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Folder Title:
Meeting with Topic is Nursing's Role and Contribution both Nationally and Internationally 11-1-93

Stack:	Row:	Section:	Shelf:	Position:
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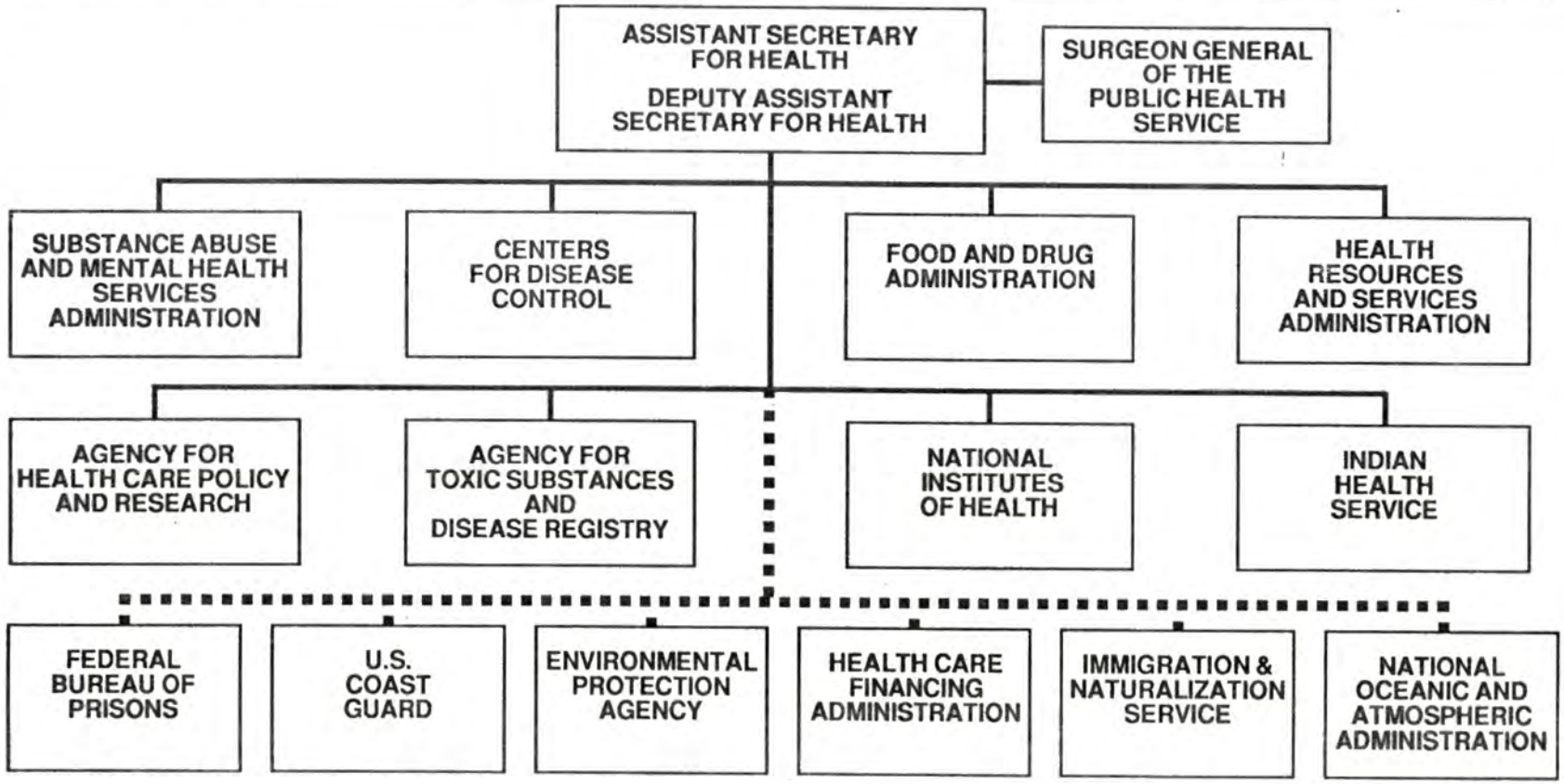
DATE:	Monday, November 1, 1993
TIME:	10:00 - 10:30 a.m.
LOCATION:	750 17TH STREET
EVENT:	Meeting with Julia Plotnick, Chief Nurse Officer, PHS
PURPOSE:	The topic is nursing's role and contribution both nationally and internationally.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Public Health Service

(F4)



National Institute of Nursing Research

FY 1993 AIDS Funding

GRANT TYPE	GRANT #	PI	1993 Actual	Title
Res Proj Grant	2215	Holzemer	302,568	Quality of Nursing Care of People with AIDS
Res Proj Grant	2664	Erlen	234,675	AIDS & the Quality of Nursing Care
Res Proj Grant	2903	Mansell	248,161	Stress & Coping in Caregivers of AIDS Children
Res Proj Grant	3123	Jemmott	494,611	AIDS & Black Women--Testing Risk Behavior Interventions
Res Proj Grant	3739	Bagis-Smith	333,619	Nurse Run Home Exercise Regimen for HIV Infected People
Res Proj Grant	3124	DiGrio	376,885	AIDS Risk Reduction Practices Among College Students
Supplement	2215	Holzemer	16,336	Quality of Nursing Care Of People With AIDS
Supplement	2215	Holzemer	48,300	Quality of Nursing Care Of People With AIDS
Supplement	2903	Mansell	17,171	Stress & Coping in Caregivers of AIDS Children
Supplement	2903	Mansell	12,521	Stress & Coping in Caregivers of AIDS Children
Career	0033	Saunders	75,600	Nursing, Self-Care and HIV Infection
FY 1993 Research Project Grants and Career Awards			2,160,447	

GRANT TYPE	GRANT #	PI	1993 Actual	Title
Individual	6654	Fox	12,800	Predictors of Glove Usage by Health Care Workers
Individual	6748	Gillette	12,067	AIDS Lay Caregivers: Potential AIDS Educators
Individual	6744	Bennett	3,149	Coping of Significant Others of Persons w/AIDS
Individual	6833	Stevens	22,700	Women w/HIV: Self-Care & Health Care Experiences
Individual	6839	Armstrong	12,800	HIV/AIDS: Impact on Pediatric Patients and Families
Institutional	7052	Zeller	57,201	Nursing Care for Persons with AIDS
FY 1993 AIDS Training Grants			120,717	

GRANT TYPE	GRANT #	PI	1993 Actual	Title
IR		Intramural	653,000	Intramural AIDS Protocols and Overhead Expenses
RMS		RMS	89,000	Research Management and Support Overhead Expenses
FY 1993 Other AIDS Expenses			742,000	
Total NINR AIDS Expenditures for FY 1993			3,023,164	

Julie,
this is
FY 93 only -
let me know
if you need
more.
- Karen

MCHB
Maternal and Child Health Bureau
Health Resources and Services Administration • Public Health Service • U.S. Department of Health and Human Services

Fact Sheet

Pediatric AIDS

Acquired immune deficiency syndrome (AIDS) in children was first described in 1982 when it became apparent that this then-mysterious disease could be transmitted by blood transfusions or the blood products used to treat hemophilia. Perinatal transmission from mothers infected through intravenous drug use or sexual contact was recognized at about the same time. Initially, it was difficult to distinguish AIDS from the rare and equally puzzling congenital immunodeficiency diseases in children.

By 1984, the numbers of children with AIDS began to escalate, especially in New York City, Newark, and Miami. That year, the Division of Maternal and Child Health (now the Maternal and Child Health Bureau) cosponsored the first National Meeting on Pediatric AIDS which concluded that AIDS did occur in children, that the number of children involved was undercounted in the Centers for Disease Control and Prevention (CDC) surveillance system, and that infected infants and children and their families were subject to discrimination and sometimes barred from basic services.

In 1986, at a second National Pediatric AIDS Meeting, physicians and other health care workers, social workers, and educators shared information about the clinical spectrum and treatment efforts. A new confidence resulted from the increasing knowledge about the etiology and transmission of AIDS. Moreover, it was recognized that most existing approaches to the treatment of children with special health needs were applicable to children with HIV infection.

A third national meeting in 1987, the Surgeon General's Workshop on Children with HIV Infection and Their Families, focused on prevention of human immunodeficiency virus (HIV) infection in children and on the difficulties of caring for children already infected. In addition to summarizing current knowledge about AIDS in children, workshop participants—who included clinical and research physicians, health providers, economists, educators, parents, members of the clergy, and media representatives—presented 82 recommendations for future directions in research, prevention, and services. These recommendations, contained in the workshop report, provide a useful framework for meeting some of the challenges presented by HIV infection in children.

In 1988, the Pediatric AIDS Health Care Demonstration Program was initiated, with funds appropriated under the Public Health Service Act. The program is administered by the Maternal and Child Health Bureau, which now refers to it as the Pediatric/Family HIV Health Care Demonstration Program, reflecting the fact that projects serve families, not just children, that are infected with or at risk for HIV.

Incidence of Pediatric AIDS

- AIDS is transmitted in several ways: from infected mothers to their infants; through exposure to infected body fluids, primarily blood; and through sexual contact with an HIV-infected partner.
- 4,480 children with AIDS have been reported to CDC through March 1993. About one-half of these cases were reported since 1990 with perinatal transmission the risk factor in 90 percent. The epidemic among children has spread from large metropolitan areas to smaller cities and rural communities, particularly in the Southeastern United States.
- AIDS is already one of the leading causes of death for all children and the ninth leading cause of death among children 1 to 4 years of age.
- 1,167 adolescents with AIDS ages 13–19 years and 10,949 young adults with AIDS ages 20–24 years have been reported to the CDC through March 1993.
- AIDS is the sixth leading cause of death in young people between the ages of 15 and 24 years.
- Women are the fastest growing segment of the AIDS population. The number of women infected with HIV, particularly within communities of color, continues to grow and spread beyond the large urban epicenters to smaller urban and rural settings.
- 32,477 women ages 20 years and older have been reported to the CDC as having AIDS. The majority of women are exposed to HIV through injecting drugs, heterosexual contact, and sexual contact with drug users.

- AIDS is the fifth leading cause of death in women in the United States and the leading cause of death in New Jersey and New York City.

The Pediatric/Family HIV Program

The purpose of the Pediatric/Family HIV Health Care Demonstration Program is to improve and expand the infrastructure of comprehensive care services in order to increase the access of HIV/AIDS-affected women, infants, children, and youth to a comprehensive, community-based, family-centered system of care. Funds support innovative strategies and models to organize, arrange for, and deliver comprehensive services through integration into ongoing systems of care and support from appropriate financing mechanisms. The service delivery systems assure the delivery of high-quality care at the appropriate level, with an emphasis on ambulatory care services that may reduce unnecessary hospital stays.

Three categories of projects have been funded: Pediatric AIDS Projects which provide or coordinate comprehensive, family-centered health, social, and support services; Comprehensive Care Consortia with the unique requirement that private sector funding must match public funding; and National Issues Projects which provide information, training, and technical assistance to expand national resource capacity and impact national program development.

In fiscal year 1992, 45 projects were funded in 18 States, the District of Columbia, and Puerto Rico for a total cost of $19.8 million. Thirty of the projects funded were AIDS demonstrations, two were consortia, and 13 were on national issues. Eighty-four percent of the projects' clients are from poor, minority families with limited access to transportation and housing. Currently, 42 percent are Hispanic and 40 percent are African American. In fiscal year 1993, the program is funded at $20.9 million.

Program Accomplishments

- In the first 3 years of the program, the Pediatric/Family HIV Projects have proven to be effective in their ability to organize and coordinate a comprehensive system of services. Between 1988 and 1990, the Pediatric/Family HIV Projects have dramatically increased the unduplicated number of individual clients served by each project.
- As of FY 1990, clients served tripled from the previous year, and the proportion of women served increased dramatically.
- The number of families served more than doubled each year between 1988 and 1990, indicating the program's commitment to maintenance of the family unit in the face of this devastating disease.
- Children in the majority of projects studied were able to participate in clinical trials that gave them access to state-of-the-art treatments. Access to state-of-the-art treatment is provided in coordination with primary medical, social, and family support services which are made available to family members of children served by all of the projects.
- The program has improved the capacity of health and social service professionals, community-based organizations, and families to address the demand of the growing epidemic. In each project, individual grantees have made efforts to strengthen provider capacity within their communities and States through education, training, and peer support.
- The National Issues grants have expanded national resource capacity in high priority areas such as: ethical and legal concerns, psychosocial care needs, substance abuse treatment, and reimbursement strategies. One National Issues project has organized a national support network of families of HIV-infected children and youth and has provided education and support to implement family-centered care in the program nationally.
- A National Pediatric HIV Resource Center, funded under the program, developed a Pediatric HIV Core Curriculum and conducts quarterly, 5-day multidisciplinary training programs for health administrators and providers. In addition, the resource center provides technical assistance to MCHB-funded pediatric/family HIV grantees and other clinical and social service providers serving children, adolescents, women, and families with or impacted by HIV.

For further information, contact the chief, Hemophilia and AIDS Services Branch, at (301) 443-9051. *7/93*

SEPTEMBER 28, 1993

NURSES BY COSBADM2

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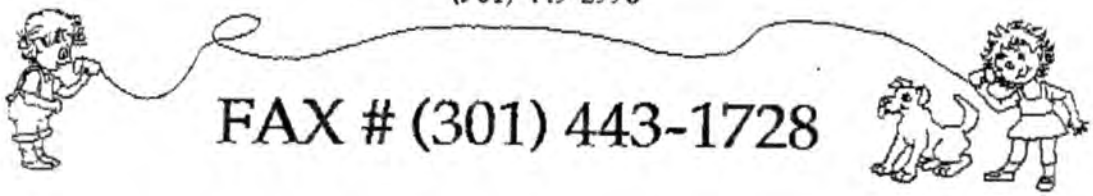
	TOTAL
OS	1
HCFA	36
OASH	66
HRSA OA	1
HBB	3
BHCDA	115 X
COASTGRD	6
BOP	95
HBM	7
BHP	4
CDC	37
FDA	20
IHS	508 X
SAMHSA	35
NIH	105
AHCPR	4
TOTAL	1043

MATERNAL AND CHILD HEALTH BUREAU
DIVISION OF SERVICES FOR CHILDREN WITH SPECIAL HEALTH NEEDS

MERLE MCPHERSON, M.D.
DIVISION DIRECTOR
(301) 443-2350



FAX # (301) 443-1728

Habilitive Services Branch
Branch Chief, John Shwab
(301) 443-2370

Genetic Service Branch
Branch Chief, Jane Lin Fu M.D.
(301) 443-1080

Hemophilia and AIDS Program Branch
Branch Chief, Beth Roy
(301) 443-9051

TO: Ms. Christine Debbie FAX #: (202) 632-1096 OFFICE# AIDS Coordinator

FROM: RADM Julia Rotnicki OFFICE #: (301) 443-0577 Office of the Chief Nurse

NO. OF PAGES: 2 (INCLUDING COVER)

COMMENTS

This Fax is in reference to a scheduled appt. with Ms. Debbie

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
Office of the Surgeon General
Rockville MD 20857

OCT 25 1993

Christine Gebbie, R.N., M.N
National AIDS Policy Coordinator
Executive Officer of the President
750 17th Street, NW, Suite 1060
Washington, DC 20500

Dear Ms. Gebbie:

Thank you for taking time out of your busy schedule to meet with me. As the Chief Nurse Officer of the Public Health Service (PHS), I am the focal point for nursing in the Department of Health and Human Services and provide policy coordination and direction for nursing activities to the Surgeon General and throughout the PHS. There are approximately 7,000 nurses in the PHS serving in the eight PHS agencies and detailed to several other federal agencies.

As you know, nurses are involved in a number of AIDS activities including care, research, prevention, and regulatory issues. This is an important public health issue, and I would like to discuss nursing's role and contribution both nationally and internationally with you. This November I will travel to Geneva for the second meeting of the World Health Organization's Global Advisory Committee to Strengthen Nursing and Midwifery. Our charge is to develop a worldwide plan to incorporate nursing into health activities and assist in achieving the goal of Health for all by the year 2000.

In addition to myself, my Special Assistant, Mary Pat Couig, M.P.H, R.N. will attend the meeting. We look forward to meeting you on Monday November 1, at 10:00 a.m. If you would like to contact me prior to the meeting, I can be reached at (301) 443-0755.

Sincerely yours,

Julia R. Plotnick

Julia R. Plotnick, M.P.H., R.N.C.
Assistant Surgeon General, USPHS
Chief Nurse Officer

(301) 443 2350