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THE WHITE HOUSE
WASHINGTON

January 20, 1994

Virginia K. Saba, Ed.D., R.N., F.A.A.N.
Associate Professor
School of Nursing
Georgetown University
3700 Reservoir Road, N.W.
Washington, D.C. 20007

Dear Virginia:

Thank you for sharing your report on home health classifications. You've accomplished a great deal!

I'm sorry that so many months have gone by without any opportunity to get together. Maybe we can do better this year. If not before, I'll look forward to seeing you at the NANDA meeting.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

GEORGETOWN UNIVERSITY

School of Nursing

DEC 13 1993

December 10, 1993

Kristine M. Gebbie
Aids Policy Coordinator
National Aids Program Office
Humphrey Bldg.
200 Independence Ave. S.W. Rm 738 G
Washington, DC 20201

Dear Kristine:

It was certainly nice seeing and visiting with you recently at several nursing meetings. Its a pleasure to have you located in this exciting city so you can impact on national health care policy.

As I mentioned, as part of a contract funded by the Health Care Financing Administration, I developed " A Home Health Care Classification (HHCC) of Nursing Diagnoses and Interventions".

The HHCC not only expands NANDAs nursing diagnoses, but also includes classifications for the other levels of the nursing process--assessment, interventions and outcomes. I have enclosed a copy of classifications for your review.

Kristine do let me know if you care to be briefed on the HHCC or if I can ever be of assistance on any other nursing activities. I am available, since I only teach part time.

Perhaps now that you are here full time we can have diner sometime. I can be reached at: Office (202) 687-4647, or Home (703) 521-6132.

Do have a happy holiday season.

Sincerely yours

Virginia K. Saba

Virginia K. Saba, Ed.D., R.N., F.A.A.N.
Associate Professor

3700 Reservoir Road NW Washington DC 20007

THE CLASSIFICATIONS OF HOME HEALTH NURSING DIAGNOSES AND INTERVENTIONS

Virginia K. Saba, Ed.D., R.N., F.A.A.N.
Adjunct Associate Professor
Georgetown University
School of Nursing

Kristine Gebbie

My compliments for a new nursing classification system

V. K. Saba 12/93

THE CLASSIFICATIONS OF HOME HEALTH NURSING DIAGNOSES AND INTERVENTIONS

by

Virginia K. Saba, Ed.D., R.N., F.A.A.N.
Adjunct Associate Professor
Georgetown University
School of Nursing

HHCC Project funded by HCFA No: 17C-98983/3

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I wish to acknowledge the staff; Alan E. Zuckerman, MD, Patricia O'Hare, DrPH, RN, Jennifer Boondas, MSN, MPH, RN, Eugene Levine, PhD, William Scanlon, PhD, and David M. Oatway, MPH, RN, who participated in the conduct of the Georgetown University School of Nursing Home Health Classification Project which provided the narrative statements from which the taxonomy is derived. Specifically, I wish to acknowledge Jennifer Boondas who, with the two graduate students, Irene Reyes and Sheila Nveva, directed the coding of the narrative text of nursing diagnoses and interventions; and who provided valuable input into the design of the taxonomies. Finally, I wish to acknowledge Dr. Sheila M. Sparks who assisted in the modifications and definitions of the terminology.

Virginia K. Saba, Ed.D., R.N., F.A.A.N.
Associate Professor
Principal Investigator/Project Director
Home Health Classification Project

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THE CLASSIFICATIONS OF HOME HEALTH NURSING DIAGNOSES AND INTERVENTIONS

By
Virginia K. Saba, Ed.D., R.N., F.A.A.N.

INTRODUCTION

The Classifications of Home Health Nursing have been developed that provide a new framework and structure for coding and categorizing home health care patients. The Classification of Nursing Diagnoses and the Classification of Nursing Interventions are two unique home health nursing schemes that were empirically developed from the study data of the Home Care Classification Study conducted by the Georgetown University School of Nursing. These two classifications use a framework of 20 Home Health Care Components to classify and code the Nursing Diagnoses and Nursing Interventions. The schemes were also used to computer process and statistically analyze the study findings.

BACKGROUND

Home Health Care Classification Project

The Home Health Care Classification research study conducted at Georgetown University School of Nursing was designed to develop a method to assess and classify patients, in order to determine the resources required to provide home health services to the Medicare population including their outcomes of care. To accomplish this goal, data on actual resource use which could be objectively measured, were used to predict resource requirements (Saba, 1991, Saba, 1992b).

The Home Health Classification study consisted of a national sample of 646 home health agencies, randomly stratified by staff

size, type of ownership, and geographic location participated in the study. These home health agencies collected data on 8,961 newly discharged Medicare cases representing each patient's entire episode of home health care from admission to discharge.

The study collected data on all relevant variables -- demographic, patient care services, visit date, and discharge data -- considered to be the possible predictors of home health resource requirements. The study data were analyzed to determine the statistical significance of alternative classification methods. The statistical methods focused on two distinct goals. The first was to conduct descriptive analyses of home health care patients and the services provided. The second was to develop a classification system that predicted resource requirements.

Data Collection

As part of data collection, two open-ended narrative statements were used to collect the nursing diagnoses and the nursing services provided during the episode of home health care. These two open-ended questions provided the largest volume of data ever collected on patients receiving home health care.

The first question collected all nursing diagnoses or patient problems assessed as the major reasons the patient needed home health care. This item also collected the disposition of each nursing diagnosis on discharge which was considered to be the outcome of care. The second question collected all skilled nursing services, significant treatments, activities, and interventions provided during the episode of home health care

(Saba, 1992a; Saba, et. al, 1991).

Classification Design Strategy

In order to code and classify these narrative statements two unique schemes had to be developed. A strategy was developed which initially computer processed the narrative text collected from the first 1,000 patients. The statements for both nursing diagnoses and nursing interventions were entered into a computerized database as a means of determining common terms. By using permuted "keyword sorts", like terms were sorted and clustered. Examples of how they were clustered follow:

Nursing Diagnoses: "Alteration in Comfort" and "Alteration in Pain" and "Alteration in Comfort due to Pain" were clustered as: "Comfort Alteration" and "Pain" became a subcategory.

Nursing Interventions: "Instruct Wound Healing" and "Teach Wound Care" were clustered in two ways: "Instruct and Teach" were clustered as "Teach" and "Instruct" became a synonym; and "Wound Healing and "Wound Care" were clustered as "Wound Care.

Hundreds of other "keyword sorts" were analyzed. The terms for the nursing diagnoses and nursing interventions were not only sorted separately, but also matched together by patient. By using this technique two schemes were developed, tested, refined and used to code and classify the statements for the two questions. A description of each scheme is described below.

HOME HEALTH NURSING DIAGNOSES

A Nursing Diagnosis is "a clinical judgement about individual, family, or community responses to actual or potential health problems/life processes. Nursing diagnoses provide the basis for selection of nursing interventions to achieve outcomes for which the nurse is accountable" (NANDA, 1990 p. 5). Nursing diagnoses are concepts used to describe actual and potential health problems of clients. They describe clinical nursing practice in a uniform manner.

All nursing diagnoses and/or patient problems were collected for an entire episode of home health care for each study patient. A total of 40,361 nursing diagnoses and/or patient problems were identified as requiring nursing services including the actual outcome on discharge.

Nursing Diagnoses Coding Scheme

These nursing diagnoses statements were coded using an adapted version of the Nursing Diagnosis Taxonomy 1 (NANDA, 1990; Fitzpatrick et. al., 1989). The list of 104 approved Nursing Diagnoses for clinical use was adapted, expanded, and revised to include other home health nursing diagnostic conditions considered to be new diagnostic categories. The final nursing diagnostic scheme consisted of 145 Nursing Diagnoses (50 nursing diagnosis major categories and 95 subcategories).

Expected Outcomes/ Goals

The nursing diagnosis statements also collected the actual outcome for each nursing diagnosis. An outcome measure was

determined to be the goal of home health care, and therefore considered to be another facet of the nursing diagnosis label. Therefore, it was analyzed as the goal on admission even though it was evaluated on discharge and used to measure the outcome of home health care. As a result, **Expected Outcomes/Goals** of home health care became modifiers and were coded as one of three conditions: **Improved:** patient's condition changed and improved **Stabilized:** patient's condition did not change and required no further care; and **Deteriorated:** patient's condition changed and worsened.

HOME HEALTH NURSING INTERVENTIONS

A Nursing Intervention is defined as a single nursing action -- treatment, procedure or activity -- designed to achieve an outcome to a diagnosis -- medical or nursing -- for which the nurse is accountable. Patient services are usually initiated as medical orders by a referring physician and reviewed by the admitting nurse. As part of the admission assessment the primary nurse also identifies the nursing orders based on the nursing diagnoses, expected outcomes goals and together form the plan of care which includes the nursing interventions (Campbell, 1990).

All nursing interventions were collected for the entire episode of home health care. They included not only the 28 HCFA Skilled Treatment codes (HCFA, 1977), but also the 80,283 narrative statements collected as nursing services provided during an episode of home health care.

Nursing Interventions Coding Scheme

The nursing intervention statements were coded based on the scheme uniquely developed for the study. These statements were not always mutually exclusive. Many were determined to be more precise descriptions of a given category, such as "Dressing Change" is a more precise activity for "Wound Care". Based on clinical knowledge, major categories were actions that encompassed several tasks which were categorized into subcategories for example, "Dressing Change," a single nursing action used in "Wound Care". The resulting nursing intervention scheme consists of 160 Nursing Interventions (60 nursing intervention major categories and 100 subcategories).

Type Interventions/Actions

The statements also identified the type of nursing action for each nursing intervention. It was noted that there were two aspects to a nursing service statement -- the service itself and an action that modified the type of nursing intervention. In testing and examining the data, four different types of nursing actions appeared over and over again: (a) assessment, (b) direct care, (c) teaching, and (d) management of nursing services. A strategy was developed which used different codes to depict these four types of actions. It not only reduced the list of nursing interventions, but also simplified the coding process.

The nursing intervention scheme was revised to include the types of nursing intervention actions. They are modifiers and coded as follows: **Assess:** Collect and analyze data on the health

status; **Direct Care**: Perform a therapeutic action; **Teach**: Provide knowledge and skill; and **Manage**: Coordinate and refer.

HOME HEALTH NURSING COMPONENTS

The Nursing Diagnoses and Nursing Intervention schemes also required a classification framework and a coding structure to facilitate computer processing and statistical analyses. The two schemes -- 145 Nursing Diagnoses and 160 Nursing Interventions -- provided descriptive statistics which were too long to predict resource requirements. As a result the 20 Home Health Nursing Components were empirically developed from the study data to categorize, process, and analyze the nursing diagnoses and interventions.

Home Health Nursing Components Design Strategy

Initially, several different nursing classification schemes were tested to identify a coding framework and structure which could be used to analyze the data. The Nursing Diagnoses schemes that were reviewed included: (a) NANDA's Nine Human Response Patterns which classifies nursing diagnostic labels according to the phenomena in nursing (NANDA, 1990); (b) Gordon's Eleven Functional Health Patterns which are designed to organize patient assessment data collected during an admission examination by a nurse (1982); (c) Nine Physiological Body Systems empirically determined to be significant from the study; and (d) Omaha Problem Classification List of 44 Problems (VNA of Omaha, 1986) which provides a method for identifying, labeling and organizing the concerns for community health nursing practice.

Also, nursing intervention schemes were reviewed. They included: (a) Omaha Intervention Scheme of 63 labels which was designed to classify nursing activities and actions; (b) Iowa Interventions which highlighted selected nursing interventions for selected nursing diagnoses; and (c) several textbooks on the topic such as Campbell (1990).

The statistical analysis of the nursing diagnoses schemes were considered to be too broad, not discrete enough, not be linked to the nursing interventions, and not characteristic of the patients' health status. Also, it was not possible to statistically analyze the nursing intervention schemes, since the existing schemes did not classify or group them in a manner that could be statistically analyzed.

As a result, the 20 Home Health Care Components were empirically developed from the study data. The 20 Home Health Nursing Components provide the framework for classifying and coding the Home Health Nursing Diagnoses and Nursing Interventions schemes. They were used to computer process and statistically analyze the study data.

20 Home Health Nursing Components

A Home Health Nursing Component is defined as a cluster of elements that represents a health, functional, behavioral, or physiological home health care pattern. Each Home Health Nursing Component represents a unique component of home health clinical nursing practice. The 20 Home Health Nursing Components provide the framework for assessing nursing service requirements --

HOME HEALTH CARE COMPONENTS

Virginia K. Saba, Ed.D., R.N., F.A.A.N
Georgetown University

1. Activity
2. Bowel Elimination
3. Cardiac
4. Cognitive
5. Coping
6. Fluid Volume
7. Health Behavior
8. Medication
9. Metabolic
10. Nutritional
11. Physical Regulation
12. Respiratory
13. Role Relationship
14. Safety
15. Self-Care
16. Self-Concept
17. Sensory
18. Tissue/Skin Integrity
19. Tissue Perfusion
20. Urinary Elimination

• V.K. Saba, 9/1/90
HHCC Project funded by HCFA No:17C-98983/3

nursing diagnoses, expected outcomes/goals, nursing interventions and types of actions. The 20 Home Health Nursing Components were found to be the most clinically relevant classes, best predictors of home health nursing resource requirements, and the most appropriate framework for classifying home health nursing diagnoses and interventions (Saba, 1 1992a). The 20 Home Health Components are:

Activity, Bowel Elimination, Cardiac, Cognitive, Coping, Fluid Volume, Health Behavior, Medication, Metabolic, Nutritional, Physical Regulation, Respiratory, Role Relationship, Safety, Self-Care, Self-Concept, Sensory, Tissue/Skin, Tissue Perfusion, and Urinary Elimination.

HOME HEALTH NURSING CLASSIFICATION CODING FRAMEWORK

The Nursing Diagnoses and Nursing Intervention schemes also required a coding structure to facilitate computer processing. Using the format of the Tenth Revision of the International Classification of Diseases a five character alphanumeric code was developed (WHO, 1990). The code consists of a alphabetic character in the first position for the "Home Health Nursing Component"; followed by a two numeric digits for the "major category"; followed by two decimal digits -- the fourth for the "subcategory", and the fifth digit for the "modifier." A modifier is used for each nursing diagnosis and nursing intervention.

Classification of Home Health Nursing Diagnoses

Each Nursing Diagnosis was coded using a five character

HOME HEALTH CARE NURSING INTERVENTION CODING SCHEME EXAMPLE

Virginia K. Saba, EdD, RN, FAAN
Georgetown University

Nursing Intervention	Final Code	Action Modifier	Sub-Category*	Services Category	HHC Component
Assess Vital Signs:	K33. 01		>Assess	>None*	>Vital Signs	>PHYSICAL REGULATION
Change Wound Dressing:	R55. 22		>Direct Care	>Dressing Change	>Wound Care	>TISSUE INTEGRITY
Arrange for Meals-on-Wheels:	G17. 34		>Manage	>Meals-on-Wheels	>Community Service	>HEALTH BEHAVIOR

*Insert zero for none or blank

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HHCC Project funded by HCFA NO: 17C-98983/3

code. An example of the coding strategy follows and is illustrated in Figure 1. To code the term one has to refer to the Classification of Home Health Nursing Diagnoses Index. The Nursing Diagnosis "Activity Intolerance Alteration" is a more precise nursing diagnosis of "Activity Alteration." The first character codes the Home Health Nursing Component "Activity: as A "; followed by the two digit Major Category "Activity Alteration: as 01"; followed by the fourth decimal digit Subcategory "Activity Intolerance: as .1"; and followed by the fifth digit modifier for Expected Outcome Goal: "Improved: as .11". The completed code is "A01.11".

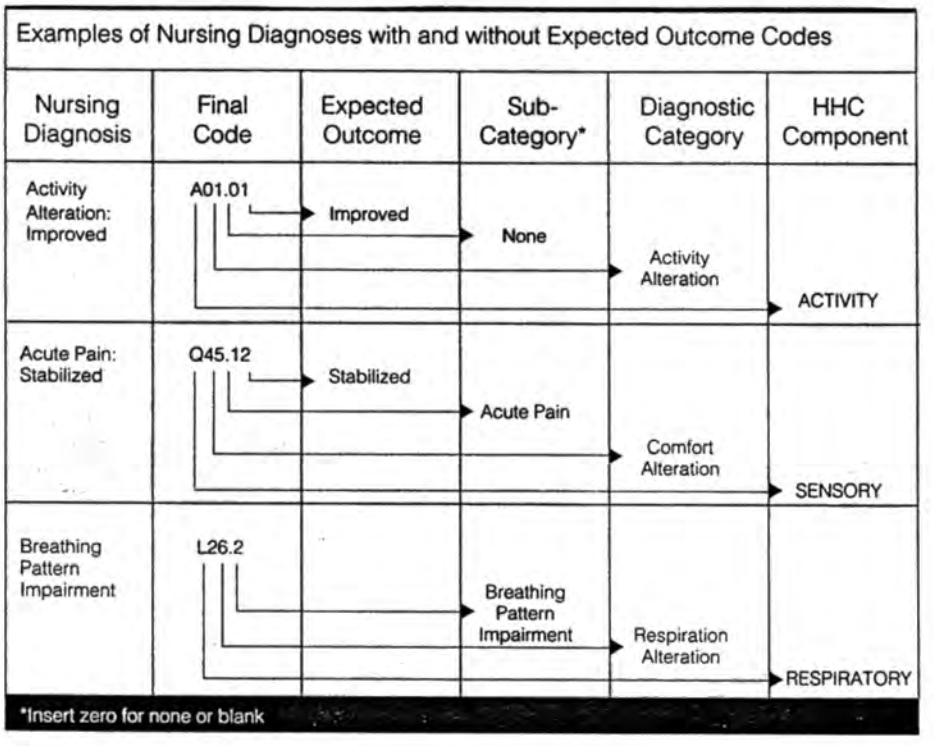
Figure 1. Example of Coded Structure for a Home Health Nursing Diagnosis with Expected Outcome Goal.

ACTIVITY INTOLERANCE ALTERATION: IMPROVED

A01.11

Home Health Care Component:	Activity	=	**A**
Nursing Diagnosis Category:	Activity Alteration	=	**A01**
Nursing Diagnosis Subcategory:	Activity Intolerance	=	**A01.1**
Expected Outcome/Goal:	Improved	=	**A01.11**

Home Health Care Classification System



Classification of Home Health Nursing Interventions

Each Nursing Intervention was also coded using a five character code. An example of the coding strategy follows and is illustrated in Figure 2. To code the term one has to refer to the Classification of Home Health Nursing Intervention Index. The Nursing Intervention "Change Wound Dressing" as reviewed is a more precise nursing intervention and a specific task of "Wound Care". The first character codes the Home Health Nursing Component "Tissue Integrity as R "; followed by the two digit Major Category "Wound Care: as 55"; followed by the fourth decimal digit Subcategory "Dressing Change as .2"; followed by the fifth digit modifier for Type Intervention Action "Direct Care" as .22". The completed code is "R55.22".

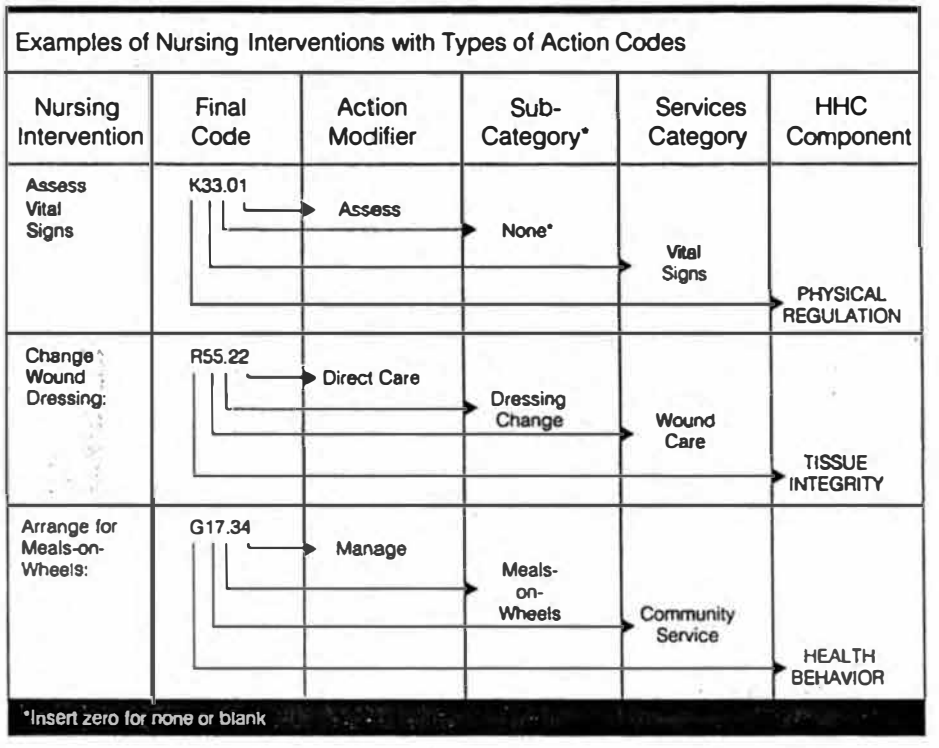
Figure 2. Example of Coded Structure for a Home Health Nursing Intervention with Type Intervention Action.

CHANGE WOUND DRESSING

R55.22

Home Health Care Component:	Tissue Integrity	=	R
Nursing Intervention Category:	Wound Care	=	R55
Nursing Intervention Subcategory:	Dressing Change	=	R55.2
Type Intervention Action:	Direct Care	=	R55.22

Home Health Care Classification System



SUMMARY

The Classifications of Home Health Nursing Diagnoses and Nursing Interventions using 20 Home Health Care Components provide a new framework and structure for classifying and coding home health nursing. The Classification of Nursing Diagnoses and the Classification of Nursing Interventions are two unique home health nursing schemes that were empirically developed and determined to be statistically significant. They are based on clinical judgement and provide an analytical model for measuring and evaluating home health nursing.

These Classifications offer a new approach for organizing the patient record, documenting the nursing process, and determining resource requirements. In addition, they can be used as the data dictionaries for clinical nursing practice elements in computer-based patient record systems. They provide the basis for measuring quality outcomes and effectiveness of home health nursing care. These Classifications expand the knowledge-base of home health and community health nursing.

The 20 Home Health Nursing Components, the Classifications of Home Health Nursing Diagnoses and Classification of Home Health Nursing Interventions are located in the Appendix. The 20 Home health Nursing Components are presented in two tables: (a) alphabetic index with codes, and (b) alphabetic index with definitions. The Classification of Home Health Nursing Diagnoses and Nursing Interventions are each presented in three tables: (a) classification and coding scheme, (b) alphabetic list with definitions and codes, (c) alphabetic index with codes.

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APPENDICES

CLASSIFICATIONS OF HOME HEALTH NURSING DIAGNOSES

AND

NURSING INTERVENTIONS

Prepared By

Virginia K. Saba, Ed.D.,R.N., F.A.A.N.

HHCC Project funded by HCFA No: 17C-98983/3

20 HOME HEALTH NURSING COMPONENTS

Table 1. 20 Home Health Nursing Components: Alphabetic Index with Codes

A	ACTIVITY COMPONENT
B	BOWEL ELIMINATION COMPONENT
C	CARDIAC COMPONENT
D	COGNITIVE COMPONENT
E	COPING COMPONENT
F	FLUID VOLUME COMPONENT
G	HEALTH BEHAVIOR COMPONENT
H	MEDICATION COMPONENT
I	METABOLIC COMPONENT
J	NUTRITIONAL COMPONENT
K	PHYSICAL REGULATION COMPONENT
L	RESPIRATORY COMPONENT
M	ROLE RELATIONSHIP COMPONENT
N	SAFETY COMPONENT
O	SELF-CARE COMPONENT
P	SELF-CONCEPT COMPONENT
Q	SENSORY COMPONENT
R	TISSUE INTEGRITY COMPONENT
S	TISSUE PERFUSION COMPONENT
T	URINARY ELIMINATION COMPONENT

Table 2: 20 Home Health Nursing Components: Alphabetical List with Codes and Definitions

A	**ACTIVITY COMPONENT**	Cluster of elements that involve the use of energy in carrying out bodily actions.
B	**BOWEL ELIMINATION COMPONENT**	Cluster of elements that involve the gastrointestinal system.
C	**CARDIAC COMPONENT**	Cluster of elements that involve the heart, blood vessels, and circulatory system.
D	**COGNITIVE COMPONENT**	Cluster of elements involving the mental and cerebral processes.
E	**COPING COMPONENT**	Cluster of elements that involve the ability to deal with responsibilities, problems, or difficulties.
F	**FLUID VOLUME COMPONENT**	Cluster of elements that involve liquid consumption.
G	**HEALTH BEHAVIOR COMPONENT**	Cluster of elements that involve actions to sustain, maintain, or regain health.
H	**MEDICATION COMPONENT**	Cluster of elements that involve medicinal substances.
I	**METABOLIC COMPONENT**	Cluster of elements that involve the endocrine and immunological processes.
J	**NUTRITIONAL COMPONENT**	Cluster of elements that involve the intake of food and nutrients.
K	**PHYSICAL REGULATION COMPONENT**	Cluster of elements that involve bodily processes.
L	**RESPIRATORY COMPONENT**	Cluster of elements that involve breathing and the pulmonary system.
M	**ROLE RELATIONSHIP COMPONENT**	Cluster of elements involving interpersonal, work, social, and sexual interactions.
N	**SAFETY COMPONENT**	Cluster of elements that involve prevention of injury, danger, or loss.
O	**SELF-CARE COMPONENT**	Cluster of elements that involve the ability to carry out activities to maintain oneself.
P	**SELF-CONCEPT COMPONENT**	Cluster of elements that involve an individual's mental image of oneself.

Q **SENSORY COMPONENT**
Cluster of elements that involve the senses.

R **TISSUE INTEGRITY COMPONENT**
Cluster of elements that involve the mucous membrane, corneal, integumentary, or subcutaneous structures of the body.

S **TISSUE PERFUSION COMPONENT**
Cluster of elements that involve the oxygenation of tissues.

T **URINARY ELIMINATION COMPONENT**
Cluster of elements that involve the genitourinary system.

CLASSIFICATION OF HOME HEALTH NURSING DIAGNOSES

& CODING SCHEME

Table 3: Classification of Home Health Nursing Diagnoses and Coding Scheme: 50 Major Categories and 95 Subcategories

I. CODING STRUCTURE

- HOME HEALTH CARE COMPONENT: 1st Alpha Code A to T
- NURSING DIAGNOSIS MAJOR CATEGORY: 2nd/3rd Digit: 01 to 50
- NURSING DIAGNOSIS SUBCATEGORY: 4th Decimal Digit:1 to 9
- DISCHARGE STATUS/GOAL: 5th Digit: 1 to 3 (Use Only One)
  1=Improved, 2=Stabilized, 3=Deteriorated

II. 50 NURSING DIAGNOSIS MAJOR CATEGORIES & 95 SUBCATEGORIES

A - ACTIVITY COMPONENT

01 Activity Alteration
- 01.1 Activity Intolerance
- 01.2 Activity Intolerance Risk
- 01.3 Diversional Activity Deficit
- 01.4 Fatigue
- 01.5 Physical Mobility Impairment
- 01.6 Sleep Pattern Disturbance

02 Musculoskeletal Alteration

B - BOWEL ELIMINATION COMPONENT

03 Bowel Elimination Alteration
- 03.1 Bowel Incontinence
- 03.2 Colonic Constipation
- 03.3 Diarrhea
- 03.4 Fecal Impaction
- 03.5 Perceived Constipation
- 03.6 Unspecified Constipation

04 Gastrointestinal Alteration

C - CARDIAC COMPONENT

05 Cardiac Output Alteration

06 Cardiovascular Alteration
- 01.1 Blood Pressure Alteration

D - COGNITIVE COMPONENT

07 Cerebral Alteration

08 Knowledge Deficit
- 08.1 Knowledge Deficit of Diagnostic Test
- 08.2 Knowledge Deficit of Dietary Regimen
- 08.3 Knowledge Deficit of Disease Process
- 08.4 Knowledge Deficit of Fluid Volume
- 08.5 Knowledge Deficit of Medication Regimen
- 08.6 Knowledge Deficit of Safety Precautions
- 08.7 Knowledge Deficit of Therapeutic Regimen

09 Thought Processes Alteration

E - COPING COMPONENT

10 Dying Process

11 Family Coping Impairment
- 11.1 Compromised Family Coping
- 11.2 Disabled Family Coping

12 Individual Coping Impairment
- 12.1 Adjustment Impairment
- 12.2 Decisional Conflict
- 12.3 Defensive Coping
- 12.4 Denial

13 Post-Trauma Response
- 13.1 Rape Trauma Syndrome

14 Spiritual State Alteration
- 14.1 Spiritual Distress

F - FLUID VOLUME COMPONENT

15 Fluid Volume Alteration
- 15.1 Fluid Volume Deficit
- 15.2 Fluid Volume Deficit Risk
- 15.3 Fluid Volume Excess
- 15.4 Fluid Volume Excess Risk

G - HEALTH BEHAVIOR COMPONENT

16 Growth and Development Alteration

17 Health Maintenance Alteration

18 Health Seeking Behavior Alteration

19 Home Maintenance Impairment

20 Noncompliance
- 20.1 Noncompliance of Diagnostic Test
- 20.2 Noncompliance of Dietary Regimen
- 20.3 Noncompliance of Fluid Volume
- 20.4 Noncompliance of Medication Regimen
- 20.5 Noncompliance of Safety Precautions
- 20.6 Noncompliance of Therapeutic Regimen

H - MEDICATION COMPONENT

21 Medication Risk
- 21.1 Polypharmacy

I - METABOLIC COMPONENT

22 Endocrine Alteration

23 Immunologic Alteration
- 23.1 Protection Alteration

J - NUTRITIONAL COMPONENT

24 Nutrition Alteration
- 24.1 Body Nutrition Deficit
- 24.2 Body Nutrition Deficit Risk
- 24.3 Body Nutrition Excess
- 24.4 Body Nutrition Excess Risk

K - PHYSICAL REGULATION COMPONENT

25 Physical Regulation Alteration
- 25.1 Dysreflexia
- 25.2 Hyperthermia
- 25.3 Hypothermia
- 25.5 Infection Risk
- 25.6 Infection Unspecified
- 25.4 Thermoregulation Impairment

L - RESPIRATORY COMPONENT

26 Respiration Alteration
- 26.1 Airway Clearance Impairment
- 26.2 Breathing Pattern Impairment
- 26.3 Gas Exchange Impairment

M - ROLE RELATIONSHIP COMPONENT

27 Role Performance Alteration
- 27.1 Parental Role Conflict
- 27.2 Parenting Alteration
- 27.3 Sexual Dysfunction

28 Communication Impairment
28.1 Verbal Impairment

29 Family Processes Alteration

30 Grieving
30.1 Anticipatory Grieving
30.2 Dysfunctional Grieving

31 Sexuality Patterns Alteration

32 Socialization Alteration
32.1 Social Interaction Impairment
32.2 Social Isolation

N - SAFETY COMPONENT

33 Injury Risk
33.1 Aspiration Risk
33.2 Disuse Syndrome
33.3 Poisoning Risk
33.4 Suffocation Risk
33.5 Trauma Risk

34 Violence Risk

O - SELF-CARE COMPONENT

35 Bathing/Hygiene Deficit

36 Dressing/Grooming Deficit

37 Feeding Deficit
37.1 Breastfeeding Impairment
37.2 Swallowing Impairment

38 Self Care Deficit
38.1 Activities of Daily Living (ADLs) Alteration
38.2 Instrumental Activities of Daily Living (IADLs) Alteration

39 Toileting Deficit

P - SELF-CONCEPT COMPONENT

40 Anxiety

41 Fear

42 Meaningfulness Alteration
42.1 Hopelessness
42.2 Powerlessness

43 Self Concept Alteration
- 43.1 Body Image Disturbance
- 43.2 Personal Identity Disturbance
- 43.3 Chronic Low Self-Esteem Disturbance
- 43.4 Situational Self-Esteem Disturbance

Q - SENSORY COMPONENT

44 Sensory Perceptual Alteration
- 44.1 Auditory Alteration
- 44.2 Gustatory Alteration
- 44.3 Kinesthetic Alteration
- 44.4 Olfactory Alteration
- 44.5 Tactile Alteration
- 44.6 Unilateral Neglect
- 44.7 Visual Alteration

45 Comfort Alteration
- 45.1 Acute Pain
- 45.2 Chronic Pain
- 45.3 Unspecified Pain

R - TISSUE INTEGRITY COMPONENT

46 Tissue Integrity Alteration
- 46.1 Oral Mucous Membranes Impairment
- 46.2 Skin Integrity Impairment
- 46.3 Skin Integrity Impairment Risk
- 46.4 Skin Incision

47 Peripheral Alteration

S - TISSUE PERFUSION COMPONENT

48 Tissue Perfusion Alteration

T - URINARY ELIMINATION COMPONENT

49 Urinary Elimination Alteration
- 49.1 Functional Urinary Incontinence
- 49.2 Reflex Urinary Incontinence
- 49.3 Stress Urinary Incontinence
- 49.4 Total Urinary Incontinence
- 49.5 Urge Urinary Incontinence
- 49.6 Urinary Retention

50 Renal Alteration

Table 4. Classification of Home Health Nursing Diagnoses: Alphabetical List with Definitions and Codes.

A01	**Activity Alteration**	Change or modification in energy used by the body.
A01.1	**Activity Intolerance**	Incapacity to carry out physiological or psychological daily activities.
A01.2	**Activity Intolerance Risk**	Increased chance of an incapacity to carry out physiological or psychological daily activities.
038.1	**Activities of Daily Living (ADLs) Alteration**	Change or modification of ability to maintain oneself.
Q45.1	**Acute Pain**	Physical suffering or distress; to hurt.
E12.1	**Adjustment Impairment**	Inadequate adaptation to condition or change in health status.
L26.1	**Airway Clearance Impairment**	Inability to clear secretions/obstructions in airway.
M30.1	**Anticipatory Grieving**	Feeling great sorrow before the event or loss.
P40	**Anxiety**	Feeling of distress or apprehension whose source is unknown.
N33.1	**Aspiration Risk**	Increased chance of material into trachea-bronchial passages.
Q44.1	**Auditory Alteration**	Diminished ability to hear.
035	**Bathing/Hygiene Deficit**	Impaired ability to cleanse oneself.
C01.1	**Blood Pressure Alteration**	Change in the systolic or diastolic pressure.
P43.1	**Body Image Disturbance**	Imbalance in the perception of the way one's body looks.
J24.1	**Body Nutrition Deficit**	Less than adequate intake or absorption of food or nutrients.
J24.2	**Body Nutrition Deficit Risk**	Increased chance of less than adequate intake or absorption of food or nutrients.
J24.3	**Body Nutrition Excess**	More than adequate intake or absorption of food or nutrients.

J24.4 **Body Nutrition Excess Risk**
Increased chance of more than adequate intake or absorption of food or nutrients.

B03 **Bowel Elimination Alteration**
Change or modification of the gastrointestinal system.

B03.1 **Bowel Incontinence**
Involuntary defecation.

O37.1 **Breastfeeding Impairment**
Diminished ability to nourish infant at the breast.

L26.2 **Breathing Pattern Impairment**
Inadequate inhalation or exhalation.

C05 **Cardiac Output Alteration**
Change or modification in the pumping action of the heart.

D06 **Cardiovascular Alteration**
Change or modification of the heart or blood vessels.

D07 **Cerebral Alteration**
Change or modification of thought processes or mentation.

P43.3 **Chronic Low Self-Esteem Disturbance**
Persistent negative evaluation of oneself.

Q45.2 **Chronic Pain**
Pain that continues for longer than expected.

B03.2 **Colonic Constipation**
Infrequent or difficult passage of hard, dry feces.

Q45 **Comfort Alteration**
Change or modification in sensation that is distressing.

M28 **Communication Impairment**
Diminished ability to exchange thoughts, opinions, or information.

E11.1 **Compromised Family Coping**
Inability of family to function optimally.

E12.2 **Decisional Conflict**
Struggle related to determining a course of action.

E12.3 **Defensive Coping**
Self-protective strategies to guard against threats to self.

E12.4 **Denial**
Attempt to reduce anxiety by refusal to accept thoughts, feelings, or facts.

B03.3 **Diarrhea**
Abnormal frequency and fluidity of feces.

E11.2 **Disabled Family Coping**
Dysfunctional ability of family to function.

N33.2 Disuse Syndrome
Group of symptoms related to effects of immobility.

A01.3 Diversional Activity Deficit
Lack of interest or engagement in leisure activities.

O36 Dressing/Grooming Deficit
Impaired ability to clothe and groom oneself.

E10 Dying Process
Physical and behavioral responses associated with death.

M30.2 Dysfunctional Grieving
Prolonged feeling of great sorrow.

J25.1 Dysreflexia
Life threatening inhibited sympathetic response to a noxious stimuli in a person with a spinal cord injury at T7 or above.

I22 Endocrine Alteration
Change or modification of internal secretions or hormones.

E11 Family Coping Impairment
Inadequate family response to problems or difficulties.

M29 Family Processes Alteration
Change or modification of usual functioning of a related group.

A01.4 Fatigue
Exhaustion that interferes with physical and mental activities.

P41 Fear
Feeling of dread or distress whose cause can be identified.

B03.4 Fecal Impaction
Feces wedged in intestine.

O37 Feeding Deficit
Impaired ability to feed oneself.

F15 Fluid Volume Alteration
Change or modification in bodily fluid.

F15.1 Fluid Volume Deficit
Dehydration

F15.2 Fluid Volume Deficit Risk
Increased chance of dehydration.

F15.3 Fluid Volume Excess
Fluid retention, overload, or edema.

F15.4 Fluid Volume Excess Risk
Increased chance of fluid retention, overload, or edema.

T49.1 Functional Urinary Incontinence
Involuntary, unpredictable passage of urine.

L26.3 Gas Exchange Impairment
Imbalance of oxygen and carbon dioxide transfer between lung and vascular system.

B04 **Gastrointestinal Alteration**
Change or modification of the stomach or intestines.

M30 **Grieving**
Feeling of great sorrow.

G16 **Growth and Development Alteration**
Change or modification in norms for age.

Q44.2 **Gustatory Alteration**
Diminished ability to taste

G17 **Health Maintenance Alteration**
Change or modification in ability to manage health related needs.

G18 **Health Seeking Behavior Alteration**
Change or modification of actions needed to improve health state.

G19 **Home Maintenance Impairment**
Inability to sustain a safe, healthy environment.

P42.1 **Hopelessness**
Feeling of despair or futility and passive abandonment.

J25.2 **Hyperthermia**
Abnormal high body temperature.

J25.3 **Hypothermia**
Subnormal low body temperature.

I23 **Immunologic Alteration**
Change or modification of the immune system.

E12 **Individual Coping Impairment**
Inadequate personal response to problems or difficulties.

J25.5 **Infection Risk**
Increased change of contamination with disease-producing germs.

J25.6 **Infection Unspecified**
Unknown contamination with disease-producing germs.

N33 **Injury Risk**
Increased change of danger or loss.

O38.2 **Instrumental Activities of Daily Living (IADLs) Alteration**
Change or modification of more complex activities than those needed to maintain oneself.

Q44.3 **Kinesthetic Alteration**
Diminished ability to move.

D08 **Knowledge Deficit**
Lack of information, understanding, or comprehension.

D08.1 **Knowledge Deficit of Diagnostic Test**
Lack of information on tests to identify disease or assess health condition.

D08.2 **Knowledge Deficit of Dietary Regimen**
Lack of information on the prescribed food or fluid intake.

D08.3 **Knowledge Deficit of Disease Process**
Lack of information on the morbidity, course, or treatment of the health condition.

D08.4 **Knowledge Deficit of Fluid Volume**
Lack of information on fluid volume intake requirements.

D08.5 **Knowledge Deficit of Medication Regimen**
Lack of information on prescribed regulated course of medicinal substances,

D08.6 **Knowledge Deficit of Safety Precautions**
Lack of information on measures to prevent injury, danger, or loss.

D08.7 **Knowledge Deficit of Therapeutic Regimen**
Lack of information on regulated course of treating disease.

P42 **Meaningfulness Alteration**
Change or modification of the ability to see the significance, purpose, or value in something.

H21 **Medication Risk**
Increased chance of negative response to medicinal substance.

A02 **Musculoskeletal Alteration**
Change or modification of the muscles, bones or support structures.

G20 **Noncompliance**
Failure to follow therapeutic recommendations.

G20.1 **Noncompliance of Diagnostic Test**
Failure to follow therapeutic recommendations on tests to identify disease or assess health condition.

G20.2 **Noncompliance of Dietary Regimen**
Failure to follow the prescribed food or fluid intake.

G20.3 **Noncompliance of Fluid Volume**
Failure to follow fluid volume intake requirements.

G20.4 **Noncompliance of Medication Regimen**
Failure to follow prescribed regulated course of medicinal substances.

G20.5 **Non-compliance of Safety Precautions**
Failure to follow measures to prevent injury, danger, or loss.

G20.6 **Noncompliance of Therapeutic Regimen**
Failure to follow regulated course of treating disease.

J24 **Nutrition Alteration**
Change or modification of food or nutrients.

Q44.4 **Olfactory Alteration**
Diminished ability to smell.

R46.1 **Oral Mucous Membranes Impairment**
Diminished ability to maintain the tissues of the oral cavity.

M27.1 Parental Role Conflict
Struggle with parental position and responsibilities.

M27.2 Parenting Alteration
Change or modification of nurturing figures ability to promote growth and development of infant/child.

B03.5 Perceived Constipation
Belief and treatment of infrequent or difficult passage of feces without cause.

R47 Peripheral Alteration
Change or modification in vascularization of the extremities.

P43.2 Personal Identity Disturbance
Imbalance in the ability to distinguish between the self and the non-self.

A01.5 Physical Mobility Impairment
Diminished ability to perform independent movement.

J25 Physical Regulation Alteration
Change or modification of somatic control.

N33.3 Poisoning Risk
Exposure to or ingestion of dangerous products.

H21.1 Polypharmacy
Use of two or more drugs together.

E13 Post-Trauma Response
Sustained behavior related to a traumatic event.

P42.2 Powerlessness
Feeling of helplessness, or inability to act.

I23.1 Protection Alteration
Change or modification of the ability to guard against internal or external threats to the body.

E13.1 Rape Trauma Syndrome
Group of symptoms related to a forced sexual act.

L26 Respiration Alteration
Change or modification in breathing.

T49.2 Reflex Urinary Incontinence
Involuntary passage of urine occurring at predictable intervals.

T50 Renal Alteration
Change or modification in the kidneys

M27 Role Performance Alteration
Change or modification of carrying out responsibilities.

O38 Self Care Deficit
Impaired ability to maintain oneself.

P43 Self Concept Alteration
Change or modification of ability to maintain one's image of self.

Q44 Sensory Perceptual Alteration
Change in modification in the response to stimuli.

M27.3 Sexual Dysfunction
Deleterious change in sex response.

M31 Sexuality Patterns Alteration
Change or modification of persons's sexual response.

P43.4 Situational Self-Esteem Disturbance
Negative evaluation of oneself in response to a loss or change.

R46.2 Skin Integrity Impairment
Diminished ability to maintain the integument

R46.3 Skin Integrity Impairment Risk
Increased chance of skin breakdown.

R46.4 Skin Incision
Cutting of the integument.

A01.6 Sleep Pattern Disturbance
Imbalance in the normal sleep/wake cycle.

M32.1 Social Interaction Impairment
Inadequate quantity or quality of personal relations.

M32.2 Social Isolation
State of aloneness, lack of interaction with others.

M32 Socialization Alteration
Change or modification of personal identity.

E14.1 Spiritual Distress
Anguish related to the spirit or soul.

E14 Spiritual State Alteration
Change or modification of the spirit or soul.

T49.3 Stress Urinary Incontinence
Loss of urine occurring with increased abdominal pressure.

N33.4 Suffocation Risk
Inadequate air for breathing.

037.2 Swallowing Impairment
Inability to move food from mouth to stomach.

Q44.5 Tactile Alteration
Diminished ability to feel.

J25.4 Thermoregulation Impairment
Fluctuation of temperature between hypothermia and hyperthermia.

R46 Tissue Integrity Alteration
A change or modification in the mucous membrane, corneal, integumentary, or subcutaneous structures.

848 Tissue Perfusion Alteration
A change or modification in the oxygenation of tissues.

039 Toileting Deficit
Impaired ability to urinate or defecate for oneself.

T49.4 Total Urinary Incontinence
Continuous and unpredictable loss of urine.

D09 **Thought Processes Alteration**
Change or modification in cognitive processes.

N33.5 **Trauma Risk**
Accidental tissue injury.

Q44.6 **Unilateral Neglect**
Lack of awareness of one side of the body.

B03.6 **Unspecified Constipation**
Other forms of abnormal feces or difficult passage of feces.

Q45.3 **Unspecified Pain**
Pain that is difficult to pinpoint.

T49 **Urinary Elimination Alteration**
A change or modification in the excretion of the waste matter of the kidneys.

T49.6 **Urinary Retention**
Incomplete emptying of the bladder.

T49.5 **Urge Urinary Incontinence**
Involuntary passage of urine following a sense of urgency to void.

M28.1 **Verbal Impairment**
Diminished ability to exchange thoughts, opinions, or information through speech.

N34 **Violence Risk**
Increased change of harming self or others.

Q44.7 **Visual Alteration**
A diminished ability to see.

Table 5. Classification of Home Health Nursing Diagnoses: Alphabetic Index with Codes

Activity Alteration	A01
Activity Intolerance	A01.1
Activity Intolerance Risk	A01.2
Activities of Daily Living (ADLs) Alteration	O38.1
Acute Pain	Q45.1
Adjustment Impairment	E12.1
Airway Clearance Impairment	L26.1
Anticipatory Grieving	M30.1
Anxiety	P40
Aspiration Risk	N33.1
Auditory Alteration	Q44.1
Bathing/Hygiene Deficit	O35
Blood Pressure Alteration	C01.1
Body Image Distribution	P43.1
Body Nutrition Deficit	J24.1
Body Nutrition Deficit Risk	J24.2
Body Nutrition Excess	J24.3
Body Nutrition Excess Risk	J24.4
Bowel Elimination Alteration	B03
Bowel Incontinence	B03.1
Breastfeeding Impairment	O37.1
Breathing Pattern Impairment	L26.2
Cardiac Alteration	C05
Cardiovascular Alteration	C06
Cerebral Alteration	D07
Chronic Low Self-Esteem Disturbance	P43.3
Chronic Pain	Q45.2
Colonic Constipation	B03.2
Comfort Alteration	Q45
Communication Impairment	M28
Compromised Family Coping	E11.1
Decisional Conflict	E12.2
Defensive Coping	E12.3
Denial	E12.4
Diarrhea	B03.3
Disabled Family Coping	E11.2
Disuse Syndrome	N33.2
Diversional Activity Deficit	A01.3
Dressing/Grooming Deficit	O36
Dying Process	E10
Dysfunctional Grieving	M30.2
Dysreflexia	J25.1
Endocrine Alteration	I22

Nursing Diagnoses (Cont'd)

CLASSIFICATION OF HOME HEALTH NURSING INTERVENTIONS

& CODING SCHEME

Table 6: Classification of Home Health Nursing Interventions and Coding Scheme: 60 Major Categories & 100 Subcategories

I. CODING STRUCTURE

- HOME HEALTH CARE COMPONENT: 1st Alpha Code A to T
- NURSING INTERVENTION MAJOR CATEGORY: 2nd/3rd Digit: 01 to 50
- NURSING INTERVENTION SUBCATEGORY: 4th Decimal Digit:1 to 9
- TYPE NURSING ACTION: 5th Digit: 1 to 4 Use Only One
  1=Assess, 2=Care, 3=Teach, 4=Manage

II. 60 NURSING INTERVENTION MAJOR CATEGORIES & 100 SUBCATEGORIES

A. ACTIVITY COMPONENT

01 Activity Care
- 01.1 Cardiac Rehabilitation
- 01.2 Energy Conservation

02 Fracture Care
- 02.1 Cast Care
- 02.2 Immobilizer

03 Mobility Therapy
- 03.1 Ambulation Therapy
- 03.2 Assistive Device
- 03.3 Transfer Care

04 Sleep Pattern Control

05 Rehabilitation Care
- 05.1 Range of Motion
- 05.2 Rehabilitation Exercise

B. BOWEL ELIMINATION COMPONENT

06 Bowel Care
- 06.1 Bowel Training
- 06.2 Disimpaction
- 06.3 Enema

07 Ostomy Care
- 07.1 Ostomy Irrigation

Nursing Interventions (Cont'd)

C. **CARDIAC COMPONENT**

08 Cardiac Care

09 Pacemaker Care

D. **COGNITIVE COMPONENT**

10 Behavior Care

11 Reality Orientation

E. **COPING COMPONENT**

12 Counseling Service
- 12.1 Coping Support
- 12.2 Stress Control

13 Emotional Support
- 13.1 Spiritual Comfort

14 Terminal Care
- 14.1 Bereavement Support
- 14.2 Dying/Death Measures
- 14.3 Funeral Arrangements

F. **FLUID VOLUME COMPONENT**

15 Fluid Therapy
- 15.1 Hydration Status
- 15.2 Intake/Output

16 Infusion Care
- 16.1 Intravenous Care
- 16.2 Venous Catheter Care

G. **HEALTH BEHAVIOR COMPONENT**

17 Community Special Programs
- 17.1 Adult Day Center
- 17.2 Hospice
- 17.3 Meals-on-Wheels
- 17.4 Other Community Special Program

18 Compliance Care
- 18.1 Compliance with Diet
- 18.2 Compliance with Fluid Volume
- 18.3 Compliance with Medical Regime
- 18.4 Compliance with Medication Regime
- 18.5 Compliance with Safety Precautions
- 18.6 Compliance with Therapeutic Regime

Nursing Interventions (Cont'd)

19 Nursing Contact
- 19.1 Bill of Rights
- 19.2 Nursing Care Coordination
- 19.3 Nursing Status Report

20 Physician Contact
- 20.1 Medical Regime
- 20.2 Physician Status Report

21 Professional/Ancillary Services
- 21.1 Home Health Aide Service
- 21.2 Medical Social Worker Service
- 21.3 Nurse Specialist Service
- 21.4 Occupational Therapist Service
- 21.5 Physical Therapist Service
- 21.6 Speech Therapist Service
- 21.7 Other Ancillary Service
- 21.8 Other Professional Service

H. MEDICATION COMPONENT

22 Chemotherapy Care

23 Injection Administration
- 23.1 Insulin Injection
- 23.2 Vitamin B12 Injection

24 Medication Administration
- 24.1 Medication Actions
- 24.2 Medication Prefill Preparation
- 24.3 Medication Side Effects

25 Radiation Therapy Care

I. METABOLIC COMPONENT

26 Allergic Reaction Care

27 Diabetic Care

J. NUTRITIONAL COMPONENT

28 Gastrostomy/Nasogastric Tube Care
- 28.1 Gastrostomy/Nasogastric Tube Insertion
- 28.2 Gastrostomy/Nasogastric Tube Irrigation

29 Nutrition Care
- 29.1 Enteral/Parenteral Feeding
- 29.2 Feeding Technique
- 29.3 Regular Diet
- 29.4 Special Diet

Nursing Interventions (Cont'd)

K. PHYSICAL REGULATION COMPONENT

30 Infection Control
- 30.1 Universal Precautions

31 Physical Health Care
- 31.1 Health History
- 31.2 Health Promotion
- 31.3 Physical Examination
- 31.4 Physical Measurements

32 Specimen Analysis
- 32.1 Blood Specimen Analysis
- 32.2 Stool Specimen Analysis
- 32.3 Urine Specimen Analysis
- 32.4 Other Specimen Analysis

33 Vital Signs
- 33.1 Blood Pressure
- 33.2 Temperature/Pulse/Respiration

34 Weight Control

L. RESPIRATORY COMPONENT

35 Oxygen Therapy Care

36 Respiratory Care
- 36.1 Breathing Exercises
- 36.2 Chest Physiotherapy
- 36.3 Inhalation Therapy
- 36.4 Ventilator Care

37 Tracheostomy Care

M. ROLE RELATIONSHIP COMPONENT

38 Communication Care

39 Psychosocial Analysis
- 39.1 Home Situation Analysis
- 39.2 Interpersonal Dynamics Analysis

N. SAFETY COMPONENT

40 Abuse Control

41 Emergency Care

42 Safety Precautions
42.1 Environmental Safety
42.2 Equipment Safety
42.3 Individual Safety

O. SELF-CARE COMPONENT

43 Personal Care
43.1 Activities of Daily Living (ADLs)
43.2 Instrumental Activities of Daily Living (IADLs)

44 Bedbound Care
44.1 Positioning Therapy

P. SELF-CONCEPT COMPONENT

45 Mental Health Care
45.1 Mental Health History
45.2 Mental Health Promotion
45.3 Mental Health Screening
45.4 Mental Health Treatment

46 Violence Control

Q. SENSORY COMPONENT

47 Pain Control

48 Comfort Care

49 Ear Care
49.1 Hearing Aid Care
49.2 Wax Removal

50 Eye Care
50.1 Cataract Care

R. TISSUE INTEGRITY COMPONENT

51 Decubitus Care
51.1 Decubitus Stage 1
51.2 Decubitus Stage 2
51.3 Decubitus Stage 3
51.4 Decubitus Stage 4

52 Edema Control

53 Mouth Care
53.1 Denture Care

54 Skin Care
54.1 Skin Breakdown Control

Nursing Interventions (Cont'd)

55 Wound Care
- 55.1 Drainage Tube Care
- 55.2 Dressing Change
- 55.3 Incision Care

S. TISSUE PERFUSION COMPONENT

56 Foot Care

57 Perineal Care

T. URINARY ELIMINATION COMPONENT

58 Bladder Care
- 58.1 Bladder Instillation
- 58.2 Bladder Training

59 Dialysis Care

60 Urinary Catheter Care
- 60.1 Urinary Catheter Insertion
- 60.1 Urinary Catheter Irrigation

Table 7. Classification of Home Health Nursing Interventions: Alphabetical List with Definitions and Codes

N40	**Abuse Control** Management of situations to avoid, detect, or minimize harm.
A01	**Activity Care** Actions performed to carry out physiological or psychological daily activities.
O43.1	**Activities of Daily Living (ADLs)** Personal activities to maintain oneself.
A03.1	**Ambulation Therapy** Treatment to promote walking.
G17.1	**Adult Day Center** Day program for adults in a specific location.
I26	**Allergic Reaction Care** Treatment to reduce symptoms or precautions to reduce allergic.
A03.2	**Assistive Device** Use of products to aid in caring for oneself.
D10	**Behavior Care** Actions performed to manage observable responses to internal and external stimuli.
T58	**Bladder Care** Actions performed to manage urinary drainage problems.
T58.1	**Bladder Instillation** Putting liquid into a catheter.
T58.2	**Bladder Training** Teaching or instruction in care of urinary drainage problems.
O44	**Bedbound Care** Actions performed to manage an individual confined to bed.
E14.1	**Bereavement Support** Act of providing comfort to the family/friends of the person who died.
G19.1	**Bill of Rights** Statements related to entitlement during an episode of illness.
K33.1	**Blood Pressure** Measurement of diastolic and systolic pressure of the blood.
K32.1	**Blood Specimen Analysis** Collect or examine a sample of blood.
B06	**Bowel Care** Actions performed to maintain or restore functioning of the bowel.
B06.1	**Bowel Training** Education or instruction about bowel elimination.

Nursing Interventions (Cont'd)

L36.1	**Breathing Exercises** Training in respiratory or lung exertion.
C08	**Cardiac Care** Actions performed to manage changes in the heart or blood vessels.
A01.1	**Cardiac Rehabilitation** Actions taken to restore cardiac health.
A02.1	**Cast Care** Actions performed to manage a rigid dressing.
Q50.1	**Cataract Care** Actions performed to control cataract conditions.
H22	**Chemotherapy Care** Actions performed to administer and monitor antineoplastic.
L36.2	**Chest Physiotherapy** Exercises to provide postural drainage of lungs.
Q48	**Comfort Care** Actions performed to enhance or improve well-being.
G18	**Compliance Care** Actions performed to encourage conformity to therapeutic recommendations.
G18.1	**Compliance with Diet** Encourage conformity to food or fluid intake.
G18.2	**Compliance with Fluid Volume** Encourage conformity to therapeutic intake of liquids.
G18.3	**Compliance with Medical Regime** Encourage conformity to physician's plan of care.
G18.4	**Compliance with Medication Regime** Encourage conformity to follow prescribed course of medicinal substances.
G18.5	**Compliance with Safety Precautions** Encourage conformity with measures to protect the self or others from injury, danger, or loss.
G18.6	**Compliance with Therapeutic Regime** Encourage conformity with the health team's plan of care.
G17	**Community Special Programs** Advice or instruction about a special community program resource.
M38	**Communication Care** Actions performed to exchange verbal information.
E12.1	**Coping Support** Act of sustaining a person dealing with responsibilities, problems, or difficulties.
E12	**Counseling Service** Provision of advice or instruction to help another.
I27	**Diabetic Care** Actions performed to control diabetic conditions.

T59 **Dialysis Care**
Actions performed to management dialysis treatments.

B06.2 **Disimpaction**
Manually remove ~~feces~~.

R51 **Decubitus Care**
Actions performed to prevent, detect, and treat skin integrity breakdown caused by pressure.

R51.1 **Decubitus Stage 1**
Actions performed to prevent skin breakdown.

R51.2 **Decubitus Stage 2**
Actions performed to manage tissue breakdown.

R51.3 **Decubitus Stage 3**
Actions performed o manage skin destruction

R51.4 **Decubitus Stage 4**
Actions performed to manage open wounds.

R53.1 **Denture Care**
Actions performed to manage artificial teeth.

R55.1 **Drainage Tube Care**
Actions performed to control drainage from tubes.

R55.2 **Dressing Change**
Removal and replacement of a new bandage to a wound.

E14.2 **Dying/Death Measures**
Actions to manage the dying process.

Q49 **Ear Care**
Actions performed to manage ear problems.

R52 **Edema Control**
Management of excess fluid in tissue.

N41s **Emergency Care**
Actions performed to manage a sudden, unexpected occurrence.

E13 **Emotional Support**
Act of sustaining the affective state of consciousness.

B06.3 **Enema**
Administration of fluid rectally.

A01.2 **Energy Conservation**
Actions taken to preserve energy.

J29.1 **Enteral/Parenteral Feeding**
Providing nourishment through intravenous or gastrointestinal routes.

N42.1 **Environmental Safety**
Precautions recommended to prevent or reduce environmental injury.

N42.2 **Equipment Safety**
Precautions recommended to prevent or reduce equipment injury.

Q50 **Eye Care**
Actions performed to manage eye problems.

Nursing Interventions (Cont'd)

J29.2 **Feeding Technique**
Using special measure to provide nourishment.

F15 **Fluid Therapy**
Treatment of liquid volume intake.

S56 **Foot Care**
Actions performed to manage foot problems.

A02 **Fracture Care**
Actions performed to manage broken bones.

E14.3 **Funeral Arrangements**
Preparatory measures for burial.

J28 **Gastrostomy/Nasogastric Tube Care**
Actions performed to control gastrostomy/nasogastric drainage tubes.

J28.1 **Gastrostomy/Nasogastric Tube Insertion**
Placement of a gastrostomy/nasogastric drainage tube.

J28.2 **Gastrostomy/Nasogastric Tube Irrigation**
Flushing or washing out of a gastrostomy/nasogastric tube.

Q49.1 **Hearing Aid Care**
Actions performed to manage hearing aid.

K31.1 **Health History**
Information obtained about past illness and health status.

K31.2 **Health Promotion**
Encourage behaviors to enhance health state.

G21.1 **Home Health Aide Service**
Provision of home care services by a home health aide.

M39.1 **Home Situation Analysis**
Analysis of living environment.

G17.2 **Hospice**
Program or place offering care for terminally ill persons.

F15.1 **Hydration Status**
State of fluid balance.

A02.2 **Immobilizer**
Management of splint, cast, or prescribed bed rest.

R55.3 **Incision Care**
Actions performed to manage a surgical wound.

N42.3 **Individual Safety**
Precautions to reduce individual injury.

K30 **Infection Control**
Management of communicable illness.

F16 **Infusion Care**
Actions performed to manage solution given via vein.

L36.3 **Inhalation Therapy**
Management of breathing treatments.

H23 **Injection Administration**
Act of dispensing a medication by a hypodermic.

O43.2 **Instrumental Activities of Daily Living (IADLs)**
Complex activities to maintain oneself.

F15.2 **Intake/Output**
Measurement of amount of fluids/food and excretion of waste.

M39.2 **Interpersonal Dynamics Analysis**
Analysis of the driving forces in a relationship between people.

H23.1 **Insulin Injection**
Hypodermic administration of insulin.

F16.1 **Intravenous Care**
Actions performed to manage the infusion.

G17.3 **Meals-on-Wheels**
Community program of meals delivered to the home.

G20.1 **Medical Regime**
Physician's plan of treatment.

G21.2 **Medical Social Worker Service**
Provision of advice or instruction by medical social worker.

H24.1 **Medication Actions**
Activities related to manage or monitor medicinal substances.

H24 **Medication Administration**
Act of dispensing prescribed drugs.

H24.2 **Medication Prefill Preparation**
Activities to ensure the continued supply of prescribed drugs.

H24.3 **Medication Side Effects**
Control of untoward reactions or conditions to prescribed drugs

P45 **Mental Health Care**
Actions taken to promote emotional well-being.

P45.1 **Mental Health History**
Systematic narrative of emotional well-being.

P45.2 **Mental Health Promotion**
Actions to encourage or further emotional well-being.

P45.3 **Mental Health Screening**
Systematic examination of emotional well-being.

P45.4 **Mental Health Treatment**
Management of protocols to treat emotional problems.

A03 **Mobility Therapy**
Treatment of mobility deficits.

R53 **Mouth Care**
Actions performed to manage oral cavity.

G21.3 **Nurse Specialist Service**
Advice or instruction by registered nurse specialist or practitioner.

G19.2 **Nursing Care Coordination**
Nursing activities to synthesize all plans of care.

Nursing Interventions (Cont'd)

G19	**Nursing Contact** Communication with the nurse.
G19.3	**Nursing Status Report** Documentation by nurse about the patient's condition.
J29	**Nutrition Care** Actions performed to manage food and nutrients.
G21.4	**Occupational Therapist Service** Advice or instruction by occupational therapist.
B07	**Ostomy Care** Actions performed to manage an artificial opening which removes waste products.
B07.1	**Ostomy Irrigation** Flushing or washing out an ostomy.
G21.7	**Other Ancillary Service** Duties performed by other caregivers.
G17.4	**Other Community Special Program** Advice or instruction about a special community program resource.
G21.8	**Other Professional Service** Duties performed by other professional caregivers.
K32.4	**Other Specimen Analysis** Collect and/or examine a sample of body tissue or fluid.
L35	**Oxygen Therapy Care** Actions performed to manage administration of oxygen treatment.
C09	**Pacemaker Care** Actions performed to manage an electronic device that provides a normal heartbeat.
Q47	**Pain Control** Management of responses to injury or damage.
S57	**Perineal Care** Actions performed to manage perianal problems.
O43	**Personal Care** Actions performed to care for oneself.
O44.1	**Positioning Therapy** Process to manage changes in body position.
M39	**Psychosocial Analysis** Study of psychological and social factors.
K31.3	**Physical Examination** Observation of somatic events.
K31	**Physical Health Care** Actions performed to manage somatic problems
K31.4	**Physical Measurements** Procedures to evaluate somatic events.
G21.5	**Physical Therapist Service** Advice or instruction by physical therapist.
G20	**Physician Contact** Communication with physician.

Nursing Interventions (Cont'd)

G20.2 **Physician Status Report**
Documentation by physician about patient's condition.

G21 **Professional/Ancillary Services**
Duties performed by health team members on behalf of patient/family.

H25 **Radiation Therapy Care**
Actions performed to administer and monitor radiation therapy.

A05.1 **Range of Motion**
Active or passive exercises to maintain joint function.

D11 **Reality Orientation**
Actions to promote the ability to locate oneself in environment.

J29.3 **Regular Diet**
Food and nutrients from established nutrition standards

A05 **Rehabilitation Care**
Actions performed to restore physical functioning.

A05.2 **Rehabilitation Exercise**
Activities to promote physical functioning.

L36 **Respiratory Care**
Actions taken to manage pulmonary hygiene.

N42 **Safety Precautions**
Advance measures to avoid injury, danger, or harm.

R54 **Skin Care**
Actions performed to manage integument.

R54.1 **Skin Breakdown Control**
Management of tissue integrity problems.

A04 **Sleep Pattern Control**
Management of the sleep/wake cycle.

E12.2 **Stress Control**
Management of physiological response of the body to a stimulus.

J29.4 **Special Diet**
Food and nutrients prescribed for a specific purpose.

K32 **Specimen Analysis**
Collect and/or examine a bodily specimen.

G21.6 **Speech Therapist Service**
Advice or instruction by speech therapist.

E13.1 **Spiritual Comfort**
Act of consolation to restore or promote spiritual health.

K32.2 **Stool Specimen**
Collect and/or examine a sample of feces.

K33.2 **Temperature/Pulse/Respiration**
Vital signs.

E14 **Terminal Care**
Actions performed in the period of time surrounding death.

L37 **Tracheostomy Care**
Actions performed to manage a tracheostomy.

A03.3 **Transfer Care**
Actions performed to assist in moving from one place to another.

T60 **Urinary Catheter Care**
Actions performed to manage a urinary catheter.

T60.1 **Urinary Catheter Insertion**
Placement of a urinary catheter in bladder.

T60.2 **Urinary Catheter Irrigation**
Flushing out a urinary catheter

K32.3 **Urine Specimen Analysis**
Collect and/or examine a sample of urine

K30.1 **Universal Precautions**
Practices to prevent spread of infection and infectious diseases.

F16.2 **Venous Catheter Care**
Actions performed to manage the infusion equipment.

L36.4 **Ventilator Care**
Actions performed to manage and monitor a ventilator.

P46 **Violence Control**
Management of behaviors which may cause harm to oneself or others.

K33 **Vital Signs**
Measurement of temperature, pulse, respirations, and blood pressure.

H23.2 **Vitamin B^{12} Injection**
Hypodermic administration of Vitamin B^{12}.

Q49.2 **Wax Removal**
Removal of cerumen from ear.

K34 **Weight Control**
Actions to manage obesity or debilitation.

R55 **Wound Care**
Actions performed to manage open skin areas.

Table 8. Classification of Home Health Nursing Interventions: Alphabetic Index with Codes

THE WHITE HOUSE
WASHINGTON

January 20, 1994

Mina Mauerstein-Bail
Senior Programme Coordinator
HIV and Development Programme
United Nations Development Programme
One United Nations Plaza
New York, NY 10017

Dear Mina:

Thank you for sending the Netherlands policy document.

I hope you had a very pleasant holiday season, and look forward to seeing you again.

Best wishes.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

United Nations
Development Programme

World Development

Ref:HDP:400-76/NETHERLANDS/MMB/mm

23 December 1993

Dear Ms. Gebbie,

SUBJECT: HIV/AIDS AND DEVELOPING COUNTRIES - A POLICY DOCUMENT PRESENTED TO THE PARLIAMENT OF THE NETHERLANDS BY THE MINISTER FOR DEVELOPMENT COOPERATION

It was a great pleasure to meet you in Marrakesh.

As promised, please find enclosed a copy of the Policy document presented to the Parliament of The Netherlands by the Minister for Development Cooperation on HIV/AIDS and Developing Countries.

I wish you and your family a very Merry Christmas and a Happy New Year.

Look forward to meeting with you again in 1994.

Sincerely yours,

Mina Mauerstein-Bail
Senior Programme Coordinator
HIV and Development Programme

Ms. Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator
Office of National AIDS Policy
Executive Office of the President
Washington, DC 20500

THE WHITE HOUSE
WASHINGTON

January 20, 1994

Leo Czikowsky
301 Chestnut Street
1811 City Towers
Harrisburg, PA 17101

Dear Mr. Czikowsky:

Thank you for your good wishes. The HIV/AIDS effort will take all of us.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

301 Chestnut St.
1811 City Towers
Harrisburg, Pa. 17101

Dear Honorable Ms. Gebbie,

As an admirer of yours, I wish you much success and happiness in all you do.

I would also like to please request your autograph. It would be an honor to receive one.

All best wishes.

Sincerely,

Leon Czikowsky

Leon Czikowsky

Sigma Theta Tau International, Inc.

HONOR SOCIETY OF NURSING

International Headquarters
550 West North Street
Indianapolis, IN 46202-2157
(317) 634-8171

Fax (317) 634-8188

RECEIVED

JAN 24 1994

January 21, 1994

Kristine M. Gebbie, MN, RN, FAAN
National Aids Policy Coordinator
750 Seventeenth Street, N.W.
Suite 1060
Washington, DC 20503

Dear ~~Ms. Gebbie~~ Kristine:

nomination form for Sh. Salk — get C.V. ask Vic to write up
12 due Dec 21

Greetings from Sigma Theta Tau International.

Our society will present Archon Awards for outstanding contributions to health care at an April, 1994, evening reception in Washington, D. C. Honorees will be non-nurses whose activities have improved the quality of life for others, and may include such distinguished individuals as Dr. Jonas Salk and Dr. C. Everett Coop.

You are cordially invited to submit nominations for the Archon Awards and to provide the names of individuals whom you think it appropriate to invite to attend the reception. Enclosed are a nomination form and invitation list transmittal form.

Thank you for considering this request, and for your continued support of Sigma Theta Tau International. We hope to see you in Washington in 1994.

Sincerely,

Fay

Fay L. Bower, RN, DNSc, FAAN
President

BVW/vn

Enclosures

cc: Ms. Vernice D. Ferguson
Dr. Lucie S. Kelly

Steve

P.S. this scheduled for April 21st at the Library of Congress. A formal invitation will follow.

NOMINATION FORM
*1994 ARCHON AWARDS**
SIGMA THETA TAU INTERNATIONAL

Criteria: *The 1994 Archon Awards will be conferred upon individuals whose activities and advocacy have resulted in significant enhancement of the health and quality of life of numerous citizens. Their extraordinary vision, leadership, perseverance, dedication, and spirit of philanthropy ("voluntary action for the public good") are inspirational and worthy of this international honor.*

NAME OF NOMINEE: _____
(please print)

CONTRIBUTIONS OF NOMINEE TO IMPROVED HEALTH CARE:

_____

_____

_____

_____

_____

(Please attach *curriculum vitae* and any other supplementary materials.)

NOMINATOR: _____
(please print)

AFFILIATION: _____

ADDRESS: _____

_____

DAYTIME TELEPHONE: _____

Please return to:
Linda Brimmer
Director of External Relations
Sigma Theta Tau International
550 West North Street
Indianapolis, IN 46202

**"Archon" is a Greek word meaning "first to lead."*

MEMORANDUM

TO: Linda Brimmer

FROM: _____

(please print)

RE: 1994 Archon Award Invitation List

DATE:

Please add the names of those on the attached listing to the 1994 Archon Award invitation list.

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
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SIGMA THETA TAU INTERNATIONAL, INC.
550 West North Street
Indianapolis, Indiana 46209-0209

DEVELOPMENT DEPARTMENT
Sigma Theta Tau

FAX TRANSMISSION

U.S. Department of Health and Human Services
Office of the Secretary

DATE:

TO: Steve Lee

FAX: 632-1096 **PHONE:**

FROM: **Victor Zonana**
Deputy Assistant Secretary for Public Affairs/Media
Phone: **(202) 690-6343**
Fax: **(202) 690-6247**

TOTAL NUMBER OF PAGES TRANSMITTED:

COMMENTS:

DONNA E. SHALALA

Secretary of Health and Human Services

Donna E. Shalala was sworn in as secretary of health and human services Jan. 22, 1993. She was nominated by President Clinton Jan. 20 and confirmed by the Senate Jan. 21.

She brings two decades of experience in management, social policy creation and analysis and nationally recognized leadership skills to her responsibilities as head of the Department of Health and Human Services, the government agency representing 40 percent of the federal budget and including more than 250 programs.

Secretary Shalala oversees the "people's department," the federal agency responsible for the major health, welfare, food and drug safety, medical research and income security programs serving the American people. HHS provides direct services or income support to more than one in every five Americans.

Before coming to HHS, Secretary Shalala had served since January 1988 as chancellor of the University of Wisconsin at Madison, the first woman to head a Big Ten university. UW-Madison, the nation's sixth largest university, is the largest public research university and performs more biomedical research than takes place in any other single site in the United States except HHS' National Institutes of Health. It includes a 488-bed teaching and research hospital. Wisconsin also is one of the nation's premier transplant centers and well known for nursing research.

In 1980, Secretary Shalala became the youngest woman to lead a major U.S. college when she assumed the presidency of Hunter College, part of the City University of New York System.

Shalala was born in Cleveland, Ohio, Feb. 14, 1941. She received her bachelor of arts degree from Western College for Women in 1962 and her Ph.D from the Maxwell School of Citizenship and Public Affairs, Syracuse University, 1970.

In 1962 Shalala volunteered for the U.S. Peace Corps and spent two years teaching in Iran. During 1966-1970, she served as assistant to the director of the Metropolitan Studies Program, lecturer in social science and assistant to the dean at the Maxwell School of Citizenship and Public Affairs at Syracuse. In 1970-1972, she taught political science at Bernard Baruch College, and between 1972-1979 taught politics and education at Teachers College, Columbia University. During that period she was a Spencer Fellow, National Academy of Education, 1972-1973; John Simon Guggenheim Fellow, 1975-1976; and a visiting professor at the Yale Law School, 1976. In 1987, she was a leadership Fellow with the Japan Society.

From 1975 to 1977, Shalala was director and treasurer of the Municipal Assistance Corporation which helped reverse New York City's financial collapse. Her performance won positive reviews from Wall Street to city administrators.

(over)

In 1977-1980, Shalala served in the Carter administration as assistant secretary for policy development and research, Department of Housing and Urban Development.

A member of a close-knit family of Lebanese-Americans, Shalala has always been interested in issues involving health, children, families, minorities and women. At HUD, she oversaw the establishment of funding for battered women's shelters and the commissioning of special studies of the housing needs of families headed by women. At the University of Wisconsin she promoted diversity in the student body and staffs, spearheaded a campus-wide smoking ban in 1991 and moved to curb alcohol abuse among students.

For more than a decade she served on the board of the Children's Defense Fund, becoming its chair in 1992. She was a member of the Committee for Economic Development that issued reports on strategies to better meet the health and educational needs of disadvantaged young children.

Among her many directorships and trusteeships have been: Spelman College, the Brookings Institution, the Carnegie Foundation, Spencer Foundation, Institute for International Economics, Council of Foreign Relations, National Collegiate Athletic Association Foundation, New York Urban Coalition and the National Women's Law Center.

She also held memberships on the National Science Board Commission on the Future of the National Science Foundation; Advisory Committee to the Director of the National Institutes of Health, NIH Office of Minority Program's Fact Finding Team; Carnegie Commission on Science, Technology and Government; Higher Education Colloquium on Science Facilities; Knight Commission on Intercollegiate Athletes; and the Steering Committee of the Bishop Desmond Tutu Southern African Refugee Scholarship Fund.

Shalala has received honorary degrees from 17 colleges and universities.

She has lectured and written extensively on matters dealing with education, urban, fiscal, political, tax, social science and government financing issues.

In her spare time Secretary Shalala enjoys tennis, golf, reading and mountain climbing.

She is residing in Washington, D.C.

January 1993

JAN 21 1994

THE WHITE HOUSE

Jim—

Great job on your AIDS in the Workplace Briefing — you're exactly right - it's the kind of community opportunity I hope to foster.

I hope all's going well for you — regards — Christine

WHITMAN·WALKER CLINIC INC

MAIN FACILITY
1407 S STREET, NW
WASHINGTON, DC 20009
202-797-3500
TTY 202-797-4449
FAX 202-797-3504

MAX ROBINSON CENTER
3920 S. CAPITOL STREET, SE
WASHINGTON, DC 20032
202-562-1160
TTY 202-562-1178
FAX 202-562-1240

NORTHERN VIRGINIA OFFICE
3426 WASHINGTON BOULEVARD
SUITE 102
ARLINGTON, VA 22201
703-358-9550
TTY 703-243-7243
FAX 703-358-9557

SUBURBAN MARYLAND OFFICE
7676 NEW HAMPSHIRE AVENUE
SUITE 111
HYATTSVILLE, MD 20783
301-439-0731
TTY 301-439-0733
FAX 301-439-2983

January 12, 1994

Ms. Kristine Gebbie
National AIDS Policy Coordinator
Executive Office of the President
750 - 17th Street, NW, Suite 1060
Washington, DC 20503

Dear Ms. Gebbie:

I wanted to take the opportunity to let you know about a bold initiative Whitman-Walker Clinic launched this morning. *AIDS in the Workplace: A Briefing* was designed to assist federal agencies in responding to the President's September directive concerning HIV/AIDS prevention and education training. Whitman-Walker staff provided an overview of the HIV/AIDS epidemic, its impact on the workplace, and basic considerations for designing effective training programs to key personnel involved in carrying out this initiative.

To our great pleasure, 110 representatives of 48 different federal organizations and agencies attended this meeting hosted by the United States Department of Agriculture. This level of commitment is heartening to all of us here at the Clinic.

I know how committed you are to strengthening the community-based response to AIDS, and empowering agencies such as ours in the area of AIDS prevention. This new federal program gives us such an opportunity.

I look forward to the many opportunities we will have to work together in this new year.

Sincerely,

Jim Graham
Executive Director

CELEBRATING 20 YEARS

JAN 21 1994

THE WHITE HOUSE

Dear Russ-

Just a quick note to let you know I'm thinking about you. You should also know how much is happening across the country because of your pioneering efforts — we are making a difference, a positive one, for this generation and the next —

My thanks & my prayers - Kristine Gebbie

[8] From: Terry Beswick 1/18/94 10:54AM (1320 bytes: 27 ln)
To: Kristine Gebbie
cc: Steve Lee, Andrew Barrer, Warren Buckingham
Subject: R.A. Radley's last request
---------- Message Contents ----------

Just took a call from Dr. Roger Radley whose brother, R.A. Radley is dying of AIDS at Cabrini Hospice in New York.

Dr. Radley has a request: can the President (or you) send a note to R.A. "Russ" Radley?

The founder of DIFFA, his biggest concern has been children and minorities with AIDS. According to Dr. Radley, he is slipping in and out of consciousness, but when awake, he says he can't die until the "children are taught about love and compassion and AIDS." They are at the point where they want to encourage him to let go.

He said that Russ met you recently, and has a photo of you together. Dr. Radley is an AIDS clinician and is staying at his brother's place:

R.A. "Russ" Radley
10 West 87th Street, Apt. 2A
~~New York,~~ NY 10024
212-877-5994

The note could congratulate him on his work, and assure him that it will be continued.

If there's anything I can do on this, let me know.

Let Andrew/Buck know this is taken care of - I have drafted Pres. letter —

JAN 21 1994

THE WHITE HOUSE

Dear Charles—

I'm so glad I got to meet you in St. Louis. I found the day an energizing one as I learned more of what is going on in Service & Research. I do hope Scott does well - if I can be of help connecting him with folks, let me know.

My best wishes to you both—

Katherine Fulton

JAN 21 1994

THE WHITE HOUSE

Dear Ken & Marjorie –

Thank you so much for the day in St. Louis (I know you were the idea behind it!) I learned a lot, & hope I was able to share some ideas & support for what is already going on. And thanks for the "taxi" ride & chance to visit on the way to the airport - Best wishes, Carter

Mr. Ken Smith
Univeristy of St. Louis
3635 Vista Avenue
St. Louis, IL 63110

JAN 21 1994

THE WHITE HOUSE

Dear Bill -

Many thanks for your share in making my day in St Louis go so well - I learned a great deal, & hope I offered you some ideas & support that will prove useful. Would you ever have thought our paths would cross like this? All the best, & please stay in touch - Gratitude

JAN 21 1994

THE WHITE HOUSE

Dear Carol -

It was so good to talk to you today, if even for only a few minutes. You are doing such important work - thank you! I hope we will have opportunities to work together in the future.

All the best - Kristine

JAN 21 1994

THE WHITE HOUSE

Roberta—

I've followed the Vidor, Texas, story with interest, & was pleased to see the news about the new families moving in - I knew that was your work - good job!

Kathleen Cochran

JAN 24 1994

THE WHITE HOUSE

Dear Radleys -

There really aren't handy words for expressing sorrow and loss & support for those grieving - but I do want you to know that there are many of us who join you in mourning Russ' death - and celebrating his many contributions to life. You were blessed to have such a son & have another in Roger. All my best wishes to you - Kindest Condolences

Russ' Parents

Stanley & Geraldine
Radley
5672 Scarborough Ln
Sarasota, Fla.
34241

JAN 24 199[illegible]

THE WHITE HOUSE

Dear Michael—

Congratulations on your new position at GMHC. I look forward to an opportunity to visit with you in the near future—

Best wishes—

Kristine Gebbie

FIRST IN THE FIGHT AGAINST AIDS
GMHC

MEMORANDUM

To:	Interested Parties	Date:	January 21, 1994
From:	Michael Isbell	Subject:	My new position

Please be advised that Michael Isbell, formerly Director of the AIDS Project of Lambda Legal Defense and Education Fund, has become Director of Public Policy at Gay Men's Health Crisis. His new address is:

Michael T. Isbell
Director of Public Policy
Gay Men's Health Crisis
129 West 20th Street
New York, New York 10011
Tel. 212-337-3351
Fax 212-337-1220

Please note this change in your records.

JAN 24 1994

THE WHITE HOUSE

Dear Connie —

Thank you so much for taking time to write, and for the words of encouragement. I also appreciate the tips on stronger media presence. A copy of the PSA's is on the way to you — I'm glad you can use them — all the best. Clinton

THE AIDS SERVICE CENTER

126 West Del Mar Boulevard, Pasadena, California 91105 • Tel 818/796-5633, Fax 818/796-8198

January 11,1994
Kristine Gebbie
C/O
National AIDS Program Office
200 Independence Ave. S.W. Room 729-H
Washington, D.C. 20201

Dear Kristine,

This letter is a rare one for myself as an AIDS activist to be writing. It is not often that I find myself in the position of praising any government initiatives in regards to HIV/AIDS. But this letter is exactly about that.....Praise.

I wish to personally express my gratitude for the recent introduction of the new America Responds To AIDS public service campaign. The ads, while not going as far as I would personally like, do go much further than we have gone before. The ad with the woman shown being in control of her own sex-life decisions is really a very good ad. The dancing condom is a bit disconcerting to this activists sensibilities but it not my sensibilities we are trying to appeal to here. These ads will reach a broad spectrum of our young adults and we have needed them for a long time.

I watched you folks on C-span and on CNN's Crossfire. While I was very disappointed with Secretary ShaLaLa's response to the question from the press regarding "surrender cases of HIV/AIDS",(she missed an opportunity to connect directly to new cases of HIV/AIDS the homophobia and internalized homophobia that is such a causal factor,throwing latex at this particular problem is not even close to enough!) all in all I thought you folks did a good job with the campaigns introduction. Also, I don't care what your focus groups told you, these ads DO NOT appeal directly enough to young Gay men who are most at risk for contracting HIV/AIDS today in America.

THE AIDS SERVICE CENTER

126 West Del Mar Boulevard, Pasadena, California 91105 • Tel 818/796-5633, Fax 818/796-8198

Kristine, mostly I want to thank you personally for remaining strong on the issue of condom usage and not being backed against the wall by the "just say no or die crowd". You were very good with John(frequent flyer) Sununu. One word of advice.....warmth. You come across very well as a knowledgeable woman but you don't project any passion. These folks who are objecting to this new turn in policy are very passionate about their views,they project that passion well and we must be able to match their passion for we are even more correct than they are. We must approach this with the passion to save lives. Nothing less will do.

Also, I have a personal favor to ask of you. I do a local cable newsmagazine and I would love to have the new PSA'S to air on my show. We are having problems getting copies and I was hoping you could help me. I promise you they will get lots of air time during Prime time. Our show airs on mondays at 7:00 p.m. in Long Beach live. It also gets play at various times throughout the greater L.A. area, though not live.

I want you to know that I have used my column to start a campaign in Los Angeles to call and write the networks(ABC,CBC and NBC) in regards to the ads and the need to play them during PRIME TIME with no exclusions. AIDS Project Los Angeles is doing the same. I think it is hideous that the networks are still trying to play Harper Valley PTA over these ads when they constantly subject the American public to gratuitous,sensationalized,titillating, sexual innuendo through their programming and promotions. If there is any way you can let us know here in the trenches if the networks begin to have a change of heart, we would appreciate it.

In closing, please let me again send words of encouragement to the work that you are trying to accomplish. The ads are good and your introduction of them was given the profile they deserve. Thank you and keep it up,

Connie Norman

Connie Norman
Director of Public Policy

THE AIDS SERVICE CENTER

126 West Del Mar Boulevard, Pasadena, California 91105 • Tel 818/796-5633, Fax 818/796-8198

January 12,1994
ABC Entertainment
Ted Harbert, President
2020 Avenue of the Stars
Los Angeles, Calif. 90067

Dear Mr. Harbert,

It is with great dismay that I send my letter of concern to you today. It is my understanding that, while willing to air the new CDC's HIV/AIDS public service announcements promoting condom use, you are unwilling to air them in the earlier prime time evening hours, and that you will be showing an abstinence disclaimer with some of the ads.

Given the level of sexual innuendo that gets air time on your network I find it hypocritical to the extreme that you would give these necessary and life saving ads this kind of treatment in your programming decisions.

These ads need to play during the AFTERNOON and EARLY EVENING. These ads need to play as frequently as possible for as long as possible without restrictions. You have an obligation to the American people to not just gratuitously entertain, but to educate and inform as well. For too long you have ignored that obligation in regards to AIDS/HIV and these ads will give you the opportunity to remedy some of that ignored obligation.

Please, stop this Harper Valley PTA approach to HIV/AIDS and show the PSA's promoting condom use as often as possible. These ads are your networks chance to help save lives. Isn't that worth offending a few misguided sensibilities?

Sincerely,

Connie Norman

Connie Norman
Director of Public Policy

cc/ Kristine Gebbie,National AIDS Policy Coordinator

THE AIDS SERVICE CENTER

126 West Del Mar Boulevard, Pasadena, California 91105 • Tel 818/796-5633, Fax 818/796-8198

January 12,1994
CBS Entertainment
Jeff Sagansky, President
7800 Beverly Blvd.
Los Angeles, Calif. 90036

Dear Mr. Sagansky,

It is with great dismay that I send my letter of concern to you today. It is my understanding that, while willing to air the new CDC's HIV/AIDS public service announcements promoting condom use, you are unwilling to air them in the earlier prime time evening hours, and that you will be showing an abstinence disclaimer with some of the ads.

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Please, stop this Harper Valley PTA approach to HIV/AIDS and show the PSA's promoting condom use as often as possible. These ads are your networks chance to help save lives. Isn't that worth offending a few misguided sensibilities?

Sincerely,

Connie Norman

Connie Norman
Director of Public Policy

cc/ Kristine Gebbie,National AIDS Policy Coordinator

THE AIDS SERVICE CENTER
126 West Del Mar Boulevard, Pasadena, California 91105 • Tel 818/796-5633, Fax 818/796-8198

January 12,1994
NBC Entertainment
Warren Littlefield, President
3000 West Alameda Ave.
Burbank, Calif. 91523

Dear Mr. Littlefield,

It is with great dismay that I send my letter of concern to you today. It is my understanding that, while willing to air the new CDC's HIV/AIDS public service announcements promoting condom use, you are unwilling to air them in the earlier prime time evening hours, and that you will be showing an abstinence disclaimer with some of the ads.

Given the level of sexual innuendo that gets air time on your network I find it hypocritical to the extreme that you would give these necessary and life saving ads this kind of treatment in your programming decisions.

These ads need to play during the AFTERNOON and EARLY EVENING. These ads need to play as frequently as possible for as long as possible without restrictions. You have an obligation to the American people to not just gratuitously entertain, but to educate and inform as well. For too long you have ignored that obligation in regards to AIDS/HIV and these ads will give you the opportunity to remedy some of that ignored obligation.

Please, stop this Harper Valley PTA approach to HIV/AIDS and show the PSA's promoting condom use as often as possible. These ads are your networks chance to help save lives. Isn't that worth offending a few misguided sensibilities?

Sincerely,

Connie Norman

Connie Norman
Director of Public Policy

cc/ Kristine Gebbie,National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 24, 1994

Ben Chaou, M.D.
Delege Medical
Province Medical
Marrakech

Dear Dr. Chaou:

Thank you so much for taking time from your busy schedule to share information about the public health system in Marrakech. I enjoyed the morning spent with you, and the tour of your family planning clinic and maternity center. You are accomplishing a great deal to improve the health of the district.

If I can ever be of assistance to you, please let me know. Again, my thanks for your efforts.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

JAN 24 1994

JAN 24 1994

THE WHITE HOUSE
WASHINGTON

Marty –

I should have let you know that I talked with Dave Rogers shortly after this letter, and he's recovered from his grump. His point about visibility & involvement of the former commissioners is well-taken, and will be kept in mind as other events are planned.

I'm looking forward to our next meeting –

Cullum

525 EAST 68th STREET, NEW YORK, N.Y. 10021

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

THE WALSH McDERMOTT
UNIVERSITY PROFESSOR OF MEDICINE

212-746-5431
FAX 212-746-8670

December 17, 1993

Kristine M. Gebbie, RN, MN, FAAN
AIDS Policy Coordinator
National AIDS Program Office
Dept. of Health and Human Services
200 Independence Ave. SW
Room 721-H
Washington, DC 20201

Dear Kristine:

Just a commentary on recent doings from your office.

First, as you know, I've been terribly pleased with how you've been received in each place you've talked and particularly how well you've dealt with the sorts of questions which have emerged. You are creating a good track record.

Second, the launching of the new task force on AIDS drug development gives great pleasure to all of us--a very good move.

Third, the talk of the President on World AIDS Day was much appreciated by many. It's a good modest start.

After saying that, however, I would say your capturing of the media to date is lousy and there remains a lack of sense of real forward progress on AIDS by the Administration--perhaps in part due to that--actually you've done a lot.

Let me give you a minor example. The National Commission on AIDS worked single-mindedly for four years to get some things accomplished. It's number one recommendation given to the President over six months ago was that he speak out on AIDS. Why, in heavens name, when he planned to give the speech on World AIDS day wasn't the whole National Commission invited, seated in the front row, and personally thanked by the President? This would have made them major ambassadors to the broad communities that they all command. I thought the fact that we were not invited, and that no mention was made of the Commission work was naive at best, graceless at worst. It showed a lack of sense of who the AIDS community really looks to for guidance and it could have all been woven in so very easily.

The absence of any top level well respected task force group to advise you stands as another example of something very easy to do that would give you brownie points.

Enough said.

Warm regards,

David E. Rogers, M.D.

DER/kh

cc: Secretary Donna Shalala
Asst. Secretary Philip Lee, M.D.

PHS CORRESPONDENCE

T64370

REFERRAL DATE: 1-3 **DUE DATE:**

TO:

- ☑ ASH
- ☑ DEPUTY ASH
- ☑ SG
- ☐ DASH-MO
- ☐ DASH-SE
- ☑ DASH-C
- ☐ DASH-DPHP
- ☐ DASH-IGA / RHA
- ☐ DAS-IH
- ☐ DAS-MH
- ☐ DASH-PA
- ☐ DAS-PHP
- ☐ ADAMHA
- ☐ AHCPR
- ☐ ATSDR
- ☐ CDC
- ☐ FDA
- ☐ HRSA
- ☐ IHS
- ☐ NIH
- ☑ NAPO
- ☐ NVP
- ☐ PCPFS
- ☐ OEEO
- ☐ OEP
- ☐ OGC / H
- ☐ OHL
- ☐ OHPE
- ☐ OM
- ☐ OSIR
- ☐ OWH
- ☑ ES / PHS OB
- ☑ OTHER DASH-Com

ACTION:

- ☐ SECRETARY'S SIGNATURE
- ☐ ASH SIGNATURE
- ☐ DIRECT REPLY
- ☐ _____ SIGNATURE
- ☐ DRAFT FOR OS SIGNATURE (WHITE HOUSE REFERRAL)
- ☐ REVIEW / CLEARANCE
- ☐ NECESSARY ACTION
- ☑ FOR YOUR INFORMATION

SPECIAL INSTRUCTIONS

PHS-5175
Rev. 4/92

PHS / ES
Rm. 710H

Phone: 690-8566

Routed by: Wolfhard

135

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Office of the Assistant Secretary for Health
Office of Communications
Washington DC 20201

NOTE TO KRISTINE GEBBIE:

The attached correspondence underscores our need for a detailed communication plan.

Let's meet as soon as your schedule permits to continue our planning.

MD

Marty Davis

Attachment

Shall I set something up? ... with who else?

John & Andrew need to get = draft p/an together ASAP & then schedule a follow up mtg w/ Marty

525 EAST 68th STREET, NEW YORK, N.Y. 10021

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

212 746 5431
FAX 212 746 8670

Follow-up

December 17, 1993

Kristine M. Gebbie, RN, MN, FAAN
AIDS Policy Coordinator
National AIDS Program Office
Dept. of Health and Human Services
200 Independence Ave. SW
Room 721-H
Washington, DC 20201

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Enough said.

Warm regards,

David E. Rogers, M.D.

DER/kh

cc: Secretary Donna Shalala
Asst. Secretary Philip Lee, M.D.

THE WHITE HOUSE

WASHINGTON

January 24, 1994

Michele Moloney, Counselor
Population Division
U.S.A.I.D.
American Embassy
137 Av. Allal Ben Abdellah - B.P. 120
Rabat Morocco

Dear Michele:

I'm terribly slow getting this letter out to you, to thank you and Joyce for all that you did in making my trip to Marrakech last month a success. As you know, this was my first trip to Morocco, and my first trip abroad in my role as National AIDS Policy Coordinator. Your assistance was invaluable, in both formal events such as the visit with the Marrakech Health Officer, and the shopping expedition to the Medina.

I hope that our paths cross again before too long. If there is anything I can do for you, please let me know. Thank you again.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE
WASHINGTON

January 24, 1994

Joerk Krebs
20005 4th Avenue South
Seattle, WA 98198

Dear Mr. Krebs:

Thank you for sharing the tape Come from the Shadows. I appreciate your commitment to assiting in our efforts to the stop the HIV/AIDS epidemic. While my office cannot make use of your tape at this time, I have shared it with the National AIDS Information and Education Program at the Centers for Disease Control and Prevention.

My best wishes to you in your continuing work.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Joerk Krebs
20005 4th Ave. So.
Seattle/WA 98198
(206) 878-5216

Kristine M. Gebbie
606 Lilly Road NE
Olympia/WA

Jan. 2, 1994

Dear Ms. Gebbie:

I would like to congratulate you on your recent appointment as National Policy Coordinator for AIDS.
I was pleased to see the announcement and your picture in the January issue of the "Lutheran".

The enclosed demo recording features a song the lyrics of which view the present AIDS situation from a sociopolitical level. It was written and produced by me with the goal in mind to contribute to awareness processes about the current global AIDS disaster which - despite undoubtedly valuable efforts from various AIDS organizations - has not yet received the political attention it deserves.
The estimated, projected figures of people infected with HIV by the turn of this century - released by the WHO about two years ago - give an indication of the human drama that is already in progress, and as I believe, will have unimaginable future implications on many levels of society if we fail to disarm the killer virus.

On December 1, 1993 - World AIDS Day - I mailed a letter and demo recording to the First Lady, Mrs. Hillary Rodham Clinton, intimating to Mrs. Clinton the use of "Come from the Shadows" as a theme song for the AIDS cause, with all sales profits going to AIDS research.
I am not seeking fame or fortune. I have put time, effort, and financial resources into this project because I strongly believe that <u>we can</u> break down the walls of denial surrounding the AIDS issue, and that we can disarm HIV. Research is the key answere and it requires money, and funding of greater magnitude.

I hope you will consider the possibility of integrating "Come from the Shadows" into your program.

Sincerely,
Joerk Krebs
(Joerk Krebs)
1 demo

THE WHITE HOUSE

WASHINGTON

Mr. & Mrs. Kenneth Williams
Olive Enterprise
4826 Ashworth Court
Arlington, Texas 76107

Dear Mr. & Mrs. Williams:

Thank you for sharing information about "Olive Enterprise: A Comprehensive Approach to AIDS Education in America and Beyond" with me. As you may know, the Office of National AIDS Policy was created out of the President's commitment to take positive steps to stop the spread of HIV and to provide services for those already infected and living with HIV/AIDS. The President and I are also committed to finding a cure for AIDS as soon as possible.

I have looked at the information on Olive enterprise, including the idea of a slogan with universal appeal, and am very encouraged by your interest in the area of HIV/AIDS prevention. As we work to stop HIV/AIDS, we are interested in hearing about new concepts and ideas that individuals may have on this subject. We are very interested in the use of education prevention materials that speak the language of those at risk. In order to accomplish that, we have determined the messages must be population-specific. That means the message must speak the language of those it is intended for, taking into account the specific cultural background of the intended audience. Twelve years of the epidemic have shown that blanket campaigns may not be as effective as targeted programs.

I would like to encourage you to continue in your labor, we need more interested Americans like yourself. I would also like to encourage you to develop slogans that will work with your local community and let me know of your progress. I would be interested to hear of additional steps you take.

Thank you again for your thoughtful words.

Sincerely,

Arthur J. Lawrence, Ph.D.
Acting Deputy Director
National AIDS Program Office

Prepared by: NAPO:CVelez:1-24-94:T64736

Olive Enterprise
4826 Ashworth Court Arlington, Texas 76017 817-572-3679

Carlos
dr + reply

January 7, 1994

Ms.Donna Shalala, Secretary of Health & Human Services
Ms. Kristine Gebbie, AIDS Policy Coordinator

Dear Madames:

Olive Enterprise was conceived in the spring of 1989 when my husband revealed to me a simple, yet profound slogan relative to AIDS. It became evident that the slogan had the potential to pierce the consciousness of all of us who face the threat of the disease. The marketablity of the slogan was confirmed with a reputable consulting firm in our home town of Little Rock, Arkansas. The slogan of nine words evolved into the concept of Olive Enterprise: A Comprehensive Approach to AIDS Education in America and Beyond. Since that time, we have sought, on a selective basis, audiences with those whom we felt could assist in making the concept a reality.

This effort led us to the First Lady with whom we initiated communication prior to the inauguration in December of '92. Mrs. Clinton subsequently mentioned you, Ms. Gebbie, as AIDS Policy Cordinator. Another acquaintance affiliated with the Presidential campaign mentioned you, Ms. Shalala.

Over the years, we have observed various attempts at alerting the public and impacting the behaviours which fuel the spread of the disease. However, none have created the results that we are convinced the Olive Enterprise Concept can achieve.

Overall, the Olive Enterprise Concept offers the following:

1) Universal appeal which transcends barriers of age, sex, race, creed or nationality;
2) Targeting of groups hardest to reach, i.e., blacks, hispanics, teenagers and women, and
3) Increasing of consciousness toward the ever-prevailing threat of AIDS and provoking of thought toward responsible behavior as a means of stemming the threat.

The concept also includes four(4) primary features:

1) A simple, yet, profound slogan upon which my husband and I have the copyright;
2) Marketing apparatus or vehicle which will allow the slogan and pertinent information on AIDS to be seen and heard throughout America and beyond on a consistent and prolonged basis, and
3) Non-exploitative revenue - generating mechanisms which will allow every American to contribute directly to the fight and benefit simultaneously from the campaign and allow

the project to be self-supporting even to the extent of repayment of any initial investment or start-up costs.

4) Built-in check and balances to insure that any revenues generated from marketing the slogan are properly managed to insure that the public receives the ultimate benefit. This feature was devised in the event that the concept was initiated by a non-profit organization.

The position that my husband and I have held since the concept was conceived in the spring of 1989, is that we desire to remain invisible relative to any public unveiling of the concept and/or the on-going management thereof. We have sought a credible organization or individual to assist in making the vision a reality. Recognizing the enormous potential benefit to the public at large, we have avoided any activity which might exploit the integrity of the concept.

At this time, we request an audience for the purpose of presenting the concept in its entirety. This will require the execution of the standard non-disclosure aggreement attached for your review. We will make ourselves available at the earliest convenience of whomever is designated to receive us.

Please give our regards to the President and First Lady.

Sincerely,

Karen Muldrow Williams
Kenneth L. Williams

NONDISCLOSURE AGREEMENT

This AGREEMENT is made this ____ day of _____, 19___, by and between Karen Muldrow Williams, and her husband, Kenneth L. Williams ("Williams"), individuals who reside at 4826 Ashworth Court, Arlington, Texas 76017, and _____ of _____ ("Recipient").

WHEREAS the Williams own certain Copyrighted Material and intend to disclose these works to Recipient, for the sole purpose of permitting Recipient to evaluate the potential proprietary value of the works in order to determine whether Recipient wishes to enter into a licensing agreement for the use of the Copyrighted Material, or to enter into an endorsement and royalty agreement with respect to the Copyrighted Material or for such other purposes as may be later stated in writing by the parties to this agreement; and

WHEREAS Recipient agrees to treat Williams' Copyrighted Works and proprietary information with the appropriate confidentiality and restrictions set forth under the terms and conditions of this agreement;

NOW, THEREFORE, in consideration of the mutual promises in this agreement, the parties agree as follows:

1. "Copyrighted Material" as used in this Agreement shall mean the written or graphic material disclosed by Williams to Recipient, during the term of this Agreement , which bears the copyright symbol c ; or is stamped "Proprietary" or "Confidential;" or any oral descriptions of such materials.

2. Recipient agrees, upon execution of this Agreement, to limit dissemination of the Copyrighted Material only to those employees of Recipient who have a need to access in order to

allow Recipient to perform the tasks set forth in paragraph 3 of this document; Recipient further agrees not to disclose any Copyrighted Material, in whole or in part, to anyone or any entity outside of or other than Recipient and to return any and all Copyrighted Material and any copies made by Recipient of the Copyrighted Material to Williams upon receipt of a written request for the same from the Williams or, in any event, within 90 days of the execution of this Agreement. The standard of care to be utilized by Recipient and its employees in the performance of the obligation set forth in this paragraph shall be the standard of care utilized by Recipient in assuring that its own valuable, sensitive and confidential information is not disclosed.

3. The Copyrighted Material disclosed pursuant to this Agreement shall be used by Recipient soley for the purpose of, and only to the extent necessary for, evaluating Recipient's interest in proceeding with negotiations for a licensing agreement or an endorsement and royalty agreement with Williams.

4. Nothing contained in this agreement shall be construed as granting or conferring upon Recipient any license under copyright of Williams, and no such license or other rights shall arise from this Agreement or from any acts, statements or dealings resultling from or related to the execution of this Agreement or the performance of the obligations of the parties described in this Agreement.

5. This Agreement and the disclosure of Copyrighted Material and information about it to Recipient shall not be deemed to establish a confidential relationship between Williams and Recipient, subject, however, to the restrictions imposed by the Copyright Law of the United States.

6. Recipient shall complete the evaluation contemplated by this agreement within 30 days from the date of the execution of this Agreement, unless that time period is extended in writing by

Williams.

7. This Agreement embodies the entire understanding and obligations of the parties with respect to the subject matter addressed in this Agreement. No amendment or modificaton of this agreement shall be valid or binding upon the parties unless made in writing and signed on behalf of each of the parties.

READ, UNDERSTOOD AND AGREED:

_____	_____
Witness	Karen Muldrow Williams
_____	_____
Witness	Kenneth L. Williams
	RECIPIENT
_____	By_____
Witness	Its:

JAN 25 1994

THE WHITE HOUSE

Dear Dave —
Of course I remember you! It sounds like you & Mark West continue to do well, and I look forward to seeing you in April, if not before. If your DC time does have a minute to spare for a cup of coffee, let me know. Cordiall

Merle West Corporations
David R. Arnold, Chairman

KLAMATH CARE SERVICES, INC.

• Merle West Foundation, Inc. • Merle West Medical Center, Inc., *Merle West Medical Center*
• West Living Centers, Inc., *Plum Ridge Care Center* • West Excel, Inc.

January 18, 1994

RECEIVED

JAN 24 1994

Dr. Kristine Gebbie
National Aids Policy Coordinator
750 17th Street N.W. Suite 1060
Washington, D.C. 20503

Dear Kris:

A belated congratulations on your new post. I am heartened to see you involved in this important effort. It is a herculean project and one filled with the many hazards you undoubtedly encounter each day. You are doing a great job, just as you did here in Oregon.

You may not remember me, but I was that hospital administrator from Klamath Falls, Merle West Medical Center. I am now the first paid Chairman of the Board of that organization and will probably last out my retirement, a little over a year away, in that capacity. The health care field has been very good to me and filled with exciting challenges. I realize though that our environment has grown more difficult, particularly with health now so much a national issue. I enjoyed working with you and wish you the best of everything in your new situation.

I also serve on the Board of the Oregon Foundation for Medical Excellence and John Ulwelling, our director, shared with us the information that we are going to co-sponsor a program with the City Club of Portland for your appearance on Friday, April 18, 1994. I look forward very much to hearing you at that time. I hope we will have a few moments to chat. I am going to be in Washington in the near future, but I don't think time will allow me to stick my head in and say hello, but I do look forward to renewing our acquaintance.

Sincerely,

Dave

David R. Arnold
Chairman

DRA:peb

803 Main Street, Suite 201 Klamath Falls, Oregon 97601 503 885-2000

THE WHITE HOUSE

WASHINGTON

January 25, 1994

MEMORANDUM FOR PATRICK BRIGGS

FROM JOHN PAUL GURROLA
OFFICE OF THE NATIONAL AIDS POLICY COORDINATOR

SUBJECT Requests for Presidential Greetings

Could you please send Presidential Birthday Greetings for the following people.

Bob Hannah
2743 Benjamin St. N.E.
Minneapolis, MN 55418

Richard Perkins
1689 Lark Lane
Cherry Hill, NJ 08003

Could you please send a letter of condolence to the following, their son just passed away from AIDS.

Stanley and Geraldine Radley
5672 Scarborough Lane
Sarasota, FL 34241

JAN 25 1994

THE WHITE HOUSE

Dear Dawn —

It was a pleasure meeting you in Milwaukee last week. I appreciate your energy and commitment. I'll keep your address handy & remember your offer to speak up on the AIDS issues. My best wishes —

Christine

NEWARK AIRPORT VISTA

Operated by

HILTON INTERNATIONAL

Andrew
a possible
speaker

DAWN WOLF
524 LAUREL LAKE RD #4
THIENSVILLE, WI 53092

414-242-3868

myself and youngest son have AIDS
public on local & nat'l. level
willing to speak anywhere, esp. want to
speak to congress/health ins. committee

JAN 2 0 1994

JAN 2 0 1994

THE WHITE HOUSE

Erline —
It was great to see
you last week, even though
for too briefly!
I thought you'd be interested
in the attached — our friends
stay busy —
Warm

Clinton

ACT UP

PRESS RELEASE

January 24, 1994
CONTACT: Kenn Kriz
216.621.2233

3 ACT UP members arrested at Cleveland City Hall - protesting the Mayor's and City Council's inaction on the AIDS crisis.

Three activists from ACT UP, **the AIDS Coalition To Unleash Power,** were arrested early this morning on the steps of Cleveland City Hall after they handcuffed themselves to the front doors of City Hall, preventing incoming City Hall employees from getting to their offices. Joined by a dozen people demonstrating on the front sidewalk, the three activists were protesting the lack of a city budget for AIDS EDUCATION/PREVENTION after working with the Mayor for several months prior to this weeks deadline to allocate budget monies for AIDS.

In a move meant to wake-up the Mayor and City Council to the city's increasing AIDS caseload and the need to prevent further cases, ACT UP members felt that since *'politically correct'* dialogue with city officials has so far done nothing to start saving lives, it would be necessary to grab their attention in such a way that, at the very least, they would have to consider how this embarrassing incident might affect their political careers.

ACT UP has always been committed to *non-violence* in our civil disobedience tactics. Our members cause no damage to property or person; our members do not resist arrest; our members are willing to get arrested in order to seize the attention of those who could start saving lives. ACT UP has in the past, is now, and will continue to use civil disobedience tactics to make certain that AIDS is not ignored, that PWA's receive fair and equal treatment, that education and prevention programs are available, that a **CURE** will be found.

***** The three, Gordon Jones, Joe Carroccio and Marcos Rivero, were arrested on charges of aggravated disorderly conduct and taken to the 2nd District police station for booking. It is expected that they will be released on bond by mid-afternoon. The City sent numerous police officials, the heavy duty fire truck unit and a few representatives from the Mayor's office. The three were removed after 1/2 hour of being handcuffed to the front doors of City Hall.

The AIDS Coalition To Unleash Power is a non-partisan group of individuals united in anger and committed to direct action to end the AIDS crisis. We are not silent.
1450 West 29th Street Suite #6 Cleveland OH 44113
216.621.2233 FAX 216.621.2733

TIME IS RUNNING OUT...

CLEVELAND IS DYING!!!

Please take a few minutes to read this information, keeping in mind that in the 5 minutes it will take to read this, one more person will have died from AIDS in the United States.

The AIDS Coalition To Unleash Power, a non-profit AIDS activist organization, is attempting to enlighten you to the City of Cleveland's pitiful AIDS EDUCATION/PREVENTION budget. It is imperitive that you act immediately to help ensure that City Council allocates the funds necessary to reduce the spread of AIDS in the Greater Cleveland area.

As you know, Cleveland has been given the title "All-American City" numerous times. 1995 was the year that saw Cleveland become a RYAN WHITE "Title 1 City". Because of the growing number of HIV infections, Cleveland went from a secondary epidemic center to a major metropolitan infection area. Not good news. Over 1400 people have died from AIDS in Cleveland alone - that's 45% of all Ohio cases, yet our city spends the least amount of money on AIDS EDUCATION and PREVENTION. Columbus and Cincinnati spend an average of $361.74 per AIDS case, per year. Cleveland spends an average of $13.94 per case, per year, coming from a total allocation of only $19,127 ! Cleveland City Council and Mayor White must allocate $496,000 to be on par with Columbus and Cincinnati. (please refer to the enclosed FUNDING data sheet and Cleveland's HIV STATISTICAL REPORT)

$$$ Consider this: The cost of treating one AIDS patient for one year is $100,000. Who pays for this? You do, we do, taxpayers, insurance companies, welfare, Medicaid, etc. The community must bear these costs because no effort has been made by the City to prevent them in the first place. Without increased funding, AIDS will continue to run rampant through Cleveland, contributing to skyrocketing medical costs, limited hospital resources, homelessness and, most importantly, death.

Whether the City teaches education and prevention or preaches abstinence is not the issue. *Neither* can be done without the proper funding. $496,000 will help *prevent* thousands of new infections, therefore *saving* the community the costs incurred by having to treat and care for a Person With AIDS (PWA).

- more -

***** The Cleveland City Council's last chance to approve a 1994 city budget line item of $496,000 for AIDS EDUCATION AND PREVENTION will be on *January 31, 1994 at the City Council meeting.* We urge you to call or FAX Mayor White and City Council members by January 31st and tell them to start protecting the lives of their citizens. Based on the precedent established in Ohio by Columbus City Council, Cleveland City Council should appropriate, at minimum, $496,000 to be granted as *Community Action Grants* to Cleveland's community based organizations (CBO's) providing a continuum of HIV/AIDS services. Recommendations of prioritized service needs and a community-wide implementation plan will be included in the forthcoming action plan of the *Citizens Committee on AIDS/HIV.* A line item <u>now</u> will set aside the funds to begin these life-saving programs as soon as they are complete. If City Council waits until next year, it will already be too late for hundreds of Clevelanders.**

Time is of the essence! **AIDS affects <u>everyone</u> now. It could affect you, a member of your family, a child, a brother or sister, a neighbor, an employee, etc. According to the Centers for Disease Control, AIDS was the *second leading killer* of young Americans, 25 to 44 years old, *the leading killer* of young men of all races and the *fourth leading killer* of young women of all races. The fastest growing infection group is teenage girls. If you think AIDS doesn't affect you, *think again.***

<u>ACT NOW</u> to save the life of someone you love, and to save yourself!

Tell Mayor White and City Council that 12 years without a budget for AIDS EDUCATION and PREVENTION is long enough. $496,000 won't kill the City. *Not* spending it *will.* Too many have died - NO MORE!

For more information on what you can do,

contact
The AIDS COALITION TO UNLEASH POWER
at
216.621.2233 or FAX 216.621.2733
1430 West 29th Street Suite *6
Cleveland, Ohio 44113

JAN 25 1994

THE WHITE HOUSE

Dear Joan

It was a real treat to meet you, Nikkissa and your mother - you're quite a trio! I applaud the work you are doing to make things better for other youngsters. All my best wishes, and please stay in touch - Christine Gallio

THE WHITE HOUSE

WASHINGTON

January 25, 1994

Ms. Karan Walikonis
3221 Alta Vista Road
Rockford, IL 61107-1246

Dear Ms. Walikonis:

Thank you for your input on the need to protect nurses and other health care workers who may be exposed to HIV in occupational settings. As you know, this has been a subject of intense debate since the beginning of the epidemic, especially since the documented cases of transmission from a dentist to his patients in Florida a few years ago.

As a nurse, I understand the concerns of fellow nurses and health care workers about the dangers of getting exposed to HIV at work while caring for others. I have been a longtime proponent of universal precautions to prevent the spread of HIV from patient to practitioner and vice versa. The guidelines developed by the Occupational Safety and Health Administration (OSHA) have been instrumental in limiting the risk of exposure in health care settings. However, it is also critical that all health care workers implement these guidelines on a consistent basis for all medical interventions.

The items that you mention in your communication do not guarantee that HIV exposure will be eliminated. I am not in favor of implementing measures that may give practitioners and the public a false sense of security when it has been proven that universal precautions, and the use of currently-available technology in all instances will protect those who have to engage in invasive procedures.

Finally, I also believe that we shall continue to search for new and better ways to provide first class health care to all while protecting health care workers.

Thank you again for your input. I hope that you will continue sharing your concerns with me.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

Comprehensive Health Education Foundation 22323 Pacific Hwy. S., Seattle, WA 98198. Tel 1-206-824-2907. Fax 1-206-824-3072

January 26, 1994

Kristine Gebbie
National AIDS Policy Coordinator
750 14th Street NW, Suite 1060
Washington, DC 20500

Dear Kristine

What an honor for us to have your photo and interview in the first edition of our Connection™ Magazine! Jess Spielholtz, Len Tritsch and our other directors join me in expressing appreciation for your willingness to make the time to assist us in creating this quality publication. I hope you are pleased with the result.

We anticipate that our *Get Real about AIDS*® curriculum will receive official CDC recognition as a model program within the next few months. This will greatly enhance our capability to support your prevention efforts on the national level. Beyond the curriculum, we are willing to assist you in whatever capacity we may serve.

Sincerely

Carl Nickerson, Ed.D.
President

CN/smh
Enclosure

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Mary Louise Mussoline
Wisconsin AIDS Fund
1020 N. Broadway
Nulw, WI 53202

Dear Ms. Mussoline:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Mary Alice Mawry
Madison AIDS Support Network
303 Lathrop St.
Madison, WI 53705

Dear Ms. Mawry:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Jim Rice
HIV Nurse Clinician
Sinai Samaritan Medical Center
PO Box 342, 945 N. 12th St.
Milwaukee, WI 53201

Dear Mr. Rice:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Char Crabb, RN, Health Educator
Wisconsin Division of Health, AIDS/HIV Program
Partner Referral Program
700 W. Michigan St. - Suite 100
Milwaukee, WI 53233

Dear Ms. Crabb:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Karen M. Johnson
Wisconsin Division of Health
AIDS/HIV Program
1414 E. Washington - Room 96
Madison, WI 53703

Dear Ms. Johnson:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Carol J. Calvin, MS, RN
Health Education Assocation
1100 W. Wells St.
Milwaukee, WI 53233

Dear Ms. Calvin:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Jane Stromberg
Grant Programs Director
Milwaukee Indian Health Board
1711 S. 11th St.
Milwaukee, WI 53204

Dear Ms. Stromberg:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Douglas Johnson
Executive Director
STD Specialties Clinic, Inc.
3251 N. Holton St.
Milwaukee, WI 53212

Dear Mr. Johnson:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Sandra Wong
Administrator
Green Tree Health Care Center
6925 N. Port Washington Rd.
Glendale, WI 53217

Dear Ms. Wong:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Neil Willenson
4565 N. Green Bay Ave.
Milwaukee, WI 53209

Dear Mr. Willenson:

Thank you for taking time to meet with me when I was in Milwaukee. The concerns and questions you raised help further my understanding of what needs to be done in response to this epidemic. I'll be using Wisconsin examples as I continue to work both within the Federal government and with other partners.

My very best wishes in your continuing efforts to respond to the HIV epidemic and those affected by it.

Sincerely,

Kristine M. Gebbie, R.N., M.N.
National AIDS Policy Coordinator

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Mr. Stephen Drew Keating
2556 Liberty Lane
Janesville, Wisconsin 53545

Dear Mr. Keating:

Thank you for sharing your comments related to your slogan "Rationality Before Impulse (think before acting)" with me. I am sorry that you interpreted the last communication from Carlos Velez to mean that your slogan had been rejected as a means of promoting HIV/AIDS Prevention. The new Prevention Marketing Initiative is not intended to promote condom use over abstinence or vice versa. The Prevention Marketing Initiative is aimed at giving young adults (18-25 years) the information they will need to prevent HIV transmission.

As was indicated by Mr. Velez in his last communication, we have learned that the message of HIV/AIDS Prevention must be targeted to particular populations. That is why the Prevention Marketing Initiative is aimed at a particular age group and is delivering a single message. This message is that abstinence is the most effective way of preventing HIV transmission, but that if young adults choose to be sexually active, to use latex condoms consistently and correctly for every sexual act.

The Prevention Marketing Initiative was launched with the understanding that one approach alone may not produce the desired change in behavior that will reduce the individual risk of transmission. The Initiative will be combined with efforts at the state and local level where individual communities will be encouraged to follow the lead of the Federal Government in taking the steps necessary to stop HIV transmission. I believe that interested individuals such as yourself must become actively involved in the discussions to happen in your community.

Thank you again for your thoughtful words.

Sincerely,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Stephen Drew Keating
2556 Liberty Lane, #15
Janesville, WI 53545
(608) 756-9187

carlos
draft reply

January 6, 1994

Ms. Kristine Gebbie
The White House
Washington, DC 20500

Dear Ms. Gebbie:

This letter is in response to your new AIDS campaign offensive which severely stresses condom use over abstinence. I am writing because I previously submitted a slogan for the AIDS campaign and I am wondering if one of the reasons that the slogan was rejected had to do with the possibility that it may have been misinterpreted. The slogan is **"Rationality Before Impulse (think before acting)"** and is not intended to specifically promote abstinence. The slogan is only meant to prompt people to "think", and its vagueness allows the person to decide for himself or herself whether abstinence or condom use is the best choice.

Through the sheer number of people who become infected with HIV daily, AIDS is continually teaching us that we are confronting an illness that knows no boundaries and that above all requires realism in battling, not idealism. I would like to suggest that people need to understand that AIDS is the <u>real</u> enemy, not sex or any other mode of transmission for this disease -- and that any illness, especially one that is as ruthless and potentially devastating as AIDS, should not be allowed because of neglect to steal from us even one more human life than can be prevented by all our united efforts. I think that the campaign should focus more on helping people realize that eliminating the AIDS epidemic is paramount, and that the bickering over lesser matters needs to be kept to a minimum.

My slogan would reduce some of the excess discussion by bridging the gap between abstinence and condom use.

Sincerely,

Stephen Keating

Stephen Drew Keating

Rationality Before Impulse (think before acting)

Television Commercial

Dialogue: "Remember, 'Rationality Before Impulse (think before acting)'. Choose abstinence or condom use--don't choose anything less. The decision could mean your life. And don't forget that condoms must be used correctly."

THE WHITE HOUSE

WASHINGTON

January 26, 1994

Ms. Linda Marriott, R.N.
110-10th Street South
Kirkland, Washington 98033

Dear Ms. Marriott:

Thank you for your comments on the need to use mass media to deliver HIV/AIDS Prevention messages. On January 4, 1994, a Prevention Marketing Initiative sponsored by the Centers for Disease Control and Prevention (CDC) was released. This administration is committed to stopping the spread of HIV, especially among our youth. The age group with the greatest increase of new cases is the 18-25 year old group; the majority of these infections occurred during adolescence. Best information indicates that 72 percent of all high school seniors have engaged in sexual activity and 19 percent of those have had 4 or more sexual partners.

The CDC campaign is intended to reinforce young people who have not become sexually active to postpone sexual activity as long as possible. It will encourage young people who engage in sex but have not tried condoms to try them and it will encourage those who use condoms to do so correctly. A national task force will analyze the effectiveness of the various components of the campaign, including the public service announcements.

I agree with you that as a nation we need to put HIV/AIDS prevention at the forefront of our discussions. Although significant time and effort has gone into the development of the Prevention Marketing Initiative, we also understand that media messages alone may not be the most effective way of changing those behaviors that place individuals at risk for HIV infection. The bulk of the prevention work must be done at the local level, with input from all individuals in a community on what should be the best way to deliver the prevention message. The Federal Government has taken the leadership on this issue and will encourage local communities to take the steps necessary to prevent HIV transmission among people at risk.

As a parent, I am concerned that our young people are not receiving the information about changing behaviors that may place them at risk. For those who have chosen to be sexually active, it is our responsibility as adults to provide the means necessary for young men and

women to protect their lives. I believe this Prevention Marketing Initiative is a necessary step in our endeavor to end the HIV/AIDS epidemic.

Again, thank you for your input. I hope that you will continue to communicate your concerns with me.

Sincerely yours,

Kristine M. Gebbie, RN, MN
National AIDS Policy Coordinator

Carlos -
needs a special reply

November 22, 1993

Ms. Christine Gebbie
Director of the Office of AIDS Policy
750 - 17th St. NW
Washington, D.C. 20050

Dear Ms. Gebbie,

I am a registered nurse and writing in concern over the issue of television advertising of the use of condoms. The number of people infected with the AIDS virus and other sexually transmitted diseases continues to increase and I see no move to use mass media advertising regarding the use of condoms to prevent the spread of infection. Television advertising has been very effective in other countries. Except for commercials during a few AIDS documentaries (that are usually not on national network stations) there does not seem to be any advertising on the importance of the use of condoms. To go even a step farther, the public not only needs to be aware that condoms are the only way to prevent the spread of the AIDS virus but to be shown how to use a condom.

I know that there have been religious and political leaders who argue that the topic of sex education encourages sexual activity but the literature has proven that this is not the case. There are also those that advocate abstinence which may work for some individuals but when you look at the numbers, I feel that this is not a realistic solution to the problem. I have worked with teenagers and adults and found that the general public does not know how to apply a condom properly and when and how to effectively remove a condom after intercourse. We live in a society which uses sex to sell everything and television is a major source of entertainment. Televison promotes sex through programs which are viewed at all hours of the days without ever mentioning the topic of "safe sex" and the use of condoms.

The other area that would benefit from the advertising of condom use is teenage pregnancy. Every year we spend approximately 26 billion dollars on the consequences of teenage pregnancy and most of these teenagers have never had an adequate sex education class, including how to use condoms effectively and where they can easily be obtained.

These topics are things that I feel should be conveyed to the public through the use of television. Instead of having commercials on feminine hygiene and the treatment of constipation, why is there no national advertising on condom use. I feel that if some of the national networks were encouraged to do this it would be followed by local television stations. Please let me know why television is not a target for mass education on this subject.

Thank you,

Linda Marriott

Linda Marriott, R.N.
110 - 10th Street South
Kirkland, Wa. 98033