOCUS*?", over 60% rated it "Good to Excellent."
- Over 73% answered "YES" to the question: "Has *FOCUS* kept you current on AIDS?"
- Over 73% stated that they would definitely recommend *FOCUS* to their colleagues.

*Survey of physicians, psychologists, hospitals, laboratories and other medical professionals currently receiving *FOCUS* courtesy of the Hawaii Medical Services Association, Spring, 1988.

Education Helps Contain Spread of AIDS

More than 30,000 people will contract AIDS in 1988. The social, economic and health implications are staggering. Health care experts agree that presently the best defense against the spread of the AIDS virus is preventive education.

To help you stay abreast of the latest information on AIDS, HMSA provided free one-year subscriptions to the AIDS research newsletter **FOCUS**. About 2,800 of Hawaii's health care professionals now receive **FOCUS**, which is published monthly by The AIDS Health Project of the University of California, San Francisco. (See **FOCUS** questionnaire.)

In addition to ongoing community education programs, for 1988, HMSA will continue its education efforts for physicians, including special seminars for health care professionals.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 4 March 1988

The Impact of AIDS on Medicine

Charles E. Lewis, MD

Advances in medicine within the past three decades have had an enormous impact on society. Individuals with chronic disease are living longer. Those with defective joints often can replace them, and patients with disabilities can live better with them. Our use of non-invasive diagnostic tools has spread. We have found that our understanding of the very basic processes of life exceeds our capacities to deal with the consequences.

Physicians tend to talk about the impact of medicine on society rather than society's impact on medicine. But most physicians currently practicing medicine have never faced an epidemic of an uncontrolled disease. For them AIDS is a new phenomenon. The result for most is a new and uncomfortable feeling, one made more eerie by the fact that AIDS is primarily spread through sexual contact and is presently an untreatable disorder.

AIDS has already had a significant impact on medicine. It promises to continue doing so in the future. The description that follows of a research project assessing physician competence in caring for persons with AIDS illustrates the point.

A Study of Competency

In 1983 we mounted a study examining the effect of various teaching and learning methods on physicians' competence related to AIDS.

The first problem was defining "competency." With the help of subpanels, the following areas of competency were defined:

- (1) The ability to take an adequate sexual history to define risk.
- (2) The ability to provide sexual counseling about high-risk and low-risk behavior.
- (3) The level of understanding about the epidemiology of HIV as manifested by recognition of low-risk forms of interpersonal contact.
- (4) The ability to apply knowledge to solve a problem that is clinically evaluating a patient with symptoms suggestive of HIV infection.
- (5) The level of understanding of the appropriate use of HIV antibody testing with particular reference to the problems of sensitivity and specificity of the tests and the subsequent generation of false positives.

To assess the effectiveness of written, audio (audiotape), and audiovisual (videocassette) approaches to presenting information aimed at improving areas of competency, it was first necessary to determine the baseline competency of a random sample of primary care practitioners in Los Angeles County. We conducted telephone interviews to assess AIDS knowledge and

physician practices.

In mid-1984 we interviewed three groups of physicians: internists, family physicians, and general practitioners in Los Angeles County (N=600). Each reported practicing medicine for more than 20 years. The results were striking. Only a handful of the physicians interviewed took sexual history, and sexual counseling was nonexistent. Only 20 percent knew of a screening test, and only 15 percent adequately approached a patient who might have symptoms of AIDS. Most of the respondents grossly over-estimated the dangers of low-risk circumstances, such as casual contact associated with restaurant dining.

The interview materials were prepared carefully because we were interested also in testing whether a somewhat light-hearted approach to the presentation of AIDS information would have a salutary effect. We interviewed these same physicians again four months later. There were significant increases in most measures of competence among all three groups, though not in sexual history-taking or counseling.

AIDS is not a problem of major urban centers alone... it is a problem primary care physicians can expect to face wherever they live and practice.

On closer inspection of the data, however, it became apparent that individuals who said they had not used the material we provided did as well on the post-test examination as those who had used and enjoyed it. It became obvious that physicians, in general, were being bombarded with information about AIDS from a variety of mass media sources. Compared to the rather minuscule education effort provided by our study, most had improved their knowledge more from watching the nightly news than from reading our material.

This study was unique in many ways. It was the first time in more than 20 years of research that the principal investigator found it necessary to meet with research assistants (interviewers) as a group to listen to their concerns. Many were decidedly upset by their contact with the physicians in the study. One assistant said, "I called a doctor and told him what the survey was about. He said, 'I don't have any of those patients and if I did, I wouldn't treat them. Because these bastards deserve to die.'"

The vast, not an overstated example. The collected data demonstrated that those physicians who were uncomfortable with gay men were less competent in the areas being studied. But the interviewers revealed more than incompetence. They also uncovered rampant homophobia in its ugliest form.

The pieces of the puzzle began to fall together. In the development of the interview guide we met for lunch with a group of internists practicing in Los Angeles to explore with them the proposed content of the questions. When we mentioned sexual history-taking, one older physician said —

continued on page 2

GUIDE TO AIDS RESEARCH

March 1988

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continued on page 2

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HMSA on call.

**Special
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Spring 1988 Vol. 4 No. 1

We
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Hawaii Medical
Dental Journal.

Specially
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With this new service you and your staff can expect to spend less time seeking answers and more time providing quality health care service to your patients.

You can reach a Professional Service Representative at 973-7700 Monday through Friday between 8 a.m. and 4 p.m.

To: Jim, Michael and Paul

From: Rob

Date: January 9, 1989

RE: FOCUS: Potential Changes and Growth

Vision

FOCUS' obvious goal is to provide clear, accurate, ~~comprehensive~~ and timely information on all aspects of HIV disease to the mental health community, AIDS service organizations and interested lay people (and doctors in Hawaii). But FOCUS does something more than this.

FOCUS offers insights into how to deal with feelings about AIDS, how to communicate intelligently about AIDS and how to help people deal with a disease whose most important component may be psychological rather than medical. And unlike medical journals that deal with AIDS in medical terms or psychological journals that deal with it in psychological terms, FOCUS goes beyond the parochial concerns of one discipline and offers readers a general discussion of the important points related to a topic.

FOCUS has adopted the approach of mental health professionals at their best, when they speak in human terms to human concerns. If it was at one time FOCUS' mission to deliver information about HIV disease to the mental health community alone, the newsletter's ultimate role could be to use this approach to deliver AIDS information to other groups.

FOCUS has a great potential to reach diverse audiences and offer them something they can get no where else. Anyone who has to deal with HIV disease, particularly with people who are dealing with HIV disease, can get something from FOCUS. In determining the content of FOCUS, we must define more clearly the parts of this vast audience that we especially want to reach, because despite the fact that any of our articles can have a broad appeal, many have been tailored to the interests of particular groups, mental health professionals for instance.

Having said all of this, I will backtrack and add that FOCUS cannot be everything for everyone and that at present FOCUS fills its niche well. We must acknowledge the potential for growth and change and take steps to move in the directions we identify.

Content

Some ideas on the content of FOCUS.

Single-topic issues: It has worked well to focus, when we can, each issue on a single topic. Let's continue to do this.

Reporting on science: Make science of AIDS accessible to non-scientists. Focus particularly on issues that are misrepresented in the popular press, or those for which the popular and scholarly press may have overlooked important concerns.

Deal with peripheral issues and acknowledge larger implications:

Approach issues that are peripheral to standard medical or psychological ones: for instance, communicating about AIDS, public policy issues, social and economic issues. Remind readers that AIDS is an epidemic with global, long-term and profound effects; deal with these effects and their implications.

International: Acknowledge the international component of the epidemic (pat me on the back Michael). The international audience is a difficult one to approach, because including an international perspective in all of our articles can seem artificial and because the HIV-related issues in the United States are often very different from those in other countries.

One way of dealing with this is to have a regular (every issue or every other issue) feature on an international topic (one column long). In a single-topic issue of FOCUS, this feature could be devoted to the international implications of that topic. Another way is to offer more articles that deal with topics that lend themselves to an international treatment.

Updates: Be particularly sensitive to changes in science, public policy, and prevention, as well as psychology, and keep people abreast of these changes even in areas we have covered earlier. We could run periodic Updates, which would include one-column updates of previous articles by the original authors.

Index: Great assignment for a knowledgeable volunteer. People ask about an index periodically. The closest thing we have is the back issues list.

Procedure

Deadlines: The issues through June now have deadlines of two to three months in advance of publication. The Montreal issues may be tighter, but if we are able to anticipate some of the topics and identify authors, we may still be able to maintain at least a two-month lead. Aside from these, we should be able to institute a four-month lead time beginning in the fall 1989. This requires us to plan six to nine months ahead to allow for author negotiations and writing.

Authors: Writing ability. In identifying potential authors, should we do any research on a candidate's writing ability or should we just assume that some articles will need major rewriting?

Geography. We have done very well in planning the next few months to include authors from all over the country. April's authors are from Pittsburgh and Providence, RI. One of May's author's is from Washington, DC; the other will probably be from California, but outside San Francisco. The June lead will be by Pierre and someone from New York, with help from someone in St. Louis. Between June 1988 and May 1989, with one article yet to be assigned, 13 authors were from SF, two were from DC, two were from LA, and one each was from NY, Pittsburgh, Providence, Minnesota, Houston and Toronto. Given that a lot is happening in SF (and we are based here), this seems to be a pretty good record. I think a reasonable goal is one-quarter to one-third SF authors.

Marketing to authors. One way of increasing geographic representation is to encourage queries from our readers. Another way would be to do marketing for

Back Issues

FOCUS: A Guide to AIDS Research

- V. 1, #1-Dec. 85: Where is AIDS Going?: An Epidemiological Update; AIDS Marker: Update on UCSF Discovery
- V. 1, #2-Jan. 86: The Psychosocial Challenges of AIDS & ARC; Psychiatric Implications of AIDS
- V. 1, #3-Feb. 86: Understanding ARC: The Broader Spectrum of AIDS; A Working Definition of ARC
- V. 1, #4-Mar. 86: Treatment & Prevention of AIDS; 4 Phases of Drug Testing; Protocols and Patients
- V. 1, #5-Apr. 86: Social, Psychological and Ethical Aspects of AIDS in Children; Pediatric AIDS - The Scope of the Problem
- V. 1, #6-May 86: Pain Management in Terminal Disease; Hemophilia and AIDS; Treatment Update: AZT
- V. 1, #7-June 86: The Impact of AIDS on Women; Counseling Survivors
- V. 1, #8-July 86: AIDS Antibody Testing: Evaluation & Counseling; Disclosing AIDS Antibody Test Results
- V. 1, #9-Aug 86: Substance Abuse & AIDS: Issues for Health Care Providers; Substance Abuse & AIDS: Counseling for Gay Men
- V. 1, #10-Sept 86: The Paris AIDS Conference: Psychosocial Research; AIDS Therapies: Update from Paris
- V. 1, #11-Oct. 86: AIDS in Ethnic Communities; Predictors of AIDS/ARC
- V. 1, #12-Nov. 86: AIDS-Related Suicide: A Dilemma for Health Care Providers; Suicide: Clinical Aspects
- V. 2, #1-Dec. 86: Attitudes and Trends: Public Perception of AIDS; 3 Levels of Prevention
- V. 2, #2-Jan. 87: Treatment of AIDS/ARC Patients on an Inpatient Psychiatric Unit; Update on Viruses
- V. 2, #3-Feb. 87: Educating Youth About AIDS; Ethnic & Racial Misconceptions About AIDS
- V. 2, #4-Mar. 87: Ethical Issues in the AIDS Epidemic; AIDS Vaccine: Ethical Dilemmas
- V. 2, #5-Apr. 87: Whether To Take the Test: Counseling Guidelines; Heterosexuals & AIDS: Report from Atlanta
- V. 2, #6-May 87: Psychoneuroimmunology & AIDS; A Model for AIDS Prevention
- V. 2, #7-June 87: Learning to Care: Health Care Workers Respond to AIDS
- V. 2, #8-July 87: Transfusion-Associated AIDS: Past, Present, and Future; Counseling the HIV Seropositive Transfusion Recipient
- V. 2, #9-Aug. 87: The Washington AIDS Conference: Reflections of the Epidemic; AIDS Education: Worldwide Strategies
- V. 2, #10-Sept. 87: New AIDS Prevention Strategies for the IV Drug User; HIV and Homeless Youth
- V. 2, #11-Oct. 87: Group Work with People with ARC: A Conceptual Framework; Group Interventions for AIDS Prevention: An Evaluation
- V. 2, #12-Nov. 87: The Impact of HIV Infection on Childhood Health Programs: Psychological Support for Children with AIDS
- V. 3, #1-Dec. 87: Integrating AIDS Prevention into Clinical Practice; Care for the Caregivers
- V. 3, #2-Jan. 88: Homophobia, AIDS and the Health Care Professional; Homophobia in AIDS Education: Counterproductive to Prevention
- V. 3, #3-Feb. 88: Heterosexuals and AIDS: What is the Risk?; Seropositive Women: Clinical Issues and Approaches
- V. 3, #4-Mar. 88: The Impact of AIDS on Medicine; Countertransference Reactions of Female Health Care Providers to Women with HIV Infections (Part One)
- V. 3, #5-Apr. 88: AIDS & Spirituality; Countertransference Reactions of Female Health Care Providers to Women with HIV (Part Two)
- V. 3, #6-May 88: Whether to Take Experimental Drugs: Counseling Issues; The Value of T-Cell Testing in HIV-Infected Patients

FOCUS also provides reviews of recent AIDS-related publications, studies, and abstracts of published research.

new routes

No evidence for [^]HIV.

transmission toward

FOCUS: Potential Changes and Growth, 3

submissions at the same time we do marketing for subscriptions. We might even decide to do an author letter alone to the NAN mailing list for example. Finally, author information should be distributed at any conferences at which we table. Any mass request for submission would have to make our guidelines clear and request queries rather than articles.

Staffing: There are some areas in which extra staffing might be helpful.

Proofreading: I now rely upon the kindness of strangers: Dorothy and Steve. The situation is sometimes difficult because our deadlines have been ignored by recent authors, and because FOCUS proofreading must be accommodated by Dorothy and Steve's otherwise busy schedules. In addition, while Steve turns around the proofs quickly, Dorothy takes longer. The quality of her work cannot be faulted--she is meticulous and knowledgeable--but in the pinch, the time factor becomes a liability.

Two proofreaders are helpful, especially since our turnaround is fast and FOCUS can be dense (despite our best efforts). More importantly, it would be helpful to assign definite proofreaders, whose time we could count on when it was needed.

Information gathering: I am responsible for looking through journals and the NY Times for relevant articles, and for photocopying, distributing these articles, and filing them. While this task does not take up a huge amount of time, I find that the time I might spend actually reading these materials is spent processing them for others to read. Some staff support here would be helpful.

Clerical activities: With the potential of our converting IBM disks to Mac disks (Joseph is working on this), the time spent handling articles will be diminished. Until this time, it would be helpful to have someone to enter articles into the computer. Another task that takes some time is responding to reprint requests.

Inventory: Storage problems. Need to have a clearer sense that we ordering the right amount and distributing in the right way. I understand that tracking use of FOCUS is difficult, but re-ordering of out-of-print issues is haphazard. This is a staffing issue as well. Is this a job Bob would be available to do?

Marketing

~~**Reader survey:** We have no concrete knowledge about what our readers think about FOCUS, what they want from it or the problems they have with it. This information becomes particularly important as we plan changes in design and content. A reader survey, developed and implemented by someone with time and expertise (perhaps an outside consultant) would answer these questions as well as offer other insights, such as demographics.~~

~~**Potential audience:** Some groups to whom we should consider marketing: lawyers and judges, police, students (by type), medical doctors ("HIV infection is a disease that requires careful psychological management as well as medical care....."), nurses, educators, corporate personnel types, et al.~~

Pricing: Should we have a student or PWA price?

Design

While the present design of FOCUS is straightforward and effective, there is potential for it to become more readable, even visually exciting, without sacrificing its image of clear, concise and moderate design.

With the advice of an architect/graphic designer and a printer/bookbinder, both friends of mine, I have come up with a few suggestions for changes. I think that all of these changes would improve FOCUS, but even with only a few of them, the newsletter would become more visually interesting and readable.

I think our best strategy would be to come to some agreement on the scope of changes, rather than getting too involved in determining the specific changes, and then engage a consultant to help us with the actual redesign. And, of course, we should rely on a reader survey and/or focus groups to help us in this process.

Expansion to six pages: One of FOCUS' assets is its brevity. We should be clear on the advantages of expansion before we take a chance of sacrificing this attribute. I envision as most appropriate at this time an expansion to six pages, if we could do a three-page fold-out (to avoid a loose page in the middle). Six pages would allow us to give all of our text more breathing space. The new FOCUS would allow for a lead article of 4 to 6 columns; two secondary articles of 2 columns a piece, and 2 to 4 columns of briefs, (including more reviews and possibly conference and other announcements) and the Next Month blurb. Finally, the six-page format (the fold-out version) would allow us to be more graphically interesting, creating three-page spreads.

The potential problems with this plan is the added work of coordinating the writing and editing of another article and more briefs, and the complications of a more elaborate design. Extra staffing (either volunteer or paid) might be required.

Redesign FOCUS masthead: We must be careful here. I think it is pretty well-accepted in the publishing industry that there is a danger in changing any identifying information, particularly for a well-regarded publication. So, the typeface (Lubelin) should remain the same. Remove the black border around FOCUS box. This would make the visual lighter and focus greater attention on the title itself. Reorganize placement of words in masthead. ✓

Change name: The name "FOCUS" should also remain the same. We should discuss whether "A Guide to AIDS Research" really describes FOCUS, what names would describe us better, and whether changing the name would cause more confusion than clarity. One possibility would be: FOCUS: A Guide to AIDS Issues. ✓

Type face: Changing a type face is a serious matter, on the par with changing the masthead. My printer friend thinks a serif type would warm up the publication and make it more readable, although she did not dismiss our current type face as bad. Make sure type size and font changes are consistent throughout newsletter.

Ink and page color: My printer friend suggested changing the paper color to white and the ink to blue. I've also heard several people respond to our green as "hospital green," an unfortunate association, and to the color scheme as depressing. Changing paper and ink color is also a serious matter. I think we could easily change the green to blue, without risking too much reader confusion. If we could not go to

white paper, perhaps a lighter cream?? My printer friend also likes the idea of glossy paper. This is probably more expensive than it is worth.

Consolidate organizational information: Masthead at bottom of page 1, combined with FOCUS title, makes page 1 smaller, more crowded and more disjointed than it might be. This information could be combined with organizational box on back page and moved to the back page. All of this information should be edited and reformatted so that it takes less space and emphasizes important information. Some of the information from front organization box, like the logo and publication line, should be on first page and can be integrated into a different design.

Remove borders: Borders, especially combined with boxes, can constrain the text and make our busy-looking newsletter even more crowded. Removing borders will allow more text and/or white space.

Page numbers and FOCUS identification: The FOCUS identifying information on pages 2, 3 and 4 works with a format that includes a border, but like the border, constrains the space on the page. The page numbers at the bottom of pages 2 and 3 float awkwardly between the columns. The identifying information should move either to the top of the page or the bottom of the page and incorporate page number. Another option would be to eliminate bottom and top borders, but maintain side borders, including identifying information. Page numbers would still be incorporated with this information.

Dx/Rx/Tx: We are currently operating under the myth that the second article is limited in scope to diagnosis, treatment or prevention and that it is fundamentally different in its content from the lead article, rather than simply shorter in length. This distinction no longer appears to be true. In this respect, the heading is misleading. It also crowds the title of the second article. I think that FOCUS remains clear and well-organized without this heading.

White space: The use of white space up to now has been idiosyncratic and varies according to the space available. If we go to six pages, we should have no excuse not to give our articles more breathing room. But even if we stay at four pages, tight editing (its getting tighter) should allow us to present articles more pleasingly without sacrificing content. We cannot rely on green screens solely to break up the cascade of text that washes over our readers.

Other graphic devices: Placement of boxes across columns, or between columns, can break up text more effectively than boxes that sit squarely in the column. Also, using graphs and tables, when appropriate, can offer variation from our standard pull-quotes (for example the Judy Wilbur graph).

Variations in column width on some pages, for example three instead of two columns per page, may also break up the text.

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RECEIVED

October 3, 1988

OCT 6 1988

Paul Causey
Marketing & Development
Coordinator
FOCUS
UCSF AIDS Health Project
Box 0884
San Francisco, CA 94143-0084

Dear Mr. Causey:

Enclosed is a check for \$29,870.00 to renew our FOCUS subscription from July 1, 1988 to June 30, 1989. The cost is based on the following:

Annual fee - \$22,191.00 (2900 copies @ \$10.30 ea.)
Printing - 5,897.00
Shipping - 1,782.00

During our recent phone conversations, it was agreed that the subscription fee for 2,900 copies monthly would be in effect from July 1, 1988 through June 30, 1990.

We understand that 2,900 copies of FOCUS will be sent on the 13th of each month starting with the September issue via UPS 2nd day air.

I have also enclosed the FOCUS survey, survey results and "HMSA's Professional Update", in which you expressed an interest.

I look forward to working with you again in a continuing AIDS education effort. Meanwhile, if you have any questions, please feel free to call me at (808) 944-2414.

Sincerely,

Annette Rizzo
Project Aide
Community Relations

AR:el

Enclosures

BRANCHES:

PONAHAWAI
PROFESSIONAL CENTER
670 PONAHAWAI ST., SUITE 121
HILO, HI 96720
TEL: 935-5441

KUAKINI TOWERS
75-5722 KUAKINI HWY., SUITE 100
KAILUA-KONA, HI 96740
TEL: 329-5291

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KAHULUI, HI 96732
TEL: 871-6295

KUKUI EXECUTIVE CENTER,
PHASE 2
4366 KUKUI GROVE ST., SUITE 103
LIHUE, HI 96766
TEL: 245-3393

Education Helps Contain Spread of AIDS

More than 30,000 people will contract AIDS in 1988. The social, economic and health implications are staggering. Health care experts agree that presently the best defense against the spread of the AIDS virus is preventive education.

To help you stay abreast of the latest information on AIDS, HMSA provided free one-year subscriptions to the AIDS research newsletter *FOCUS*. About 2,800 of Hawaii's health care professionals now receive *FOCUS*, which is published monthly by The AIDS Health Project of the University of California, San Francisco. (See *FOCUS* questionnaire.)

In addition to ongoing community education programs, for 1988, HMSA will continue its education efforts for physicians, including special seminars for health care professionals.

FOCUS A GUIDE TO AIDS RESEARCH

Volume 3, Number 4

March 1988

The Impact of AIDS on Medicine

Charles E. Lewis, MD

Advances in medicine within the past three decades have had an enormous impact on society. Individuals with chronic disease are living longer. Those with defective parts often can replace them and patients with disabilities can live better with them. Our use of non-invasive diagnostic tools has spiraled. We now find that our understanding of the very basic processes of life exceeds our capacities to deal with the consequences.

Physicians tend to talk about the impact of medicine on society rather than society's impact on medicine. But most physicians currently practicing medicine have never faced an epidemic of an uncontrolled disease. For them AIDS is a new phenomenon. The result for most is a new and uncomfortable feeling: one made more intense by the fact that AIDS is primarily spread through sexual contact and is presently an untreatable disorder.

AIDS has already had a significant impact on medicine. It promises to continue doing so in the future. The description that follows of a research project assessing physician competence in caring for persons with AIDS illustrates this point.

A Study of Competency

In 1983 we mounted a study examining the effect of various teaching and learning methods on physicians' competencies related to AIDS. The first problem was defining "competency." With the help of subspecialists, the following areas of competency were defined:

- (1) The ability to take an adequate sexual history to define risk.
- (2) The ability to provide sexual counseling about high-risk and low-risk behavior.
- (3) The level of understanding about the epidemiology of HIV as manifested by recognition of low-risk forms of interpersonal contact.
- (4) The ability to apply knowledge to solve a problem, that is, clinically evaluating a patient with symptoms suggestive of HIV infection, and
- (5) The level of understanding of the appropriate use of HIV antibody testing with particular reference to the problems of sensitivity and specificity of the tests and the subsequent generation of false positives.

To assess the effectiveness of written, audio (audiocassette), and audiovisual (videocassette) approaches to presenting information aimed at improving areas of competency, it was first necessary to determine the baseline competency of a random sample of primary care practitioners in Los Angeles County. We conducted telephone interviews to assess AIDS knowledge and

physician practices

In mid-1984 we interviewed three groups of physicians: internists, family physicians, and general practitioners in Los Angeles County (N=400). Each reported practicing medicine for more than 20 years. The results were striking. Only a handful of the physicians interviewed took sexual histories, and sexual counseling was nonexistent. Only 20 percent knew of a screening test, and only 15 percent adequately approached a patient who might have symptoms of AIDS. Most of the respondents grossly over-estimated the dangers of low-risk circumstances, such as casual contact associated with restaurant dining.

The interview materials were prepared carefully because we were interested also in testing whether a somewhat light-hearted approach to the presentation of AIDS information would have a salutary effect. We interviewed these same physicians again four months later. There were significant increases in most measures of competence among all three groups, though not in sexual history-taking or counseling.

AIDS is not a problem of major urban centers alone. . . . It is a problem primary care physicians can expect to face wherever they live and practice.

On closer inspection of the data, however, it became apparent that individuals who said they had not used the material we provided did as well on the post-test examination as those who had used and enjoyed it. It became obvious that physicians, in general, were being bombarded with information about AIDS from a variety of mass media sources. Compared to the rather meagre education effort provided by our study, most had improved their knowledge more from watching the nightly news than from reading our material.

This study was unique in many ways. It was the first time in more than 20 years of research that the principal investigator found it necessary to meet with research assistants (interviewers) as a group to listen to their concerns. Many were decidedly upset by their contact with the physicians in the study. One assistant said: "I called a doctor and told him what the survey was about. He said, 'I don't have any of those patients, and if I did, I wouldn't trust them, because those bastards deserve to die.'"

This was not an isolated example. The collected data demonstrated that those physicians who were uncomfortable with gay men were less competent in the areas being studied. But the interviews revealed more than incompetence: they and uncovered rampant homophobia in its ugliest form.

The pieces of the puzzle began to fall together in the development of the interview guide we met for lunch with a group of internist friends practicing in Los Angeles to explore with them the proposed content of the questions. When we mentioned sexual history-taking, one sister physician said —

continued on page 2



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March 1988

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973-7700
HMSA on call.

Now you can get fast, personal answers when you need them just by dialing our new direct Provider Service Line. There's no waiting because our new, expanded staff is on call from 8 to 4 Monday through Friday. They're specially trained and can give you straight answers about claims, benefits, coordination of benefits, procedure codes, fee revisions, CPT-4 and ICD-9 coding, participation agreements and more.

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If you have a question about your HMSA payment, or any other concern, now it's easier to get the answers you need — quickly and efficiently.

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Our new provider service operation will provide a one-stop service with a staff that's specially trained to understand your needs and concerns.

With this new service you and your staff can expect to spend less time seeking answers and more time providing quality health care service to your patients.

You can reach a Professional Service Representative at 973-7700 Monday through Friday between 8 a.m. and 4 p.m.

Telephone Service Staff Ad

We advertised our new provider telephone service in the January, February and March 1988 issues of Hawaii Medical Journal and Hawaii Dental Journal.

FOCUS Questionnaire

Beginning in July 1987, HMSA provided physicians with a one-year complimentary subscription to *FOCUS*, the AIDS research newsletter.

As we assess the need to continue to provide this subscription, we would like to hear what you have to say about *FOCUS*.

Please complete this questionnaire and mail it back to us. No postage is necessary.

Do you read *FOCUS* regularly?

☐ Yes ☐ No

How would you evaluate the information in *FOCUS*?

☐ Poor ☐ Fair ☐ Average ☐ Good ☐ Excellent

Has *FOCUS* helped to keep you current on AIDS?

☐ Yes ☐ No

Has *FOCUS* helped enhance your knowledge of AIDS?

☐ Very Little ☐ Moderately So ☐ Very Much

Do you want to renew your subscription to *FOCUS*?

☐ Yes ☐ No

Would you recommend *FOCUS* to your colleagues?

☐ Yes ☐ No

Are you interested in attending seminars or providing seminars to your staff on AIDS-related topics?

☐ Yes ☐ No

FOCUS QUESTIONNAIRE RESPONSES

DO YOU READ FOCUS REGULARLY?

Q1	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
NO ANSWER	5	3.0	5	3.0
NO	49	29.3	54	32.3
YES	113	67.7	167	100.0
	167			

HOW WOULD YOU EVALUATE INFO IN FOCUS?

Q2	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
POOR	5	3.0	5	3.0
FAIR	10	6.0	15	9.0
AVERAGE	31	18.6	46	27.5
GOOD	76	45.5	122	73.1
EXCELLENT	25	15.0	147	88.0
NO ANSWER	20	12.0	167	100.0

FOCUS HELPED KEPT YOU CURRENT ON AIDS?

Q3	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
NO ANSWER	15	9.0	15	9.0
NO	29	17.4	44	26.3
YES	123	73.7	167	100.0

HAS FOCUS ENHANCED KNOWLEDGE OF AIDS?

Q4	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
VERY LITTLE	29	17.4	29	17.4
MODERATELY SO	94	56.3	123	73.7
VERY MUCH	30	18.0	153	91.6
NO ANSWER	14	8.4	167	100.0

RENEW SUBSCRIPTION TO FOCUS?

Q5	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
NO ANSWER	9	5.4	9	5.4
NO	40	24.0	49	29.3
YES	118	70.7	167	100.0
	167			

FOCUS QUESTIONNAIRE RESPONSES

RECOMMEND FOCUS TO COLLEAGUES?

Q6	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
NO ANSWER	18	10.8	18	10.8
NO	27	16.2	45	26.9
YES	122	73.1	167	100.0

INTERESTED IN SEMINARS ON AIDS TOPICS?

Q7	FREQUENCY	PERCENT	CUMULATIVE FREQUENCY	CUMULATIVE PERCENT
NO ANSWER	18	10.8	18	10.8
NO	68	40.7	86	51.5
YES	81	48.5	167	100.0

Revised 1/9/89

February:

- March: Children issue**

- April:** Hemophilia issue

- May: Prison issue**

- ## June: Living with HIV infection

- July: ????**Bisexual/Heterosexual men

- ## August: Montreal

- September: Montreal**

- ## October: Montreal

These issues will deal with scientific issues that come out of International Conference: for example, risk guidelines, vaccine update, co-factors, treatments(?), universal precautions, needle exchange. Also one of international issues, global trends on AIDS epidemiology and prevention.

November Int'l Prevention **Counseling** Programs.

Potential Articles

- Pregnancy
- Infants with AIDS
- Children with AIDS
- Heterosexuals and bisexuals (Chris Alexander article) or bisexuals alone
- Alcohol as Co-factor in AIDS
- Health care workers fear of AIDS
- HCW issue: article by Ward 5A nurse and/or article on nursing IV drug users in NY (Alma Dixon or Mary Boland in NJ). Instead of one of these, possibly article on physician burnout (Jacki ?? or Gerald Friedman in NY)
- * -Counseling discordant couples w/data on risk of transmission from positive to negative partners
- Low literacy counseling and education
- Role of counseling in prevention
- * -Condom promotion
- Hospice issues
- Death and dying
- Gay-specific services for AIDS. Degaying of AIDS at Stockholm conference???
- Reflective piece on law/how HIV has affected legal system (Mary Morgan?)
- Educating people in legal system (Mary Morgan?)
- Impact on health care delivery/financial and philosophical
- Legislation (dealing with flood, major legislative issues)
- The practitioner and the law (take off on book, pre-book)
- Future of AIDS funding
- Other public policy issues: potential authors--Steve Morin, Ron Bayer, Pat Christian, David Kirp, etc. or issue on review of public policy issues
- How to deal with media: interpretation and correction

FOCUS: FUTURE ISSUES

Revised 9/1/88

1988

October: Pacific School Issue

- Communicating about AIDS, by Mark Hochhauser
- The Effect of AIDS Education on Mental Health Professionals, by Thomas Irish and Nancy Gonrash Bliwise
- Brief: review of *Strategies for Survival*

November: Testing Issue

- Testing article adapted from Goldblum *Working with AIDS* chapter
- article on types of testing from a scientific perspective by Judy Wilbur^e
- Brief: Perinatal Testing Policy Statement (Women's AIDS Network)

December: *AIDS Prevention Counseling 2*

- Black Gay and Bisexual Men, by Vicki Mays
- Gay and Lesbian Youth and AIDS, by Paul Gibson

1989

January:

- Prostitution; *strategies for prevention* by Judith Cohen (unconfirmed)
- General behavior update for other risk groups, including Stockholm info.

February:

- Drugs (not just IV/crack connection), by Peter Selwyn (unconfirmed)
- Safe sex guidelines update????

March:

- AIDS Classroom Education for Very Young Children, by Marcia Quackenbush
- Counseling High-Risk Youth, by Ken Dunnigan (unconfirmed)

Other ideas:

-HCW issue: article by Ward 5A nurse and/or article on nursing IV drug users in NY (Alma Dixon or Mary Boland in NJ). Instead of one of these, possibly article on physician burnout (Jacki ?? or Gerald Friedman in NY)

-Organizational interaction issue: Article on why people work for AIDS organizations, (Mary Vachon) and article on physician burnout and organizational issues (Jacki ?? or Gerald Friedman in NY)

-Gay-specific services for AIDS. Degaying of AIDS at Stockholm conference

-Review of the state of vaccine research and possibilities

-Counseling discordant couples w/data on risk of transmission from positive to negative partners - ? Donna

April May, June
How to help clients understand negotiating risk

Mont
Wason

FOCUS Future, 2

- International issue (Altman)
- Role of counseling in prevention
- Review of AIDS & public policy
- Universal precautions
- Cofactors
- Risk reduction guidelines
- Behavior change

AHP - ATS PROGRAM OPERATIONS

Internal Memo

TO: MANAGEMENT TEAM

FROM: Peter V. Campos
DATE: 1/10/88
RE: Management Team Report

NEW ITEMS

1. REFERRAL THERAPISTS TRAINING EVALUATION

Per Jim's memo of 10/28/88, the responsibility to present the 3/1/89 training for Referral Therapists has been transferred to the Training Unit. We will continue to manage the nuts and bolts aspects of the training.

We compiled the responses submitted by those persons attending the 12/10/88 training. A copy of the raw data and the cover memo summarizing the results are attached. A couple of quick observations:

1. Most of the therapists had seen very few persons with HIV infection.
2. Most of the therapists had reviewed clients to AHP support groups.

2. REFERRAL THERAPISTS UPDATE LIST

We have developed an updated list of referral therapists. The list includes new information we have collected from the training registration forms. We have added fee, specialty, and languages spoken data elements. If you would like a copy, please contact me.

3. POSSIBLE MEDICAL FOLLOW-UP FOR SEROPOSITIVE ASYMPTOMATIC ADOLESCENTS

I was contacted last Friday by Dr. Kathy Kennedy, a child psychiatrist with the Department of Pediatrics at SFGH. She is part of a core group of persons considering establishment of a treatment program for asymptomatic adolescents and was interested in any information or observations the ATS program may have regarding the subject of adolescents and HIV infection.

4. CHINESE BROCHURE RECALL

DPH has ordered a recall of the "Chinese Post-Test" brochure. If you have any copies, please return them to me and I will forward them to DPH.

5. STATE EVALUATION FORMS RECEIVED

We have just received copies of the state Office of AIDS ATS evaluation forms. We are required to issue them to clients for a one week period and will be proceeding with the survey shortly.

UPDATE ITEMS

1. RELIEF COUNSELOR TRAINING

Thanks to Marcia Quackenbush for her efforts to secure (with the State AIDS Office) the identification of Eileen Eya and Tyronne Howze as "Advanced Trainers for ATS Counselor Training." This designation will afford us with the opportunity to have Eileen and Tyronne provide certifiable Relief Counselor trainings (subject to approval of each training by the State AIDS Office). We believe that we have the designation, but the final approval has not yetr been received.

2. SFAF TESTING BROCHURE FEEDBACK

We have not received any additional feedback from SFAF on our comments.

3. ATS BLOOD COURIER SERVICE

On Jim's direction, we have declined the offer by DPH to have us coordinate the blood courier service.

4. CULTURE CIRCLES PROGRAM

The program will begin in February. A schedule is in preparation and will be ready by the end of the month.

5. PUBLICATIONS

We are working on the following documents, as noted in the 12/13/88 memo.

- a. Seropositive Hand Out. Target date for completion of the basic, limited literacy, and Spanish-language versions is 5/1/89. The consultant agreements required to do the limited literacy and Spanish-language versions are moving through the UCSF system.
- b. Ethnic Service Insert for Green Brochure. The first draft has been completed
- c. ATS Spanish Language Poster. A draft for final review has been completed and is attached.

6. ATS COMMITTEE ADVISORY COMMITTEE

The quarterly meeting of this committee will be 1/12/88 from 3-4:30 pm at the AIDS Office.

AHP - ATS PROGRAM OPERATIONS Internal Memo

TO: COORDINATORS OF THE REFERRAL THERAPIST UPDATE TRAINING (12/10/88)
Alan Brickman
Ed Diaz

FROM: PETER V. CAMPOS

DATE: 1/5/89

RE: EVALUATION SUMMARY

Attached is a summary of the comments noted on the 16 evaluation forms submitted by persons who attended the 12/10/88 training. (A total of 18 persons attended, from a pre-registered total of 25.)

In general, the comments offer a positive evaluation of the training. Most of the numerical ratings are in the "Good" range, with some in the "Excellent" range and some falling in categories below the "Good" range.

As you review the written comments that follow, you will note that there were a wide range of comments which indicate to me that the needs and expectations of the audience were diverse. It appears that you were on target for most people and that, as usual in such a group, some persons did not have their needs met.

I was particularly interested in the number of therapists who have provided services to persons with HIV infection, the number of clients they have served, and the number of therapists who have referred clients to AHP groups.

- Interestingly, only 3 of the therapists had served significant numbers of persons with HIV infection and only 3 reported receiving clients from ATS referrals.
- On the other hand, almost every therapist who reports serving persons with HIV infection also reports referring clients to AHP groups. In fact, many therapists report referring all of their clients to AHP groups.

Thank you for the time and effort that you contributed to a well designed and carried out training.

c.c. Jim Dilley

ATS REFERRAL THERAPIST UPDATE TRAINING

(December 10, 1988)

TRAINING EVALUATION SUMMARY

	Excellent	Good	Fair	Poor
WORKSHOP OBJECTIVES				
1. Appropriateness of workshop objectives	4	9	1	1
2. Achievement of workshop objectives	1	11	2	2
3. Usefulness of entire workshop	2	9	4	1
.....				
WORKSHOP ORGANIZATION				
4. Organization of workshop	1	12	3	0
5. Value of written materials	3	12	1	0
6. Meeting facilities (room, space, acoustics, etc.)	5	8	3	0
.....				
USEFULNESS OF INFORMATION				
7. Was the level of material presented:				
[2] Too complex				
[4] Too simple				
[9] About right				
.....				
8. What was the most valuable aspect of the training for you?				
1. Concrete information that is real. The 2 women speakers were very good.				
2. Medical information.				
3. Having the test explained.				
4. Update on testing.				
5. Current trends interesting.				
6. Presentations by Diaz and Brickman.				
7. Information on tests.				
8. Update on treatment and statistics.				
9. Psychosocial concerns regarding women and ethnic minorities.				
10. Talk by Ed and Alan.				
11. Testing update.				
12. Psychosocial concerns element.				
13. Pat Sanders lecture.				
14. Music tape was great.				
9. What could have made the training more effective?				
1. Limit focus to a few clinical issues, not just an overview.				
2. More clinical material, perhaps more time.				
3. More practice oriented.				
4. More definitions of terms ahead of time. Ongoing four months training.				
5. More practical epidemiological information; discussion of vignettes, draw more on experience of staff and volunteers.				
6. More of what to do with specific situations.				
7. Addressing clinical issues more in depth.				
8. More clinical.				
9. To give more information about safe sex.				
10. More organization of final group.				
11. I do not know what your objectives were. I did not get much from the workshop that I did not already know. Overall it was a waste of time. If the objective was to inform therapists of what is happening re AIDS, there was very little you could have done as I keep informed.				
12. Speak slower, less rushed.				
13. Use less abstract language.				
14. Role playing; Assistance in helping with client problems.				

REFERRAL THERAPIST PROGRAM EVALUATION SUMMARY

(Please complete the following if you are already on the list of referral therapists.)

1. How many clients with HIV infection (or with AIDS) have you seen in the past year? ____.
How many of these clients do you think were referred to you from the Alternative Test Sites? ____.

Therapist	# Clients w/ HIV	# Clients from ATS	Therapist	# Clients w/ HIV	# Clients from ATS
1.	2	0	9.	-	-
2.	3	0	10.	-	-
3.	2	0	11.	1	0
4.	3	1	12.	-	-
5.	0	0	13.	Many	0
6.	2	0	14.	20	1
7.	60	0	15.	10	4
8.	2	0	16.	1	0

2. Do you have any suggestions on how we can improve our referral process?
1. Call therapist ahead to check on therapists availability and appropriateness of referral given the therapists background.
 2. Print up more bio information.
 3. Develop process so staff would get to know volunteers either by interview or group process in workshops.
3. Have you referred clients to the AIDS Health Project's Education Support Group Program in the past year? _____. If yes, how many? _____.

Therapist	Referred to AHP	# Clients Referred	Therapist	Referred to AHP	# Clients Referred
1.	No	-	9.	-	-
2.	Yes	3	10.	-	-
3.	Yes	1	11.	No	-
4.	Yes	2	12.	-	-
5.	No	-	13.	-	-
6.	No	-	14.	Yes	2
7.	Yes	5	15.	Yes	3
8.	Yes	2	16.	Yes	1

4. Based upon information that you have received from our clients, do you have any suggestions on how we could improve the pre-test counseling and results reporting services that we provide at the Alternative Test Sites?
1. You are doing a wonderful job.
 2. You do a very good job.

AHP - ATS PROGRAM OPERATIONS Internal Memo

TO: PAUL CAUSEY

FROM: PETER V. CAMPOS — COPY —

DATE: 1/5/89

RE: ATS SPANISH FLYER DRAFT

Attached is a copy of the most recent draft of the ATS Spanish Language flyer. Thank you for your suggestions. We look forward to any additional comments that you might have.

As you will recall, the idea and language for the flyer came from the Spanish speaking staff of the Roving Team. They felt that there was a need for increased visibility for Roving Team services in the Hispanic community. An AHP volunteer developed the design, which has been favorably reviewed by the Roving Team staff. We are now beginning the final review process.

In its printed version, the flyer will be 11x17. The flyer is designed for placement on agency and community bulletin boards. Our intent is to make the three key elements of "Pruebas de Sangre", "SIDA/AIDS", and "621-4858" easily visible at a glance. In keeping with conventions typically employed in Spanish language posters, the names of the sponsoring agencies are in English (to aid in Phone Book referencing and so forth).

The translation is as follows:

1. A service of the San Francisco Department of Public Health, in collaboration with the AIDS Health Project, a program of the University of California of San Francisco.
2. Information, assistance, consultation
3. Blood Tests
4. SIDA is the Spanish translation of AIDS
5. To make an appointment, call us at
6. Services are anonymous and confidential
7. No cost
8. In the Mission, followed by the time and location of Roving Team services at Mission Neighborhood Health Center
9. And other Sites
10. The process is completely in Spanish and you will receive information and counseling before and after the examination, including a video about the examination and how to prevent the disease.

If you have additional comments, please let me know by January 13th. Thank you.

c.c. Jim Dilley

UCSF AIDS Health Project
I N T E R - O F F I C E
M E M O R A N D U M

DATE: 9/6/88

TO: JIM
FROM: PAUL
RE: FOCUS/HAWAII MEDICAL ASSOC.

I have negotiated a renewal for the Hawaii Medical Association's FOCUS subscription for a TWO year period at the new rate of \$10.30 per issue per year. They have increased the number of subscriptions from 2,700 to 2,900, also.

In other words:

They pay: \$29,870 - due NOW for 6/30/88 - 7/1/89
29,870 - due June, 1989 for 7/1/89 - 6/30/90

Total : \$59,740 - to AHP over the next two years.

The 2,900 copies are to begin with the September issue.

cc: Michael Helquist
Rob Marks
Joseph Wilson

FOCUS

NOTES ON TRANSITION

I. JOB DESCRIPTION: Assistant Editor

- A. **Narrative:** The Assistant Editor will play an integral role in the monthly development and production of **FOCUS: A Guide to AIDS Research**, a publication of the UCSF AIDS Health Project. The individual in this position will work closely with the Executive Editor, the Editor, Medical Advisor, Administrative Assistant, UCSF Reprographics, and the printer.

The Assistant Editor will be expected to become familiar with the needs and interests of the current and future readers of **FOCUS** by reviewing comprehensively previous issues of the newsletter, discussing characteristics of the readership with the Editor and Executive Editor, reviewing pertinent books, articles, and journals that relate to the mental health aspects of AIDS, and by reviewing other AIDS newsletters.

The Assistant Editor will also become involved in several administrative aspects of marketing **FOCUS** to new audiences. On occasion, the individual in this position may also be asked to help with editing and marketing of other training and educational materials produced by the AIDS Health Project.

B. Specific Duties

Consultative: (with Exec. Editor and Editor)

- a. planning of future issues
- b. discussing specific articles
- c. considering authors for future issues
- d. overall planning of newsletter development
- e. discussion of marketing plans
- f. review process of editing & production

Follow-up Responsibilities:

- a. implement decisions from consultations above
- b. initiate contact with prospective authors
- c. correspondence with authors: sending out "Contributors Notes", sample issues, etc.
- d. follow-up with authors at deadline
- e. research proposed topic areas as necessary
- f. stay abreast of marketing developments, subscriptions, etc.
- g. inform Editor of problems with production
- h. work with Administrative Assistant
- i. coordinate efforts of Mailing List Coordinator.

5%
45 min/wk.

Editing Responsibilities:

- a. prepare first revision of drafts sent by authors, send original and revision to Editor;
- b. enter second revision (as developed by Editor) into word processor (or coordinate this being done by Administrative Assistant);
- c. give/send copies of second revision to Exec. Editor and Medical Advisor;
- d. coordinate final revision as a result of consultations with Exec. Editor, Editor, and Medical Advisor, and Authors as necessary;
- e. send final revision to typesetter;
- f. coordinate preparation of Purchase Order Requisition with Administrative Assistant;
- g. coordinate preparation of paste-up of issue with Editor; return paste-up version to printer;
- h. proof final copy at printer's office;
- i. send complimentary copies to contributors, arrange for complimentary 12 month subscriptions;
- j. review correspondence, respond to requests for reprint rights; refer mail to Editor as appropriate;
- ~~k.~~ coordinate requests for back issues; ~~_____~~ SK
- l. miscellaneous editing duties as they occur.

Marketing responsibilities:

- a. assist with development of marketing letters, preparation of mailing lists, placing of FOCUS advertising in appropriate journals and newspapers, etc.;
- b. supervise volunteers in preparation of mailing lists, marketing packets, etc.

C. Time Commitments

10-15

This position is part-time, 15 hours a week, 60 hours a month. Actual schedule can be negotiated, but schedule should allow for a concentrated number of hours during the final editing, typesetting, and production period of the month (the 10th to 15th).

In general, the schedule should be consistent enough to permit convenient consultation with other office staff as well as with the Editor. (Note: the Editor will be based in Washington, DC; thus telephone contact and Assistant Editor's office hours should accommodate the three hour time difference).

D. Salary Scale

The salary will fall within the range of UCSF's salary scales for Editorial Assistant II. (?) ~~_____~~ Ad(changed)

to Ad. Asst I per
Classification

FOCUS

NOTES ON TRANSITION

Monthly Production of Newsletter: Process

The following outline describes the proposed process for editing FOCUS each month during the time when the Editor will be located in Washington DC and the Assistant Editor will be working in San Francisco (this phase of the transition will begin in early November 1987).

I. Development of Contents

- a. planning of future issues (Executive Editor, Editor, and Assistant Editor);
- b. considering authors for future articles;
- c. prospective contributors will be contacted by one of the editorial staff;
- d. Assistant Editor will send "Contributor's Notes" and sample issue to contributor;
- e. Assistant Editor will monitor deadline submissions with follow-up for late submissions;
- f. Assistant Editor will keep the Editor informed of progress with submissions and initial editing;

II. Editing

- a. Assistant Editor will prepare first revision of drafts sent by contributors, send first revisions and originals to the Editor;
- b. Assistant Editor will enter second revision (prepared and returned by the Editor) in word processor or coordinate this with the Administrative Assistant;
- c. Assistant Editor will give/send copies of second revision to the Executive Editor and the Medical Advisor, and will use their remarks to develop a final third revision; (for major revisions, the Assistant Editor will consult with the Editor and the contributors);
- d. Assistant Editor will send final revision to the typesetter via messenger service;
- e. Assistant Editor will work with the Administrative Assistant to submit a purchase order/requisition;
- f. Assistant Editor will coordinate paste-up with the Editor (initially the Editor will do this; for later issues, the Assistant Editor will assume this duty); paste-up to be returned to printer;
- g. Assistant Editor will proof the final boards at the printer's office;
- h. Assistant Editor will send four complimentary copies of the month's issue to the contributors and will arrange for complimentary 12 month subscriptions.

FOCUS

Transition Notes

I. Description of Transition for the Editor

The proposed transition period of editorial responsibilities will consist of two phases as outline below:

Phase One: October 15th, 1987 through January 15th, 1988

During this phase the Editor will accomplish the following tasks and develop the following systems to ensure an effective transition:

- a. help recruit and interview applicants for the position of Assistant Editor;
- b. assist with orientation of Assistant Editor (if position is filled in time, provide hands-on instruction/participation with development of one issue of FOCUS);
- c. help plan future issues of FOCUS and obtain authors for the months of November and December 1987, and January through April 1988; done? yes
- d. continue to provide primary editing for all issues of FOCUS;
- e. continue to write specific sections of the newsletter (Recent Reports, In Review, Next Month);
- f. develop plans for marketing (with two major mailings, one to blood banks and a second to I.V. drug use clinics) including coordination of preparation of mailing lists, subscription packets, and writing of marketing letters;
- g. develop "style sheet" guidelines for FOCUS that will govern usage, AIDS terminology, punctuation, and other matters to ensure consistency in the presentation of text in FOCUS;
- h. help develop new audiences for FOCUS from vantage point on East Coast.

Note: Editor will relocate to Washington DC by November 15th. Short-term trips will occur from September 21st through November 15th. (first confirmed trip will be October 7th through 17th).

Phase Two: January 15th, 1988 through April 15th, 1988

During this phase there will be a considerable shift of duties from the Editor to the Assistant Editor. Also during this time there will be a thorough evaluation of the effectiveness of having editorial duties split between San Francisco and Washington DC., with adjustments to be made as necessary. In addition there will be a major assessment of the future directions and opportunities for FOCUS (i.e. international marketing, international/regional editions, etc). The Executive Editor and the Editor will determine during this phase what is in the best long-term interests for FOCUS; for example, whether to hire a full-time editor to be based in the AIDS Health Project office once this six month transition period has been concluded.

During this second phase the Editor will be responsible for the following:

- a. shifting initial editorial responsibilities to the Assistant Editor;
- b. assessing the quality of overall work and the editing skill, in particular, of the Assistant Editor and advising the Executive Editor accordingly;
- c. ensuring that the monthly editing and production process functions efficiently and effectively and making adjustments as necessary (this will involve in person or telephone consultation with the Administrative Assistant, Medical Advisor, and Typesetter);
- d. developing articles and recruiting authors for May through August 1988 issues;
- e. consider conducting an evaluation of FOCUS based on reader responses;
- f. continue with marketing efforts of FOCUS from an East Coast vantage point;
- g. participate in an extensive evaluation and review of FOCUS with other editorial staff and with AIDS Health Project staff and members of the Board of Directors (to be held in San Francisco);
- h. attend pertinent AIDS research and mental health conferences.

II. Time Commitments and Budget Concerns

Phase One: 3 mos. \$10,500 = $140 \times \$25 \times 3$

During this phase the Editor will spend an estimated 35-40 hours per week, 140-160 total hours per month* on editing, supervising, marketing, and other duties related to FOCUS and to distribution and marketing of other AIDS Health Project materials (Working with AIDS, The Other Crisis, Substance Abuse & AIDS, Testing Protocols, etc). Attendance at AIDS Conferences will be included within this total, as agreed upon with Executive Editor.

Phase Two: 3 mos. = 7500

During this period the Editor will spend an estimated 20-25 hours per week, 80-100 per month on the editing and production of FOCUS, including marketing of the newsletter and other AHP materials and attendance at AIDS Conferences.

\$18,000

Budget Concerns:

During Phase One and Phase Two the Editor will retain his status as a consultant to the AIDS Health Project and will continue to be paid an hourly rate of \$25.00.

In addition, the AIDS Health Project will reimburse or pay directly for the following expenses:

- Telephone (for two major consultation calls with Executive Editor during Phase One and two calls during Phase Two; for 5 to 10 brief calls each month during both phases);
- Federal Express (for 2 to 4 overnight deliveries, SF to DC, DC to SF) at \$14.00 per delivery;
- Postage (for miscellaneous mailings from DC);
- Extra consultation time for Editor during one visit to AHP during each Phase of transition (total 4 to 6 hours at \$25 each);
- Miscellaneous contingencies.

MCI - #

Chargo #

* Total may be lower depending on availability, skills, etc. of assistant editor.

Post Writer.

10.41

11.36.

$$11.36 \times 15 \text{ hrs/wk} \times 4 \text{ wks} = \$682 \text{ mo.}$$

Meeting with Michael 2/29

October

Production (Joseph, Michael, Donna)

(Sample timeline)

1/1	contact author
2/11	requisition Repographics
2/14	receive first draft
2/21	first text to Kazan
3/1	final draft to Kazan
3/2	boards to Repographics
3/9	to mailhouse with updated mailing list

March	Michael will do
April	Still awaiting lead article, 2nd article a current mystery
May	lead article in, 2nd article in

Planning (Michael, Jim, Donna)

March:	Educating Physicians about AIDS Women counseling HIV+ Women (possibly two parts?)
April:	Spiritual Issues article from Jesuit priest due any day 3/1 Suggestions Judy Macks, part II Michael can write something abstract of Evo Grant article from <u>Annals</u> rebuttal to Grant article
May:	Whether to Take Experimental Drugs ^{Igor} T-Cell Testing
June:	AIDS & Families Colleen McMillian (from Toronto conference) + Implications for Management, Early Detection of HIV + Mention "AIDS Effects...." ^{Jim}
July:	AIDS & Bereavement (Kitsy Shoen) Suggestions: Terminal Care Suicide Counseling (Legal ramifications for the caregiver) → Review Kübler-Ross → Krasnow - Therapy in the End of Life (MHC) → → Hospice Care
August:	AIDS Anxiety Syndrome - Tartaglia, Chas. Treatment of PWA/PWARC for depression: Frank Fernandez Psychostimulants
Fall suggestions:	Under Siege: Living within the Epidemic Where Testing is Taking Us (Sam Puckett, Pat Franks-legis.) Health Care Providers Panic: Point/Counterpoint (Carol Levine) Cross-cultural counseling (Sally Jue, MHC) Sexuality Counseling in Black Communities Psychosocial Concerns in Jail Populations (cont.) AIDS in Poverty/Homelessness

Fall sugg. (cont.) Evaluation of AHP Seropositive Model
Healthcare Burnout

Marketing (Paul, Jim, Michael, Donna)

AMFAR is sending *ATIN*, through WHO, to National AIDS Committees all over the world. Paul should contact (Manuel Carbeyo, Daniel Tarantola, Johnathan Mann) WHO to check out possibilities of sending *FOCUS* same. (@100-160, w/11/87 back issue) Send bulk to International Universities, as well?

Paul reports: \$11,000 income from publications in January
\$ 5,000 from *FOCUS* (many renewals in Jan., also reflects responses from DM campaign)

Blood Bank mailing apparently a bomb
Discount offered to California AIDS volunteers
Alcoholic Administrators [sic] - 1400
Medical Libraries - 500
Gay Organizations

Possibility of collaborating with subscription fulfillment house

Special covers for each mailing (ideas)

- Δ testimonials, eg Pierre for Gay Org's
- Δ lift memos?
- Δ "sickness a targetable issue" - Jim
- Δ mention inexpensivity - "our aim is to get the information out"
- Δ UC copyright
- Δ non-profit
- Δ long experience of AHP/staff/contributors
- Δ first professional AIDS newsletter, only one with mental health/psychosocial/counseling perspective (counseling is more adaptable, ie can relate to the workplace, education, prevention, etc)

About time to start thinking about an international psychosocial conference - co-sponsor with AIDSCOM?

AHP materials sheet dropped to 1,000 on MHC list

WWA: Major revision by next January - content and presentation (eg glossy cover)

Advertising - expensive but good idea might be to try *Psychology Today*, since there was significant response to small itty blurb about AHP (circ. 300,000)

Jim suggested that we pursue reviewing editors, instead

ASAP manual a "hot item" - revise those typos!

ETR - get lists

Enter into *Focus* list those responses to other publications

THE EFFECT OF AIDS EDUCATION ON MENTAL HEALTH PROFESSIONALS

Thomas M. Irish, Ph.D. and Nancy Gourash Bliwise, Ph.D.
Pacific Graduate School of Psychology

INTRODUCTION

This study was undertaken in an attempt to understand the effect of an intensive AIDS education program on the attitudes of mental health care providers. This report is specifically concerned with whether the education program was able to change subjects' beliefs and attitudes towards those facing AIDS and if so, in what ways.

METHOD

A voluntary, intensive weekend training workshop was given to members of a Southeastern State Mental Health Association. An 80-item self-report questionnaire currently under development was given to 64 participants immediately preceding the workshop and at its' conclusion. Questions concerned subjects' attitudes towards AIDS risk groups, death anxiety, sexuality, racism, contagion, and homosexuality. Questions were answered on a 6-point Likert scale ranging from strongly agree to strongly disagree. T-tests were used to examine mean change in attitudes. Individual items that reached statistical significance ($p < .05$) are presented on page 3.

RESULTS

Statistical analysis of the questionnaires indicates that significant changes in attitudes did occur over the course of the educational workshop. Subjects reported less fear of homosexuals, IV drug users, and minorities, and less concern with contagion. Subjects also reported an increase in their concern with death and with discussing sexually-explicit material.

In the area of homosexuality, subjects' attitudes changed significantly during the course of the program indicating an increased acceptance of homosexual lifestyle. Endorsed items reflected increased ease with homosexuals in social settings and the perception that homosexuality is comparable to heterosexuality as a lifestyle. Other endorsed items did not refer to homosexuals directly but were reflective of homosexuals as a majority. These items included greater confidence in counseling the lover of an AIDS patient and greater agreement with the idea that AIDS patients had close interpersonal relationships.

In the area of contagion, respondents endorsed not being as afraid of physical contact with an AIDS patient and being less afraid of contracting AIDS from working with AIDS patients.

Respondents also saw IV drug users as being more deserving of time and resources and also reported a more sympathetic attitude toward them after the training workshop.

In the area of racism, subjects increasingly disagreed that Blacks and Hispanics should be concerned about "catching" AIDS because "AIDS is all around them" and also disagreed with the idea that hospitals should limit their hiring of these groups.

Respondents also increasingly agreed with the idea that AIDS patients could continue to lead sexual lives.

Also interesting was that, after the workshop, participants were more likely to report concerns about working with AIDS patients because of the stress involved in providing care. Perhaps, as the workshop made the concrete details of AIDS care more apparent, the anxiety level of some participants increased. Analogous shifts also occurred around increased discomfort with discussing sexual practices and history. Personal concerns with the issue of death rose during the workshop as well as increased discomfort with counseling a dying patient.

IMPLICATIONS

Clearly, the workshop had a significant impact on beliefs and attitudes about AIDS. With education, concerns about contagion decreased and participants held less negative attitudes toward homosexuals, IV drug users, and minorities at risk for AIDS. These findings confirm the presence of negative attitudes among professionals and suggest that a direct focus on these attitudes is crucial to any AIDS education program. As shown by this educational workshop, negative attitudes are amenable to change. Additionally, results suggest that the education program heightened concerns about death, counseling the dying, and discussing explicit sexual matters. Mental health professionals typically receive training in taking sexual histories but often explicit sexual matters are only briefly covered during intake unless the client is specifically seeking help for sexual problems. The level of discomfort initially reported by participants and the increased concern reported after the education program suggest that educators need to make special efforts to confront and work with professionals' anxiety. Perhaps, even more striking is the anxiety about death and counseling the dying that emerged on questionnaires. Most mental health professionals work with physically healthy and relatively young adults. These findings suggest that AIDS educators, and training programs in general, may need to add special training in personal and professional issues that arise when providing service to the terminally ill.

ITEMS SHOWING STATISTICALLY SIGNIFICANT PRE-POST CHANGES

Homosexuality is not as good as heterosexuality. (+ disagree)

Homosexuals are fine as long as they keep it to themselves. (+ disagree)

I would not mind counseling the lover of an AIDS patient. (+ agree)

Most AIDS patients don't have close interpersonal relationships. (+ disagree)

My fear of catching AIDS would keep me from working with AIDS patients.
(+ disagree).

I would avoid physical contact with an AIDS patient. (+ disagree)

It is difficult to be sympathetic to IV drug users. (+ disagree)

IV drug users only waste time and resources. (+ disagree)

Hispanics and Blacks should be especially concerned about catching AIDS because it is all around them. (+ disagree)

A hospital should be careful not to hire a large percentage of Blacks and Hispanics. (+ disagree)

People with AIDS should not have sex. (+ disagree)

The medical profession is not telling the public everything they know about AIDS. (+ disagree)

I would not want to work with AIDS patients because it is too stressful.
(+ agree)

It is hard for me to ask a patient about their sexual practices. (+ agree)

I am able to talk frankly with patients about explicit sexual matters.
(+ disagree)

I am very much afraid to die. (+ agree)

I would willingly talk to a dying person about death if they wished to discuss it. (+ disagree)

FOCUS HAWAII

WE MUST
DECIDE
MONDAY!
PC.

	A	B	C	D	E	F	G
1	HAWAII FOCUS - PRICING/COST ANALYSIS - Based on 2,800 copies						
2							
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8	Ad. Asst.	NC		\$1,000			
9	T-setting*	NC		\$2,100 ✓			
10	Printing	\$5,670	\$5,670	\$5,783 ✓	\$5,897		
11	Shipping	\$1,620	\$1,620	\$1,344 ✓	\$1,685		
12	sub-total	\$7,290	\$7,290	\$15,087	\$7,582		
13							
14	Overhead*			\$754			
15							
16	Fee Charged		\$19,440		\$20,218		
17							
18	TOTAL	\$7,290	\$26,730	\$15,841	\$27,799	\$11,958	
19	per issue	2.70	9.90	5.87	10.30	4.43	
20	% INCREASE from 1987				4.00%		
21							
22	*Asst. Ed @ 1/4 hr. rate/annually; T-setting. @ 1/2 annual rate; Overhead @ 5% total						
23	(Editor and A.A. rough estimates; other expenses ACTUAL)						

FOCUS HAWAII

	A	B	C	D	E	F	G
1	HAWAII FOCUS - PRICING/COST ANALYSIS - Based on 2,800 copies, only						
2							
3					<i>SUGGESTED BY PC</i>		
4	<i>ITEM</i>	<i>COST 87</i>	<i>PRICE 87</i>	<i>COST 88</i>	<i>PRICE 88</i>	<i>PROFIT</i>	
5							
6	Editor	NC		\$2,000			
7	Asst. Ed.*	NC		\$2,860			
8	Ad. Asst.	NC		\$1,000			
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22	*Asst. Ed @ 1/4 hr. rate/annually; T-setting. @ 1/2 annual rate; Overhead @ 5% total						
23	(Editor and A.A. rough estimates; other expenses ACTUAL)						

RECEIVED

AUG 25 1988

August 19, 1988

TO: Jim
Rob

FROM: Michael *mgp*
SUBJECT: FOCUS, August and beyond

I wanted to offer a few comments and suggestions about FOCUS--the August issue in particular and some other more general things.

1. Rob, could you check on the paper stock for FOCUS or I guess my concern is really with the color of ink. The Green background seems to get more faded each issue; if you check on some of the previous issues, I think you'll find that the darker color offers more contrast and makes the newsletter more attractive. Can you see if we can have this faded look changed in future issues?
2. I think we should try very hard to get a window box on the inside pages. it just seems too text heavy and uninteresting without one. I know the August issue was a bitch to edit back anyway, but let's be even more ruthless so we can get a box on either page 2 or 3.
3. This is very minor, but to my eye the page three "Focus August 1988" on the sideline is turned around and distracting. See if you agree when it is turned the other way about.
4. August 88: The window box quote on page one did not work very well for me. First, I think it is too short and it seems sort of like a throwaway comment. Also, it seems to be emphasizing the negative; someone who picks this up and does not read the whole article may go away thinking those with AIDS anxiety are basically dangerous people. The quote chosen should be discussed for its reflection of the overall article as well as being "provocative" enough to be interesting.

I would have suggested using part of the quote from page two, first column, 4th para: "...gentle persistence and the demonstration to patients .. also have an end."

OR: page 2, column 2, para 1 "Our restraint ...coping styles"

OR: page 2, column 2, para 5: "The lessons learned...on the subject."

Again, I know this was a difficult article to pick something out that didn't read like Aristotle or was it supposed to be Plato? (pluto, perhaps).

5. I think the Next Month box needs to be given more attention as well. One way to make it more interesting is to give it a longer introduction that gradually leads into the introduction of the author. "A person with AIDS may be the focus of pathology in a family" does basically state the issue quite succinctly, but it could also be embellished a little. e.g. "Families of people with AIDS often struggle to develop some means of coping with a frightening and unwelcome presence in their lives. At times, the patient becomes a focus of pathological reactions within the family unit. In the September issue of FOCUS, Colleen McMillan, MSW of Mount Sinai Hospital in Toronto will help distinguish four areas of difficulty"

So much of FOCUS is so dense with important information that we have very little room to be somewhat conversational. This is one opportunity. Rob, it is also a chance for you to express yourself a bit more. (You must get frustrated working only with others' words and sometimes tortured phrases).

6. Back to page one: column two, para 3. "Gay and bisexual men represent the largest group at risk for AIDS anxiety...."

This is showing our SF and US bias toward epidemiology. We need to remember that we have other readers as well and we need to qualify these statements: "In the U.S. gay and bisexual men represent..."

7. The BRIEFS section of August.

Generally an anecdotal report about one patient, especially one who represents an extreme case (AZT overdose; at least I imagine he is an exception) probably does not merit inclusion due to our limited space. Also, I don't think we have to include references of an abstract of someone else's article. What do you think?

I am very willing to be more involved in some of these selection issues, but I do know that my travelling schedule has been a problem at times. I will try to keep you up to date on my plans. I will be in SF on Sept. 6th; could we meet that day, Rob, to discuss future issues? Please let me know. At that time I will leave a copy of my travelling schedule for you.

Best regards. See you soon.

FOCUS: FUTURE ISSUES

1988

August:

- Psychotherapy of the AIDS-Anxious Patient, by Charles Tartaglia
- The Role of Psychostimulants in the Treatment of Depression, by Francisco Fernandez

September:

- Black Gay and Bisexual Men, by Vicki Mays
- Cross-cultural Counseling, by Sally Jue

October: Pacific School Issue

- Communicating about AIDS, by Mark Hochhauser
- The Effect of AIDS Education on Mental Health Professionals, by Thomas Irish and Nancy Gonrash Bliwise
- Brief: review of *Strategies for Survival*

November: Testing Issue

- Article on the complexity of the testing, as a medical, psychological and political issue. How do these aspects interrelate? How should they, in terms of counseling? Talk about "know-nothing" attitude among some in gay community (Ian Barlow). Talk about political realities. Talk about potential growth in availability of AIDS-related testing, in addition to antibody testing: macrophage, T-cell, p-24, antigen, chain polymerase, etc., and how this further complicates issue. What do these tests tell people? Confidentiality. Etc. Who should write?
- Brief on Chain Polymerase

December:

- Gay Men, AIDS and Families, by Colleen McMillan
- Gay and Lesbian Youth Suicide, by Paul Gibson
- Brief: Perinatal Testing Policy Statement (Women's AIDS Network)

1989

January:

February:

- AIDS Classroom Education for Very Young Children, by Marcia Quackenbush
- Counseling High-Risk Youth, by Ken Dunnigan

Other ideas:

- HCW issue: article by Ward 5A nurse and/or article on nursing IV drug users in NY (Alma Dixon). Instead of one of these, possibly article on physician burnout (Jacki ?)

FOCUS Ideas, page 2

- Organizational interaction issue: Article on why people work for AIDS organizations, (Mary Vachon) and article on physician burnout and organizational issues (Jacki)
- Gay-specific services for AIDS. Degaying of AIDS at Stockholm conference
- Review of the state of vaccine research and possibilities



center for educational development

1855 Folsom Street, San Francisco, CA 94103

Telephone (415) 565-3066

INTEROFFICE MEMORANDUM

Date 10/25/89

To: All CED Managers - All Staff

From: Matt Sullivan - Building Manager 

Subject: Status of Facility

I am pleased to report that due to the extraordinary efforts of the in-house engineers, janitors from Maintenance Systems, assigned Personal Safety Officers and Physical Plant's Monte Allen and crew, the CED is back up and running.

We still have some problems; water is still being extracted from carpets, ceiling tiles are being replaced and of course the overall house cleaning process is just beginning and will take some time to complete. The freight elevator repairs should be completed by November 6th at the latest.

Structurally the CED building remains sound. Inspections, prior to reoccupancy conducted by EH&S and an outside engineering firm have found no known unsafe conditions. It appears that while we have suffered severe sidewalk damage around the perimeter of the building, the CED structure itself suffered very little damage (minor stress cracks and two water leaks resulting from building movement). The CED moved up and down and side to side as it was designed to do during a quake.

The Building Office staff will continue to be as quick as possible in responding to your further requests for help, but we do ask for your patience.



center for educational development

1855 Folsom Street, San Francisco, CA 94103
Telephone (415) 565-3066

INTEROFFICE MEMORANDUM

Date 10/24/89

To: All CED Managers

From: Matt Sullivan *MS*

Subject: Earthquake Damage

I have been asked by the CED Condominium Committee to request that each office or department manager compile a list of damage resulting from last week's earthquake.

The list should be divided into two schedules:

- (1) Damage to capital improvements, i.e.
walls, windows, ceilings, floors, doors,
light fixtures etc.
- (2) Damage to furniture/equipment, i.e. desktop
PCs, typewriters, tapes, books, files, file
cabinets, furniture etc.

As an example: If a heavy file cabinet fell against and broke a door and frame the cabinet (if damaged or broken) would be listed on the equipment schedule while the door and frame would be ~~listed~~ on the capital improvement schedule.

If you know the cost of repair/or replacement of the equipment that is listed please include this on your schedule.

The building office will need this information as quickly as possible to enable to begin processing FEMA applications and possible insurance claims.

UCSF AIDS Health Project
CED - 506
J. Dilley

① CAMPUS INFORMATIONAL MEETING: THE EARTHQUAKE
MONDAY - 10/30 - OPEN TO ALL AT CED
12-1 - Hartsale Room - CED

② Shuttle From - 24th BART ^{to SFGH} ON AGAIN!
(But not a UCSF Shuttle - rather, a
SFGH Silver 10-seat van Shuttle)
Am - 6 - 8:30 ^{goes to SFGH} every $\frac{1}{2}$ hour
Pm - 3 - 5:45 at 15 and 25 after hour

③ SHUTTLE From CED to 17th St. Parking to
20th & ^{Physical Plant} HARRISON to 16th & Mission - BART (R.T.)
~~Leave~~ VIA ^{UCSF Security Shuttle} ~~UCSF~~ ~~ROUSE~~ VAN can call @ 476-1061 -
AM - (6 - 9) No Schedule - about 15-20 minutes
PM - (3:30 - 6) (leaves from rear of ^{CED} ~~Building~~)

Proofing Guidelines

Good proofing has three requirements: attention to detail; a focus on consistency; and the ability to scrutinize a piece without becoming too involved in it. Consistency, in particular, while it may be a hazard to great minds seeking to hatch new paradigms, is often a great ally of clarity.

A proofer is neither a reader nor an editor; he or she does not need to understand everything in a publication, just to be able to certify that it is understandable. When in doubt, a proofer should not spend time trying to figure something out or “fix” it, but should simply query it in the margin and move on.

It is not necessary to use proofer’s marks for AHP publications, although some of them can provide useful shorthand. At the very least, use ink—preferably red—that will show up against the text, use as few marks as possible to clearly communicate your correction, cross out deletions only once, and make corrections in the margins with clear reference to the text to which they refer.

This document attempts to set out guidelines for proofing AHP publications. Consistency by its nature requires following guidelines, and proofing is ultimately an exercise in rigidity. Nonetheless, good proofers attend not only to rules of style but also to an intuitive understanding of what is clear, what makes sense, and what is appropriate in the context of a given publication.

Spelling

The most common proofing function is correcting words that appear to be misspelled—the ubiquitous “typo.” The key in this process is to assume that everything is misspelled and confirm each word as you come to it. Much of this will happen automatically as you carefully read, but it is important to challenge yourself on words you think are spelled correctly or words that you’ve seen, but are unfamiliar to you. Be particularly careful to notice words that you always misspell: this is a pitfall for even the best spellers among us, and it happens involuntarily, so that “its” (the possessive) becomes “it’s” (the contraction). Obviously, you should check in the dictionary any word that is suspicious.

There are a few typos that are not strictly spelling errors: suspicious combinations of numbers or numbers and letters, incorrect hyphenation, and incorrect capitalization. Keep your eyes peeled for these; it’s easy to assume that the writer, editor, and production person made conscious decisions about these, but we all make mistakes. Also, be aware of inconsistency in spelling and capitalization. Both “counseling” and “counselling” are acceptable spellings according to the dictionary, but both should not appear in a single document. Most publications or publishing houses will develop standard spelling for words or phrases that they use often. In this case, AHP Publications style is “counseling.”

Different publications—or different parts of publications—require different proofing approaches and priorities. For example, proofing *E&S*, our monthly calendar, requires special attention to the dates of events: does December 18, 1994 truly fall on a Sunday? A *really* good proofer might spot an incorrect area code for a contact person in the Clearinghouse section of *FOCUS*.

Grammar

While the job of a proofreader is not to edit or write, good proofreading includes some copyediting functions, and to be a good proofreader you have to be a good grammarian. Three grammatical problems are most likely to arise in the process of