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FOLDER TITLE:

Conference-8/98-DASH [Division of Adolescent and School Health] Conference on
Youth and HIV

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RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

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P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
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b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

September 17, 1998

Todd Summers
Deputy Director
White House Office of National
AIDS Policy
736 Jackson Place, NW
Washington, DC 20503

Dear Mr. Summers:

The Division of Adolescent and School Health would like to express appreciation to you for your participation as a speaker at the 1998 National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs in Atlanta, Georgia.

Enclosed please find a copy of the Final Participants Directory and handouts for plenary speakers, Ron Valdisseri and Thomas Coates.

As you reflect on the conference, you may have suggestions or ideas as to how next year's conference committee can improve the conference. If so, please call Judy Powers or send her your suggestions. She may be reached at (770) 488-3167 or fax (770) 488-3110. Our conference is important and we strive for continued improvement.

Again, thank you for your contribution to the conference. We look forward to a continued working relationship with you and your organization.

Sincerely yours,

Beth Patterson
Associate Director
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion

*You were
great!*

National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs

Final Participant Directory

Margo Abels, MA
Co-Coordinator
HIV/AIDS Program
Massachusetts Department of Education
350 Main Street
Malden, Massachusetts 02148
Phone: (617) 388-3300 ext. 376
Fax: (617) 388-3394
E-Mail: mabels@dow.mass.edu

Karlene Cassells Abrams, MHA
Program Coordinator
United Negro College Fund -
HOPE Program
The College Fund
8260 Willow Oaks Corporate Drive
P.O. Box 10444
Fairfax, Virginia 22031
Phone: (703) 205-2048
Fax: (703) 205-2053
E-Mail: kabrams@uncf.org

Cara M. Acheson, MS, CHES
Director
Coordinated School Health
Minnesota Department of Health
717 SE Delaware
Minneapolis, Minnesota 55440
Phone: (612) 623-5786
Fax: (612) 623-5442
E-Mail: cara.acheson@health.state.mn.us

Grisel Acosta
Professor
East College University
P.O. Box 2010
Carolina, Puerto Rico 00984-2010
Phone: (787) 257-7373
Fax: (787) 752-0070

Sharon Adams-Taylor, MS, MPH
Program Director
American Association of
School Administrators
1801 North Moore Street
Arlington, Virginia 22209-9988
Phone: (703) 875-0720
Fax: (703) 807-1849
E-Mail: sadams@aasa.org

Howard S. Adelman, PhD
Co-Director
Department of Psychology
University of California at Los Angeles
P.O. Box 951563
Los Angeles, California 90095-1563
Phone: (310) 825-1225
Fax: (310) 206-8716
E-Mail: adelman@psych.ucla.edu

Steve Adelsheim
Director
School of Mental Health Initiatives
New Mexico Department of Health
300 San Mateo, NE, Suite 705
Albuquerque, New Mexico 87108
Phone: (505) 841-2962
Fax: (505) 841-6520
E-Mail: sadelshe@unm.edu

Cameron Adkison, BA
Project Associate
HIV/AIDS Education and School
Health Programs
National School Boards Association
1680 Duke Street
Alexandria, Virginia 22314-3493
Phone: (703) 838-6719
Fax: (703) 548-5516
E-Mail: cadkison@nsba.org

Melissa Albuquerque, BA
Public Health Educator
Office of the Director
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Hwy, NE, MS K-50
Atlanta, Georgia 30341-3724
Phone: (770) 488-5809
Fax: (770) 488-3112
E-Mail: mfa5@cdc.gov

Carmen Aldinger, MPH
Research/Development Assistant
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02458-1060
Phone: (617) 969-7100
Fax: (617) 244-3436
E-Mail: caldinger@edc.org

Sylvia Alejandre, MPH
National Director
Special Programs
National Latina Health Network
4818 Montgomery Lane, Suite 100
Bethesda, Maryland 20814
Phone: (301) 951-9633
Fax: (301) 951-9637

Ada Aleman-Batista, MPHE
Health Education Program Coordinator
Department of Sciences and Technology
East College University
P.O. Box 2010
Carolina, Puerto Rico 00984-2010
Phone: (787) 257-7373 ext. 3029
Fax: (787) 752-0070

Rosemarie Allen
Associate Superintendent
Student Support and Special Services
Dallas Public Schools
3700 Ross Avenue
Dallas, Texas 75204
Phone: (214) 989-8501
Fax: (214) 989-8398

Scott G. Allen, BA
Project Manager
American Academy of Pediatrics
141 Northwest Point Boulevard
P.O. Box 927
Elk Grove Village, Illinois 60007
Phone: (847) 981-7396
Fax: (847) 228-5097
E-Mail: sallan@aap.org

Diane Allensworth, PhD, RN
Branch Chief
Program Development and Services Branch
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3252
Fax: (770) 488-3111
E-Mail: dda6@cdc.gov

Tom Aloisi, BS
AIDS Prevention Specialist
Vermont Department of Health
P.O. Box 70
Burlington, Vermont 05402
Phone: (802) 863-7244
Fax: (802) 863-7314
E-Mail: taloisi@vdh.state.vt.us

Elena M. Alvarado, MA
Project Director
TAPP For Latinas Project
National Latina Health Network
4818 Montgomery Lane, Suite 100
Bethesda, Maryland 20814
Phone: (301) 951-9633
Fax: (301) 951-9637

Bronwen Anderson, BS
Project Consultant
Health Promotion and Resource Center
Wyoming Department of Education
1000 West 8th Street
Gillette, Wyoming 82716
Phone: (307) 686-0317
Fax: (307) 687-7090
E-Mail: banderson@grizzly.ccsd.k12.wy.us

Mark Anderson, MD, MPH
Preventive Medicine Resident
Youth Violence Prevention Team
Division of Violence Prevention
National Center for Injury
Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-60
Atlanta, Georgia 30341-3724
Phone: (770) 488-4762
Fax: (770) 488-4349
E-Mail: mea6@cdc.gov

Francisca Maria Oliveira Andrade, MD
Technical Advisor
Women, Adolescents and Children Health
Ceara State Secretary of Health
The Kellogg Foundation - Brazil
RUA: Francois Teles de Menezes, No. 188
Apt. 1204 - Fatima
Fortaleza, Ceara, Brazil 60431-970
Phone: 55 85 219-19-38/2551204
Fax: 55 85 219-19-38
E-Mail: taty@secrcl.com.br

Janet Arns, RN, MS
Health Education Specialist
Delaware Department of Education
P.O. Box 1402
Townsend Building
Dover, Delaware 19903
Phone: (302) 739-4676
Fax: (302) 739-6397
E-Mail: jarns@state.de.us

Gary E. Artman, BA
Communications Coordinator
The Mentoring Partnership of
Southwestern Pennsylvania
13 Pride Street, 3rd Floor
Pittsburgh, Pennsylvania 15219
Phone: (412) 281-2535
Fax: (412) 281-6683
E-Mail: artman@city_net.com

Jackie Ascrizzi, EdM
School Health Specialist
Rhode Island Department of Education
255 Westminster Street
Providence, Rhode Island 02903
Phone: (401) 277-4600
Fax: (401) 277-4979
E-Mail: ride0040@ride.ri.net

Carol Atkins
School Health Promotions Coordinator
Western Pacific Division
American Cancer Society
0330 SW Curry Street
Portland, Oregon 97201
Phone: (503) 795-3914
Fax: (503) 228-1062
E-Mail: catkins@cancer.org

Francisco Averhoff, MD, MPH
Health Services Research and
Evaluation Branch
Division of Immunization Services
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (404) 639-8748
Fax: (404) 639-8615
E-Mail: fmal0@cdc.gov

Brenzena Avery
Personnel Management Specialist
Human Resources Management Office
Office of Program Support
Centers for Disease Control and Prevention
4770 Buford Highway, MS K-15
Atlanta, Georgia 30341-3724
Phone: (770) 488-1758
Fax: (770) 488-1991
E-Mail: bea0@cdc.gov

Robinette Bacon
Coordinator
Comprehensive School Health
Nevada Department of Education
700 East 5th Street
Carson City, Nevada 89701
Phone: (702) 687-9173
Fax: (702) 687-9119
E-Mail: rbacon@nsn.k12.nv.us

Betty S. Baker, EdD
Department Head
Kinesiology and Health Studies
Southeastern Louisiana University
SLU 731
Hammond, Louisiana 70402
Phone: (504) 549-2129
Fax: (504) 549-5119
E-Mail: bbaker@selu.edu

Dorothy Ballard, MPA
Coordinator
Comprehensive School Health Program
Arkansas Department of Health
4815 West Markham, Slot #39
Little Rock, Arkansas 72205
Phone: (501) 661-2245
Fax: (501) 671-1450
E-Mail: dballard@mail.doh.state.ar.us

Catherine M. Balsley, EdD, CHES
Curriculum Coordinator
Comprehensive Health Education
School District of Philadelphia
21st Street South of the Parkway
Room 321
Philadelphia, Pennsylvania 19103
Phone: (215) 299-8906
Fax: (215) 299-7771
E-Mail: cbalsley@phila.k12.pa.us

Stephen Banspach, PhD
Chief
Evaluation Research Section
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3259
Fax: (770) 488-3112
E-Mail: swb3@cdc.gov

Jeff Barber, BS, CHES
HIV/AIDS Consultant
Indiana Department of Education
State House, Room 229
Indianapolis, Indiana 46204-2798
Phone: (317) 232-9143
Fax: (317) 232-9140

Lynn Barnett, BA
Director
Student and Community Development
American Association of
Community Colleges
One Dupont Circle, Suite 410, NW
Washington, DC 20036
Phone: (202) 728-0200 ext. 204
Fax: (202) 833-2467
E-Mail: lbarnett@aacc.nche.edu

Nicole L. Bartfai, BS, MA
Research Assistant
WESTAT, Inc.
1550 Research Boulevard
TA 2049
Rockville, Maryland 20850
Phone: (301) 294-3865
Fax: (301) 294-3992
E-Mail: bartfan1@westat.com

Trish Bascom, BSN, MA
Supervisor
School Health Programs Department
San Francisco Unified School District
1512 Golden Gate Avenue
San Francisco, California 94115
Phone: (415) 749-3400
Fax: (415) 749-3420
E-Mail: tbascom@sfsusd.k12.ca.us

Barbara Bates, RH
Public Health Educator
Oakland County Health Division
2100 Pontiac Lake Road
Waterford, Michigan 48328
Phone: (248) 209-2414
Fax: (248) 209-2429
E-Mail: barb.bates@oakland.k12.mi.us

Louise Bauer, MSW
Program Principal
National Conference of State Legislatures
1560 Broadway, Suite 700
Denver, Colorado 80202
Phone: (303) 830-2200 ext. 205
Fax: (303) 863-8003
E-Mail: louise.bauer@ncsl.org

Vivian Beals, BA
Elementary Education
Billings Public Schools
371 Quiet Water
Billings, Montana 59105
Phone: (406) 248-7930

Laurie Bechhofer, MPH
Health Education Consultant
School Health Programs Unit
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909
Phone: (517) 335-7252
Fax: (517) 373-1233
E-Mail: bechhol@state.mi.us

Nora Kizer Bell, PhD
President
Wesleyan College
4760 Forsyth Road
Macon, Georgia 31210-4462
Phone: (912) 757-5211
Fax: (912) 757-4030
E-Mail: nora_bell@post.wesleyan_college.edu

Donald E. Benken, MPH, JD
Assistant Branch Chief for Special Projects
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-32
Atlanta, Georgia 30341-3724
Phone: (770) 488-3164
Fax: (770) 488-3110
E-Mail: dxb3@cdc.gov

Alice Benqueyfield, BA
Elementary Education
Dillon Public Schools
623 South Nelson
Dillon, Montana 59725
Phone: (406) 683-5538

Warren H. Benson
Program Operations Assistant
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3174
Fax: (770) 488-3112
E-Mail: wab8@cdc.gov

Christine Berry
HIV/AIDS Prevention Consultant
Comprehensive School Health
Programs Office
California Department of Education
721 Capitol Mall, 3rd Floor
P.O. Box 744272
Sacramento, California 94244-2720
Phone: (916) 657-5255
Fax: (916) 657-5149
E-Mail: cberry@cde.ca.gov

Susan S. Berry, BS
Health Education Consultant
Maine Department of Education
23 State House Station
Augusta, Maine 04333-0023
Phone: (207) 287-5933
Fax: (207) 287-5927
E-Mail: susan.berry@state.me.us

Emma L. Bertram, RN, BA
West Virginia Statewide AIDS Coordinator
American Red Cross
193 - 29th Street
Wheeling, West Virginia 26003
Phone: (304) 232-0711
Fax: (304) 232-1921
E-Mail: ovchapwv@crossnet.org

Barbara Besteni
Marketing Director
Health 'N Me
3601 West Commercial Boulevard #11
Ft. Lauderdale, Florida 33309
Phone: (954) 739-3086
Fax: (954) 739-3072

Don Betts, MPA
Program Analyst
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3218
Fax: (770) 488-3110
E-Mail: dib3@cdc.gov

Gail F. Blackwell
Program Coordinator
HIV Education
New Mexico State Department
of Education
120 South Federal Place, Room 206
Santa Fe, New Mexico 87501
Phone: (505) 827-1805
Fax: (505) 827-1826
E-Mail: gblackwell@sde.state.nm.us

Joy L. Blackwood
Project Manager
American Nurses Association
600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024-2571
Phone: (202) 651-7079
Fax: (202) 488-8461
E-Mail: jblackwo@ana.org

Jamie McArdle Blair, RN, MS, CS, CPN
Chief
Bureau of Community Health Services
and Systems Development
Ohio Department of Health
246 North High Street
P.O. Box 118
Columbus, Ohio 43266-0118
Phone: (614) 466-8933
Fax: (614) 644-9850
E-Mail: jblair@gw.odh.state.oh.us

Jeanne Blake, BA
President
Media Works, Inc.
P.O. Box 15597
Boston, Massachusetts 02215-0011
Phone: (978) 282-9970
Fax: (978) 282-9550
E-Mail: onhealth@aol.com

Lydia M. Blasini-Caceres, PhD
Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3191
Fax: (770) 488-3111
E-Mail: lnb2@cdc.gov

Pam Blumson, RN, BSN, MSN
Public Health Prevention Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3232
Fax: (770) 488-3112
E-Mail: pib8@cdc.gov

James F. Bogden, MPH
Project Associate
HIV Prevention/Healthy Schools
National Association of State Boards
of Education
1012 Cameron Street
Alexandria, Virginia 22314
Phone: (703) 684-4000
Fax: (703) 836-2313
E-Mail: jimbo@nasbe.org

Mark Boldt
President
BOLDT, Entertainment
3801 Glendale Terrace
Minneapolis, Minnesota 55410
Phone: (612) 922-2219
Fax: (612) 922-2377
E-Mail: boldt@u_do.com

Antonieta Bolomey, MEd
Field Coordinator/Health Educator
National Coalition of Advocates
for Students
100 Boylston Street, Suite 737
Boston, Massachusetts 02116
Phone: (617) 357-8507
Fax: (617) 357-9549
E-Mail: vivmncas@aol.com

Scott Bonanno
SmithKline Beecham Pharmaceuticals
2643 Consaul Road
Schenectady, New York 12304
Phone: (518) 374-9735
Fax: (518) 374-9736

Gail Bornfield, PhD
Research and Evaluation Officer
Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037
Phone: (202) 884-8095
Fax: (202) 884-8879
E-Mail: gbornfie@aed.org

Kathy Bowman-Harrow, MA
Program Specialist
Health, Sex and Character Education
Orange County Public Schools
445 West Amelia Street
Orlando, Florida 32801
Phone: (407) 317-3200 ext. 2791
Fax: (407) 317-3369
E-Mail: bowmank@ocps.k12.fl.us

Elaine Brainerd, RN, MA, CSN
Director
National Center for School Health Nursing
American Nurses Association
600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024-2571
Phone: (203) 488-1524
Fax: (203) 488-6334
E-Mail: ebrainer@ana.org

Joyce H. Brannan, PhD, CHES
Prevention Through Education Consultant
Ohio Department of Education
65 South Front Street, Room 610
Columbus, Ohio 43215-4183
Phone: (614) 466-0523
Fax: (614) 728-3768
E-Mail: sd_brannan@ode.ohio.gov

Dee Braver, MS
Assistant Project Director
American College Health Association
P.O. Box 28937
Baltimore, Maryland 21240
Phone: (410) 859-1500 ext. 257
Fax: (410) 859-1510
E-Mail: achadee@erols.com

Donna Breitenstein, EdD
Director
North Carolina Comprehensive School
Health Training Center
Reich College of Education
Appalachian State University
108 Duncan Hall
P.O. Box 32047
Boone, North Carolina 28608
Phone: (828) 262-2292
Fax: (828) 262-6683
E-Mail: breitenstein@appstate

Nancy Davis Brener, PhD
Research Psychologist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3211
Fax: (770) 488-3112
E-Mail: nad1@cdc.gov

Laura Brey, MS
Project Director
GAPS in School-Based Health
Centers and Training
American Medical Association
515 North State Street
Chicago, Illinois 60610
Phone: (312) 464-5523
Fax: (312) 464-5842
E-Mail: laura_brey@ama-assn.org

Julie Brickner
Comprehensive School Health
Education Coordinator
American Cancer Society
5555 Frantz Road
Dublin, Ohio 43017
Phone: (614) 718-4494
Fax: (614) 718-4495

Clint E. Brown, PhD, CHES
Dean
School of Education
University of Alabama at Birmingham
217 Education Building
901 13th Street, South
Birmingham, Alabama 35294-1240
Phone: (205) 934-5363
Fax: (205) 934-4963
E-Mail: cbruess@uab.edu

Lisa Williams Brown, MS
Program Supervisor
Detroit Public Schools
5057 Woodward Avenue, Room 1072
Detroit, Michigan 48202
Phone: (313) 494-2236
Fax: (313) 494-1880

Pat Brown, BSN, NPC
Adolescent Health Coordinator
Montana Department of Public
Health and Human Services
Cogswell Building, 314-C
1400 Broadway Avenue
Helena, Montana 59623
Phone: (406) 444-4233
Fax: (406) 444-2606
E-Mail: ptbrown@mt.gov

Renee Brown
 CDC Press Officer
 Office of the Director
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS K-40
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-5706
 Fax: (770) 488-5962
 E-Mail: ryb8@cdc.gov

Reverend David Brown
 Pastor/ Consultant/ Writer
 Community Presbyterian Church
 Comprehensive Health
 Education Foundation
 22419 Pacific Highway, South
 Seattle, Washington 98198-5104
 Phone: (206) 824-2907
 Fax: (206) 824-3072

Patricia J. Brownlee, MEd, MS
 Staff Associate
 HIV/AIDS Education
 Department of Curriculum and Instruction
 Baltimore City Public School System
 200 East North Avenue, Room 308
 Baltimore, Maryland 21202
 Phone: (410) 396-8811
 Fax: (410) 396-8063
 E-Mail: brownleebp@aol.com

Gloria B. Bryan, PhD
 Health Education Specialist
 Division of Adolescent and School Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS K-31
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-3197
 Fax: (770) 488-3111
 E-Mail: gbb0@cdc.gov

Louella Gonzales Buchanan
 Assistant Director
 School Health Unit
 New Mexico State Department
 of Education
 120 South Federal Place
 Santa Fe, New Mexico 87501
 Phone: (505) 827-1864
 Fax: (505) 827-1826
 E-Mail: lbuchanan@sde.state.nm.us

Pat Buckner
 Professor and Health Coordinator
 University of Houston
 University Park
 Houston, Texas 77004
 Phone: (713) 743-9839
 E-Mail: patbiu69@aol.com

Charlene Burgeson, MA
 Public Health Advisor
 Division of Nutrition and Physical Activity
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS K-46
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-5822
 Fax: (770) 488-5473
 E-Mail: ctb9@cdc.gov

Daryl Burnett, MPH, CHES
 Program Manager
 Adolescent and School Health Initiative
 National Association of Community
 Health Centers
 1330 New Hampshire Avenue, NW
 Washington, DC 20036
 Phone: (202) 659-8008
 Fax: (202) 659-8519
 E-Mail: nachcdaryl@aol.com

Lillie L. Burns, MEd
 HIV/AIDS Program Manager
 Louisiana Department of Education
 P.O. Box 94064
 Baton Rouge, Louisiana 70812
 Phone: (504) 342-9219
 Fax: (504) 342-3448
 E-Mail: lburns@mail.doe.state.la.us

William David Burns, MA, BA
 Director
 Project for Health and Higher Education
 Association of American Colleges
 and Universities
 1818 R Street, NW
 Washington, DC 20009
 Phone: (202) 884-7432
 Fax: (202) 265-9532
 E-Mail: burns@aacu.nw.dc.us

Ericka Burroughs, MA
 Comprehensive Health Education
 Consultant
 PEE DEE Education Center
 142 South Dargon Street
 Florence, South Carolina 29506
 Phone: (843) 669-3391
 Fax: (843) 669-3393
 E-Mail: eburroughs@infoave.net

Melanie Bush, MA
 Training Coordinator
 Office of Healthy Schools
 West Virginia Department of Education
 1900 Kanawha Boulevard, East
 Building 6, Room 309
 Charleston, West Virginia 25305-0330
 Phone: (304) 558-8830
 Fax: (304) 558-3787
 E-Mail: mdbush@access.k12.wv.us

Mary Jo Butler, BS
 Program Director
 Intervention and Prevention Services
 Division of Public Schools
 Florida Department of Education
 325 West Gaines Street, Suite 344
 Tallahassee, Florida 32399-0400
 Phone: (850) 488-6726
 Fax: (850) 488-9840
 E-Mail: butterm@mail.doe.state.fl.us

Effie M. Bynum, EdD
 Director
 Special Projects
 Division of Student Support Services
 New York City Board of Education
 110 Livingston Street
 Brooklyn, New York 11201
 Phone: (718) 935-2702
 Fax: (718) 935-3492

Carol Calvin
 Project Director
 Young Women's Health Program
 Metro Community Services Institute, Inc.
 6014 West Congress Street
 Milwaukee, Wisconsin 53218
 Phone: (414) 578-3410
 Fax: (414) 464-6114

Jack Campana, MEd
 Director
 Comprehensive Health and
 Wellness Department
 San Diego Unified School District
 4100 Normal Street, Room 2034
 San Diego, California 92103
 Phone: (619) 293-8102
 Fax: (619) 294-2146
 E-Mail: jcampana@mail.sandi.net

Marcia Campbell, MA
 Health Education Specialist
 Rhode Island Department of Education
 255 Westminster Street, Room 600
 Providence, Rhode Island 02903
 Phone: (401) 222-2600 ext. 2368
 Fax: (401) 222-4979
 E-Mail: ride0780@ride.ri.net

Terri Campbell, BS
 Program Coordinator
 Alaska Department of Education
 801 West 10th Street, Suite 200
 Juneau, Alaska 99801
 Phone: (907) 465-8719
 Fax: (907) 465-2713
 E-Mail: tcampbel@educ.state.ak.us

John Canfield, MEd
Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-4706
Fax: (770) 488-3111
E-Mail: qzc6@cdc.gov

Dominic Cappello, BA
Consultant
1907 First Avenue, #24
Seattle, Washington 98101
Phone: (206) 441-8630
Fax: (206) 728-1606
E-Mail: cafe8ball@aol.com

Philip F. Cardillo, BS
Research Assistant
WESTAT, Inc.
1650 Research Boulevard
Rockville, Maryland 20850
Phone: (301) 251-2235
Fax: (301) 294-3992
E-Mail: cardilpl@westat.com

Narciso Cardona
Director of Youth Services
Student Services
San Bernadino City Unified
School District
777 North F Street
San Bernadino, California 92410-3090
Phone: (909) 381-1293
Fax: (909) 381-4989

Taimi Carnahan, PhD
Director
Adolescent and School Health Programs
New York State Department of Health
208 Corning Tower
Empire State Plaza
Albany, New York 12237
Phone: (518) 486-4966
Fax: (518) 474-5445
E-Mail: tmc01@health.state.ny.us

Marianne Carr, MS
Consultant
HIV/AIDS
Comprehensive School Health
Nevada Department of Education
700 East 5th Street
Carson City, Nevada 89701
Phone: (702) 687-9173
Fax: (702) 687-9119
E-Mail: mcarr@nsn.k12.nv.us

Carol Cassell, PhD
Project Director
Teen Pregnancy
Division of Reproductive Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-22
Atlanta, Georgia 30341-3724
Phone: (770) 488-5255
Fax: (770) 488-5628
E-Mail: coc6@cdc.gov

Susan Chase
Director of Training
Mendez Foundation
601 South Magnolia Avenue
Tampa, Florida 33606
Phone: (813) 251-3600 Ext: 206
Fax: (813) 251-3237

R. Scott Chavez, MPA, PA-C
Vice President
National Commission on Correctional
Health Care
1300 West Belmont Avenue
Chicago, Illinois 60657-3200
Phone: (773) 880-1460
Fax: (773) 880-2424
E-Mail: scottc@ncchc.org

Patricia Dawson Cheatham
Specialist Title IV
Abstinence Education
Dallas Public Schools
3330 Country Square Drive, #204
Carrollton, Texas 75006
Phone: (972) 416-5673
E-Mail: trish@cheatham.com

Richard Chiotti, BS
Health Education Specialist
Montana Office of Public Instruction
P.O. Box 202501
Helena, Montana 59620-2501
Phone: (406) 444-1963
Fax: (406) 444-1373
E-Mail: rchiotti@opi.mt.gov

Jennifer Chomicky, MCH, CHES
School Health Policy Specialist
HIV/AIDS Education and School
Health Programs
National School Boards Association
1680 Duke Street
Alexandria, Virginia 22314
Phone: (703) 838-6169
Fax: (703) 546-5516

Jeff Chun, MEd
Health, PE and HIV Coordinator
Division of Curriculum and Instruction
American Samoa Department of Education
P.O. Box 3992
Pago Pago, American Samoa 96799
Phone: (684) 633-1246
Fax: (684) 633-5184
E-Mail: jeffc1950@yahoo.com

Jose H. Merle Cintron, MPHE
HIV/STD Coordinator
Puerto Rico Department of Education
P.O. Box 190759
San Juan, Puerto Rico 00919
Phone: (787) 753-9320
Fax: (787) 250-8374

Marc Clark, MSD, BS
Health Associate
HIV/AIDS Education Program
Comprehensive School Health
District of Columbia Public Schools
Rabaut Administrative Unit 100
100 Peabody Street, NW, Room 331
Washington, DC 20011
Phone: (202) 882-2233
Fax: (202) 882-9165

Kathleen Clarke
Public Information Specialist
Planning and Evaluation
Office of the Director
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS-K40
Atlanta, Georgia 30341-3724
Phone: (770) 488-5706
Fax: (770) 488-5962
E-Mail: kcc4@cdc.gov

Barbara A. Clayton
Drug-Free Coordinator
Chicago Public Schools
1819 West Pershing Road
Chicago, Illinois 60607
Phone: (773) 535-7440
Fax: (773) 535-6180

Pat Claytor, BSN
School Nurse
School Health Services
Dallas Independent School District
3700 Ross Avenue
Dallas, Texas 75204
Phone: (214) 989-8199
Fax: (214) 989-8197

Thomas J. Coates, PhD
Director
UCSF AIDS Research Institute and
Center for AIDS Prevention Studies
74 New Montgomery Street, Suite 600
San Francisco, California 94105
Phone: (415) 597-9157
Fax: (415) 597-9213

Debbie Cockrell, BS
Health Educator Supervisor
Trident Health District
South Carolina Department of Health
and Environmental Control
4050 Bridge View Drive
North Charleston, South Carolina 29406
Phone: (843) 556-8037
Fax: (843) 740-0814

Carlos Cofield
Program Coordinator
HIV/AIDS Education Program
District of Columbia Public Schools
Rabaut Administrative Unit 100
100 Peabody Street, NW, Room 331
Washington, DC 20011
Phone: (202) 882-2233
Fax: (202) 882-9165

Deborah Cohen, MD, PhD
Medical Director
HIV Program Office
Louisiana State University
1600 Canal Street, Suite 900
New Orleans, Louisiana 70112
Phone: (504) 568-4774
Fax: (504) 568-7044
E-Mail: dcohe@nomvs.lsumc

Lisa R. Cohen, DrPh
Health Scientist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3215
Fax: (770) 488-3112
E-Mail: lic8@cdc.gov

Janet L. Collins, PhD
Chief
Surveillance and Evaluation
Research Branch
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3259
Fax: (770) 488-3112
E-Mail: jlc1@cdc.gov

Johnny Collins
Secretary
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3255
Fax: (770) 488-3112

Maria V. Colon, PhD
Project Officer
External Resources Office
Puerto Rico Department of Education
P.O. Box 190759
San Juan, Puerto Rico 00919
Phone: (787) 753-9320
Fax: (787) 250-8374

Karen Connell
Supervisor
Comprehensive School Health Programs
Colorado Department of Education
201 East Colfax Avenue
Denver, Colorado 80203
Phone: (303) 866-6903
Fax: (303) 866-6785
E-Mail: connell_k@cde.state.co.us

Holly Conner, MA, CHES
Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3195
Fax: (770) 488-3111
E-Mail: hcc3@cdc.gov

Connie Constantine, MEd, CHES
Training and Technical Assistance
Coordinator
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02458-1060
Phone: (617) 969-7100 ext. 2459
Fax: (617) 244-3436
E-Mail: cconstantine@edc.org

Jim D. Cook, MS, MEd
Special Assistant to the Commissioner
Bureau for Public Health
West Virginia Department of
Health and Human Resources
1411 Virginia Street, East
Charleston, West Virginia 25301
Phone: (304) 558-0644
Fax: (304) 558-1553
E-Mail: ph#u#1411.hsc.jim@wvdhhr.org

Margie Ball Cook, PhD, RN, NP
Professor/Project Director
Colorado Council of Black Nurses
6090 West Vassar Way
Lakewood, Colorado 80227
Phone: (303) 556-2751

Molra L. Cook, MS
Project Coordinator
National Education Association
Health Information Network
1201 16th Street, NW, Suite 521
Washington, DC 20036-3290
Phone: (202) 822-7796
Fax: (202) 822-7775
E-Mail: mcook@nea.org

Cynthia Y. Corbridge, MEd, MSW
Health Assessment Specialist
Rhode Island Department of Education
255 Westminster Street
Providence, Rhode Island 02903
Phone: (401) 277-4600 x2106
Fax: (401) 277-6667
E-Mail: ride0787@ride.ri.net

Susan Court, BA
HIV/AIDS Education Specialist
Montana Office of Public Instruction
P.O. Box 202501
Helena, Montana 59620-2501
Phone: (406) 444-3178
Fax: (406) 444-1373
E-Mail: scourt@opi.mt.gov

Kathleen Courtney, BSE, MS
Coordinator
HIV/AIDS Education
Arkansas Department of Education
2020 West 3rd Street, Suite 320
Little Rock, Arkansas 72205
Phone: (501) 324-9740
Fax: (501) 324-9745
E-Mail: courtney@arkedu.k12.ar.us

Narra Smith Cox, PhD
Education Consultant
Wisconsin Department of
Public Instruction
P.O. Box 7841
Madison, Wisconsin 53707-7841
Phone: (608) 266-7921
Fax: (608) 267-3746
E-Mail: coxns@mail.state.wi.us

Deborah Pitcock Crawley
Director of Marketing
Comprehensive Health
Education Foundation
22419 Pacific Highway South
Seattle, Washington 98198
Phone: (206) 824-2907
Fax: (206) 824-3072
E-Mail: dkpc@chef.org

Richard A. Crosby, PhD
ATPM Fellow
Division of STD Prevention
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-44
Atlanta, Georgia 30333
Phone: (404) 639-8376
Fax: (404) 639-8622
E-Mail: rqc4@cdc.gov

Linda Crossett, RDH
Health Intervention Scientist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3214
Fax: (770) 488-3112
E-Mail: lsc4@cdc.gov

Judy Crouch-Smolarek, RN, MSN
Director
Public Health
Neenah Department of Public Health
City Administration Building
211 Walnut Street
P.O. Box 426
Neenah, Wisconsin 54957-0426
Phone: (920) 751-4650
Fax: (920) 751-4640

Teri Curtis
Marketing
Meeks Heit Publishing Company
P.O. Box 121
Blacklick, Ohio 43004
Phone: (614) 759-7780
Fax: (614) 759-6166

Vanessa Dahl
School Health Coordinator
North Dakota Department of Health
600 East Boulevard Avenue
Department 301
Bismarck, North Dakota 58505-0200
Phone: (701) 328-3138
Fax: (701) 328-1412

Urvi R. Dalal, MPH
Director of Education
National Center for Health Education
72 Spring Street, Suite 208
New York, New York 10012
Phone: (212) 334-9470
Fax: (212) 334-9845

Marian Q. Damian
Department Chairperson
Health at Southern High School
Guam Department of Education
315 Santa Rosa Avenue
Santa Rita, California 96915
Phone: (671) 565-4349
Fax: (671) 565-3048
E-Mail: tasil@iftech.net

William H. Datema, MS
Association of State and Territorial
Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005
Phone: (703) 379-1755
Fax: (703) 379-1755
E-Mail: billdatema@msn.com

Michelle Davidson, MPH
Health Educator
School District of Greenville County
301 Camperdown Way
P.O. Box 2848
Greenville, South Carolina 29602
Phone: (864) 241-4124
Fax: (864) 241-4158

Anthony Davis
Community Outreach/Training Coordinator
Postponing Sexual Involvement
(PSI) Payoff
A Service of Cincinnati Childrens Hospital
2515 Clifton Avenue
Hughes Center
Cincinnati, Ohio 45219
Phone: (513) 872-8948
Fax: (513) 569-8674

Margarett Davis, MD, MPH
Chief
Research, Synthesis and
Applications Section
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3257
Fax: (770) 488-3112
E-Mail: mkd1@cdc.gov

Ruth M. Davis, BS, MA
HIV Prevention Education Officer
Wyoming Department of Health
Hathaway Building, Room 469
2300 Capitol Avenue
Cheyenne, Wyoming 82002
Phone: (307) 777-7703
Fax: (307) 777-5402
E-Mail: rdavis@missc.state.wy.us

Nancy Davis-Walker
Director
"Voice" Against Tobacco
Montana Department of Health
and Human Services
P.O. Box 2285
Great Falls, Montana 59403
Phone: (406) 727-1503
Fax: (406) 727-6842
E-Mail: voice@imt.net

Richard K. Delano
Director
Youth Development Programs
Scholastic, Inc.
78 Cove Road
Oyster Bay Cove, New York 11771
Phone: (516) 624-0043
Fax: (516) 624-0045
E-Mail: delanork@nassau.cv.net

David R. Denton, PhD
Director
Health and Human Services Programs
Southern Regional Education Board
592 Tenth Street, NW
Atlanta, Georgia 30318-5790
Phone: (404) 875-9211
Fax: (404) 872-1477
E-Mail: david.denton@sreb.org

Sandra DeShields
Personnel Specialist
Human Resources Management Office
Office of Program Support
Centers for Disease Control and Prevention
4770 Buford Highway, MS K-15
Atlanta, Georgia 30341-3724
Phone: (770) 488-1894
Fax: (770) 488-1991
E-Mail: szd4@cdc.gov

Charles Deutsch, ScD
Director
National Committee on Higher Education
and Health of Youth
Harvard School of Public Health
677 Huntington Avenue
Boston, Massachusetts 02115
Phone: (617) 432-3936
Fax: (617) 432-3755
E-Mail: cdeutsch@hsph.harvard.edu

Harwant Singh Dhillon, MPH
Former Director
Health Promotion and Education
World Health Organization (WHO)
Ministry of Health, India
13/7 Vasant Vihar
New Delhi, India
Phone: 0091-11-614-94-79
Fax: 0091-11-614-70-58

Claudia DiMuccio, BS
School Nurse
James P. Timilty Middle School
Boston Public Schools
205 Roxbury Street
Roxbury, Massachusetts 02119
Phone: (617) 635-8109
Fax: (617) 635-8115

Wylene Dinkins-Brewer, BA
Administrative Operations Assistant
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3175
Fax: (770) 488-3111
E-Mail: wbd8@cdc.gov

Shaun F. Donahue, MEd
HIV/AIDS Health Education Consultant
Vermont Department of Education
120 State Street
Montpelier, Vermont 05620-2501
Phone: (802) 828-5899
Fax: (802) 828-3140
E-Mail: sdonahue@doe.state.vt.us

Lynne Doner
Consultant
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02158-1060
Phone: (617) 969-7100
Fax: (617) 244-3436

Glenda W. Donoho
Branch Manager
Kentucky Department of Education
827 Capital Plaza Tower
500 Mero Street
Frankfort, Kentucky 40601
Phone: (502) 564-3791
Fax: (502) 564-8149

Mary Doyen, MA
Executive Director
Rocky Mountain Center for Health
Promotion and Education
7525 West 10th Avenue
Lakewood, Colorado 80215-5141
Phone: (303) 239-6494
Fax: (303) 239-8428
E-Mail: maryd@rmc.org

Allison Drury, MPH
Association of Schools of Public
Health Intern
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-46
Atlanta, Georgia 30341-3724
Phone: (770) 488-5498
Fax: (770) 488-5473
E-Mail: agd6@cdc.gov

Lynne Dulin, BS
Director
Arizona Department of Education
1535 West Jefferson
Phoenix, Arizona 85007
Phone: (602) 542-8709
Fax: (602) 542-3818
E-Mail: ldul@mail1.ade.state.az.us

Pat Dumais, MS, RN
Nurse/Project Director
Woodland Joint Unified School District
526 Marshall Avenue
Woodland, California 95695
Phone: (530) 662-4678 ext. 283
Fax: (530) 662-7464

Carlton Duncan, MSPH
Chief
Program Services Branch
Office of the Director
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-42
Atlanta, Georgia 30341-3724
Phone: (770) 488-5549
Fax: (770) 488-5973
E-Mail: cad2@cdc.gov

Taira Duncan
Summer Student
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
2993 Sebring Court
Decatur, Georgia 30034
Phone: (770) 987-8355
E-Mail: tea5@cdc.gov

Tim Dunn, EdM
Director
School Health Programs
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02158
Phone: (617) 969-7100
Fax: (617) 244-3436
E-Mail: timd@edc.org

Martha L. DuShaw, PhD
Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3185
Fax: (770) 488-3112
E-Mail: mld3@cdc.gov

Ann Eastman, MS
School Nurse
School Health Services
Dallas Independent School District
3700 Ross Avenue
Dallas, Texas 75204
Phone: (214) 989-8199
Fax: (214) 989-8197

Elvan Gur Edeman, BA
Administrative Assistant
United Negro College Fund -
HOPE Program
The College Fund
8260 Willow Oaks Corporate Drive
P.O. Box 10444
Fairfax, Virginia 22031
Phone: (703) 205-2047
Fax: (703) 205-2053
E-Mail: egur@uncf.org

Bonnie J. Edmondson, MS
HIV Coordinator / Health
Education Consultant
Connecticut Department of Education
165 Capitol Avenue
P.O. Box 2219
Hartford, Connecticut 06145
Phone: (860) 566-6980
Fax: (860) 566-1468
E-Mail: bonnie.edmondson@po.state.ct.us

Ginny Ehrlich, MPH, MS
Project Associate
National Association of State
Boards of Education
1012 Cameron Street
Alexandria, Virginia 22314
Phone: (703) 379-1755
Fax: (703) 836-2313
E-Mail: ginnye@nasbe.org

Joanne DeSimone Eichel, MA
Deputy Director
New York Academy of Medicine
1216 Fifth Avenue
New York, New York 10029
Phone: (212) 822-7224
Fax: (212) 348-2238

Barbara Eisenbarth, MEd
HIV/AIDS Education Coordinator
Idaho Department of Education
P.O. Box 83720
Boise, Idaho 83720-0027
Phone: (208) 332-6950
Fax: (208) 334-4664
E-Mail: beisenb@sde.state.id.us

Mary Ellison, MS
Manager
Prevention Division
Minnesota Department of Children,
Families and Learning
550 Cedar Street, #363
St. Paul, Minnesota 55129
Phone: (651) 297-5755
Fax: (651) 297-7313

Jill Elnicki, MPH
Research Associate
Rocky Mountain Center for Health
Promotion and Education
7525 West 10th Avenue
Lakewood, Colorado 80215
Phone: (303) 239-6494
Fax: (303) 239-8428
E-Mail: jille@rmc.org

Christine Eltzroth, MEd
Specialist
Dallas Public Schools
Nolan Estes Educational Plaza, Building A
3434 South R.L. Thornton Freeway
Dallas, Texas 75224
Phone: (214) 302-2721
Fax: (214) 302-2714

Nancy Emberley, MAT
Coordinator
Comprehensive School Health -
HIV/AIDS Program
Vermont Department of Education
120 State Street
Montpelier, Vermont 05620
Phone: (802) 828-5151
Fax: (802) 828-3140
E-Mail: nemberley@doe.state.vt.us

Nancy Emery
Manager
Deaf Community HIV/AIDS and STD
Network Program
DEAF, Inc.
413 Wacouta Street, Suite 300
St. Paul, Minnesota 55101-1957
Phone: (612) 297-6707
Fax: (612) 297-6766
E-Mail: nancyemery@deafinc.org

Jack Emminger, MPH
Health and Physical Education Advisor
Bureau of Curriculum and
Academic Services
Pennsylvania Department of Education
333 Market Street
Harrisburg, Pennsylvania 17126-0333
Phone: (717) 772-2167
Fax: (717) 787-7066
E-Mail: 00hlthpe@psupen.psu.edu

Kit Engbring
Teacher/ Health Coordinator
Milwaukee Public Schools
367 North Pinecrest
Milwaukee, Wisconsin 53208
Phone: (414) 476-1394

Michael P. Erikson
Office on Smoking and Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-50
Atlanta, Georgia 30341-3724
Phone: (770) 488-5701
Fax: (770) 488-5767
E-Mail: mpe0@cdc.gov

Sherry A. Everett, PhD, MPH
Health Scientist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3206
Fax: (770) 488-3112
E-Mail: sce2@cdc.gov

Michele Evering-Watley, MS
Health Education Specialist
Division of HIV/AIDS Prevention
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-40
Atlanta, Georgia 30333
Phone: (404) 639-0967
Fax: (404) 639-0944
E-Mail: mee4@cdc.gov

John F. Faber, MSED
Director
Pennsylvania Young Adult Roundtables
University of Pittsburgh
200 Meyran Avenue, Suite 401
Pittsburgh, Pennsylvania 15213
Phone: (412) 383-1777
Fax: (412) 383-1513
E-Mail: jffst8@ums.cis.pitt.edu

Stephen J. Fallon, PhD
Director of Education
CenterOne, Inc.
2817 East Oakland Park Boulevard
Ft. Lauderdale, Florida 33306
Phone: (954) 537-4111
Fax: (954) 563-9737
E-Mail: sjfallon@aol.com

Dean Fenley, EdD
Project Officer
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3183
Fax: (770) 488-3110
E-Mail: dmf2@cdc.gov

Melinda Ferguson, MPH
Health Education Manager
National Commission on Correctional
Health Care
1300 West Belmont Avenue
Chicago, Illinois 60657
Phone: (773) 880-1460
Fax: (773) 880-2424
E-Mail: melinda@ncchc.org

Joyce V. Fetro, PhD, CHES
Associate Professor
Department of Health Education
and Recreation
Southern Illinois University
600 South Emerald Lane
Carbondale, Illinois 62901
Phone: (618) 453-2777
Fax: (618) 453-1829
E-Mail: jfetro@siu.edu

Margaret M. Finnegan, MS
Program Coordinator
Chicago Board of Education
1819 West Pershing Road, 6C
Chicago, Illinois 60609
Phone: (773) 535-4215
Fax: (773) 535-8427

Carolyn Fisher, MEd, CHES
Director
Comprehensive Health Programs
San Joaquin County Office of Education
2901 Arch-Airport Road
P.O. Box 213030
Stockton, California 95213-9030
Phone: (209) 468-4960
Fax: (209) 468-4955
E-Mail: cfisher@earthlink.net

Jamison Fisher, MA
Educator
Harrison County Schools
Department of Healthy Schools
West Virginia Department of Education
325 Buena Vista Avenue
Clarksburg, West Virginia 26301
Phone: (304) 622-7915
Fax: (304) 624-3361
E-Mail: j2fisher@northnap.citynet.net

John Fisher
President
The Learning Partnership
394 Bedford Road
Pleasantville, New York 10570
Phone: (914) 769-0055
Fax: (914) 769-5676

Barb A. Fitzgerald
Coordinator
Lincoln Public Schools
2320 North 57th, Suite 1
Lincoln, Nebraska 68507
Phone: (402) 436-1924
Fax: (402) 436-1930

Danette Fitzgerald
Coordinator
Student Services
The School District of Palm
Beach County
3346 Forest Hill Boulevard, B-102
West Palm Beach, Florida 33406-5869
Phone: (561) 434-8817
Fax: (561) 434-8106

Thomas M. Fleming, PhD
Director
Health and Physical Education
Texas Education Agency
1701 North Congress Avenue
Room 3-121
Austin, Texas 78701-1494
Phone: (512) 463-7649
Fax: (512) 463-8057
E-Mail: tfleming@tmail.tea.state.tx.us

Katherine H. Flint, MA
Project Director
MACRO International, Inc.
11785 Belisville Drive, Suite 300
Calverton, Maryland 20705
Phone: (301) 572-0333
Fax: (301) 572-0986
E-Mail: flint@macroint.com

Hazel Flowers, PhD
Senior Administrator
Ohio Department of Education
106 North High Street, 2nd Floor
Columbus, Ohio 43215-3009
Phone: (614) 466-3318
Fax: (614) 466-1789
E-Mail: sd_flowers@ode.ohio.gov

Tracy A. Flynn, MEd
Health Education Specialist
Seattle Public Schools
1330 North 90th Street, #107
Seattle, Washington 98103
Phone: (206) 298-7982
Fax: (206) 298-7856
E-Mail: trflynn@cks.ssd.k12.wa.us

Kieran Fogarty, PhD
Epidemiologist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3061
Fax: (770) 488-3112
E-Mail: klf8@cdc.gov

Sue Forster-Cox, PhD
Program Manager
Center for Health Promotion
and Disease Prevention
University of New Mexico
2701 Frontier, NE, #251
Albuquerque, New Mexico 87131-5311
Phone: (505) 272-4462
Fax: (505) 272-4857
E-Mail: sfcox@unm.edu

Deborah A. Fortune, PhD, CHES
HIV/AIDS Project Director
American Association for Health Education
1900 Association Drive
Reston, Virginia 20191
Phone: (703) 476-3439
Fax: (703) 476-6638
E-Mail: dfortune@aahperd.org

DeNena Foster
Youth Risk Advisor
Urban League of Greater Cincinnati
3458 Reading Road
Cincinnati, Ohio 45224
Phone: (513) 281-9955
Fax: (513) 281-0455

Joni Foster
HIV Education Coordinator
Maine Department of Education
State House Station #23
Augusta, Maine 04333-0023
Phone: (207) 287-5930
Fax: (207) 287-5927
E-Mail: joni.foster@state.me.us

Susan Francis, BA
Program Coordinator
Comprehensive School Health/HIV
The National PTA
330 North Wabash Avenue, Suite 2100
Chicago, Illinois 60611-3690
Phone: (312) 670-6782
Fax: (312) 670-6783
E-Mail: s_franis@pta.org

Nancy Frank
Research Scientist
Research Triangle Institute
P.O. Box 12194
RTP, North Carolina 27709
Phone: (919) 541-7307
Fax: (919) 541-6854
E-Mail: nlf@rti.org

Joanne G. Fraser, EdD
Health Education Consultant
South Carolina Department of Education
1429 Senate Street, Room 801-I
Columbia, South Carolina 29201
Phone: (803) 734-8380
Fax: (803) 734-6142
E-Mail: jfraser@sde.state.sc.us

Aileen Frazee, MEd
HIV Project Coordinator
American Association for Health Education
1900 Association Drive
Reston, Virginia 20191
Phone: (703) 476-3420
Fax: (703) 476-6638
E-Mail: afrazee@aahperd.org

Mildred L. Freeman, BS
Director
Health Education Division
National Association for Equal Opportunity
in Higher Education
8701 Georgia Avenue, Suite 200
Silver Spring, Maryland 20910
Phone: (301) 650-2440
Fax: (301) 650-2450
E-Mail: nafeco@aol.com

Margo Friend, MDIV
Educator
AIDS Program
West Virginia Bureau for Public Health
1422 Washington Street, East
Charleston, West Virginia 25301-1978
Phone: (304) 558-2195
Fax: (304) 558-6335
E-Mail: margo@wvdhhr.org

Jennifer Galbraith, MA
ETR Associates
P.O. Box 1830
Santa Cruz, California 95061-1830
Phone: (408) 488-4066
Fax: (408) 488-3618

James Garbarino, PhD
Director
Family Life Development Center
N-213-MVR Cornell University
Ithaca, New York 14853-4401
Phone: (607) 255-7794
Fax: (607) 255-8562

Rebecca Gardner, MS
Team Leader
Comprehensive Health and
Pupil Services
New York State Department
of Education
Education Building
318 Mezzanine
Albany, New York 12234
Phone: (518) 486-6090
Fax: (518) 474-8299
E-Mail: rgardner@mail.nysed.gov

Dale S. Garee, BA
Program Manager
Virgin Islands Department of Education
44-46 Kongens Gade
St. Thomas, Virgin Islands 00802
Phone: (809) 774-0100
Fax: (809) 774-8168

Jan L. Gascoigne, PhD, CHES
Director
Health Promotions
The BACCHUS and GAMMA
Peer Education Network
P.O. Box 100430
Denver, Colorado 80250-0430
Phone: (303) 871-0901
Fax: (303) 871-0907
E-Mail: jgascoig@du.edu

Suzi Gates, MPH
Health Communication Analyst
Office of Health Communications
National Center for Injury
Prevention and Control
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS D-42
Atlanta, Georgia 30333
Phone: (404) 639-7296
Fax: (404) 639-7391
E-Mail: sag6@cdc.gov

Helene D. Gayle
Office of the Director
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-07
Atlanta, Georgia 30333
Phone: (404) 639-8000
Fax: (404) 639-8600
E-Mail: hdg1@cdc.gov

Charles G. Geboe, BS, MEd
Branch Chief
Bureau of Indian Affairs
U.S. Department of Interior
1849 C Street, NW
Washington, DC 20240
Phone: (202) 208-4040
Fax: (202) 208-3200
E-Mail: charles_geboe@ios.dio.gov

Nancy Gelbard, MS, RD
Chief
Comprehensive School Health Program
California Department of Health Services
601 North 7th Street, MS-504
P.O. Box 942732
Sacramento, California 94234-7320
Phone: (916) 324-7113
Fax: (916) 445-0238
E-Mail: ngelbard@hwl.cahwnet.gov

Don Giancola, BS
Associate Director
Health Promotions
The BACCHUS and GAMMA
Peer Education Network
P.O. Box 100430
Denver, Colorado 80250-0430
Phone: (303) 871-0901
Fax: (303) 871-0907
E-Mail: dgiancol@du.edu

Susan Giarratano-Russell, MSPH, EdD
Consultant
National Center for Health Education
1641 Santa Rosa Avenue
Glendale, California 91208-2024
Phone: (818) 549-9832
Fax: (818) 243-7054

Aisha Gilliam
Behavioral Scientist
Division of HIV/AIDS Prevention
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-35
Atlanta, Georgia 30333
Phone: (404) 639-0652
Fax: (404) 639-0929
E-Mail: agg0@cdc.gov

L. Michael Gipson, BA
Program Associate
Targeted Interventions and
General HIV Education
Advocates for Youth
1025 Vermont Avenue, NW, Suite 200
Washington, DC 20005
Phone: (202) 347-5700
Fax: (202) 347-2263
E-Mail: michael@advocatesforyouth.org

Barbara Glaser, BA, MSS
Manager
HIV/AIDS Prevention Project
American Public Welfare Association
810 First Street, NE, Suite 500
Washington, DC 20002-4267
Phone: (202) 682-0100
Fax: (202) 289-6555
E-Mail: bglaser@apwa.com

Denice Glover, MSW
Program Consultant
Teen Pregnancy Prevention
Division of Reproductive Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-22
Atlanta, Georgia 30341-3724
Phone: (770) 488-5320
Fax: (770) 488-5628

Annie Golden
Research Assistant
WESTAT, Inc.
1650 Research Boulevard
TA 2063
Rockville, Maryland 20850
Phone: (800) 937-8287
Fax: (301) 294-3992
E-Mail: goldena1@westat.com

Leslie Goldman, MA
Director
School Health Programs
New York Academy of Medicine
1216 Fifth Avenue
New York, New York 10029
Phone: (212) 822-7265
Fax: (212) 348-2238
E-Mail: lgoldman@nyam.org

Martin Gordon
Director of Training
Los Angeles Free Clinic
c/o Don Carlos Bland, Models that Work
8180 Greensboro Drive, Suite 1050
McLean, Virginia 22102
Phone: (703) 442-9824
Fax: (703) 442-9826
E-Mail: d_bland@pasava.com

Sally J. Goss, MS, CHES
Adolescent Health Coordinator
Maternal and Child Health Services
Indiana State Department of Health
2 North Meridian, Section 7C
Indianapolis, Indiana 46204
Phone: (317) 233-1374
Fax: (317) 233-1299
E-Mail: sgoss@isdh.state.in.us

Clint Gould, MEd, MS, PhD
Associate Professor of Humanities
American Association of
Community Colleges
Community College of Philadelphia
1700 Spring Garden Street
Philadelphia, Pennsylvania 19130
Phone: (215) 751-8349
Fax: (215) 755-9281
E-Mail: caucus@voicenet.com

Geri Graham
Education Specialist
Coordinated School Health
Minnesota Department of Children,
Families and Learning
979 Capitol Square Building
550 Cedar Street
St. Paul, Minnesota 55101-2273
Phone: (612) 296-5833
Fax: (612) 296-5224
E-Mail: geri.graham@state.mn.us

Pamela Grebow, BA
Research Coordinator
HIV/AIDS Education and School
Health Programs
National School Boards Association
1680 Duke Street
Alexandria, Virginia 22314
Phone: (703) 838-6754
Fax: (703) 548-5516

Brenda Z. Greene, BA, MFA
Project Manager
HIV/AIDS Education and School
Health Programs
National School Boards Association
1680 Duke Street
Alexandria, Virginia 22314
Phone: (703) 838-6756
Fax: (703) 548-5516
E-Mail: bgreene@nsba.org

Linda Nightingale Greenwood, MA
Manager
Comprehensive School Health Programs
Rhode Island Department of Education
255 Westminster Street, Room 600
Providence, Rhode Island 02903
Phone: (401) 222-4600 ext. 2364
Fax: (401) 222-4979
E-Mail: ride0062@ride.ri.net

Julie Gries, MS
HIV/AIDS Consultant
Student Services
Indiana Department of Education
State House, Room 229
Indianapolis, Indiana 46204
Phone: (317) 232-9137
Fax: (317) 232-9140
E-Mail: jgries@doe.state.in.us

Jo Anne Grunbaum, EdD
Health Scientist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3203
Fax: (770) 488-3112
E-Mail: jpg9@cdc.gov

David Gundersen, MPH
Director
Comprehensive School Health Programs
Bureau of Public Health
Wisconsin Department of Health
and Family Services
1414 East Washington Avenue, Room 233
Madison, Wisconsin 53703-3043
Phone: (608) 267-0944
Fax: (608) 264-6078
E-Mail: gundedf@dhfs.state.wi.us

Deborah Haber, MEd
Project Director
National Training Partnership
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02158
Phone: (617) 969-7100 ext. 2226
Fax: (617) 244-3436
E-Mail: dhaber@edc.org

Tim Hack, MA
Program Supervisor
Massachusetts Department of Education
350 Main Street, 4th Floor
Malden, Massachusetts 02148
Phone: (781) 388-3300 ext. 474
Fax: (781) 388-3394
E-Mail: thack@doe.mass.edu

Rose Haggerty
Physical Education Specialist
Health and Physical Education
Houston Independent School District
3830 Richmond Avenue
Level 3 South
Houston, Texas 77027
Phone: (713) 892-6165
Fax: (713) 892-6188
E-Mail: rhaggerty@houston.isd.tenet.edu

Clara S. Haignere, PhD, MPH
Assistant Professor
Department of Health Studies
Temple University
Vivacqua Hall, 301E
Philadelphia, Pennsylvania 19122
Phone: (215) 204-5109
Fax: (215) 204-1455
E-Mail: chaigner@nimbus.temple.edu

Ellen M. Hajek, BS, MA
School Curriculum Product Manager
American Red Cross
1955 Monroe Drive, NE
Atlanta, Georgia 30324
Phone: (404) 575-3096
Fax: (404) 575-3081
E-Mail: ehajek@areatl.org

Jane Hakala
Health Education Specialist
Health and Physical Education
Houston Independent School District
3830 Richmond Avenue
Level 3 South
Houston, Texas 77027
Phone: (713) 892-6165
Fax: (713) 892-6188
E-Mail: jhakala@houston.isd.tenet.edu

DeEtte Hall, RN, MN, PNP
Director
Teen and Young Adult Health Program
Division of Community and Family Health
Maine Department of Human Services
11 State House Station
Augusta, Maine 04333-0011
Phone: (207) 287-5361
Fax: (207) 287-5355
E-Mail: deette.t.hall@state.me.us

Melody J. Hamilton, BS, MEd, CHES
AIDS Prevention Education Consultant
Kentucky Department of Education
Capital Plaza Tower
500 Mero Street
Frankfort, Kentucky 40601
Phone: (502) 564-3791
Fax: (502) 564-8149
E-Mail: mhamilto@kde.st.ky.us

Casey Hannan, MPH
Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3190
Fax: (770) 488-3111
E-Mail: clh8@cdc.gov

Jacqueline Harrington
Specialist
Sex and Family Life Education
Rhode Island Department of Education
255 Westminster Street
Providence, Rhode Island 02903
Phone: (401) 222-4600 ext. 2369
Fax: (401) 222-3080
E-Mail: ride0037@ride.ri.net

Bobbie Harris
Project Director
Physical Dimensions
Whichita State University
1845 Fairmount
Wichita, Kansas 67260-0016
Phone: (316) 978-5957
Fax: (316) 978-5451
E-Mail: pebobbie@aol.com

William A. Harris
Contractor
TRW
158 Fifth Street, NE
Atlanta, Georgia 30308
Phone: (770) 488-3217
E-Mail: wah3@cdc.gov

Vicki Harrison
Project Associate
National Education Association
Health Information Network
1201 6th Street, NW, Suite 521
Washington, DC 20036
Phone: (202) 822-7783
Fax: (202) 822-7775
E-Mail: vharrison@nea.org

Stephen Hart, MS
Educational Specialist
HIV/AIDS Education Program
Dade County Public Schools
1500 Biscayne Boulevard, Suite 216
Miami, Florida 33132
Phone: (305) 995-7118
Fax: (305) 995-7122
E-Mail: stosh@icanect.net

Jennifer Harvey, MPH
Know Your Body Program Coordinator
American Health Foundation
675 Third Avenue, 11th Floor
New York, New York 10017
Phone: (212) 551-2509
Fax: (212) 697-4374
E-Mail: jharve@sprintmail.com

Glenna M. Hazeltine
Assistant General Counsel
Office of General Counsel
School District of Philadelphia
2130 Arch Street, 5th Floor
Philadelphia, Pennsylvania 19103
Phone: (215) 299-7676
Fax: (215) 299-4678

Rhonda L. Head
Office Automation Clerk
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3251
Fax: (770) 488-3110
E-Mail: rth3@cdc.gov

Russell Henke, BA, MEd
Coordinator
Health Education
Montgomery County Public Schools
850 Hungerford Drive, Room 253
Rockville, Maryland 20850
Phone: (301) 279-3059
Fax: (301) 279-3147
E-Mail: russell_henke@fc.mcps.k12.md.us

Dave Henry
Director
Georgia Department of Education
1852 Twin Towers East
Atlanta, Georgia 30334
Phone: (404) 651-7179
Fax: (404) 651-9416
E-Mail: dhenry@doe.k12.ga.us

Mario Hernandez
Deputy Project Director
National Coalition of Hispanic Health and
Human Services Organizations
1501 16th Street, NW
Washington, DC 20036
Phone: (202) 797-4357
Fax: (202) 797-4353
E-Mail: mhernandez@cossmho.org

Curt Hicks
Lead Agency Coordinator
Health Education
Cook County Department of
Public Health
1010 Lake Street, Suite 300
Oak Park, Illinois 60301
Phone: (708) 445-2520
Fax: (708) 445-2336
E-Mail: ccdphealth@aol.com

Sue Higgins, BS
Senior Human Services Program Specialist
Bureau of HIV/AIDS
Florida Department of Health
2020 Capital Circle, SE, BIN #A09
Tallahassee, Florida 32399-1715
Phone: (850) 922-6675
Fax: (850) 487-1521
E-Mail: sue_higgins@doh.state.fl.us

Julane Hill, BA
HIV/AIDS Consultant
Nebraska State Department of Education
301 Centennial Mall South
Lincoln, Nebraska 68509-4987
Phone: (402) 471-4359
Fax: (402) 471-4333
E-Mail: julane_h@nde4.nde.state.ne.us

Carol S. Hinton, RN, MS, ARNP
Adolescent and School Health Coordinator
Family Services Bureau
Iowa Department of Public Health
321 East 12th Street
Lucas Building, 3rd Floor
Des Moines, Iowa 50319-0075
Phone: (515) 281-6924
Fax: (515) 242-6384
E-Mail: chinton@idph.state.ia.us

Mary Theresa Hoban, MA, CHES
Project Director
American College Health Association
P.O. Box 28937
Baltimore, Maryland 21240-8937
Phone: (410) 859-1500 ext. 216
Fax: (410) 859-1510
E-Mail: achamh@erols.com

Ellen Hohenstein, MA
HIV Prevention Education
Resource Teacher
San Diego City Schools
4100 Normal Street, Room 2036
San Diego, California 92103
Phone: (619) 293-8106
Fax: (619) 294-2146
E-Mail: ehohenst@mail.sandi.net

Gambrill H. Hollister, MPH
Budget Analyst
Financial Management Office
Office of the Director
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS D-07
Atlanta, Georgia 30305
Phone: (404) 639-7410
Fax: (404) 639-7579
E-Mail: geh8@cdc.gov

Nora L. Howley, MA, CHES
Senior Project Associate
Teen Pregnancy Prevention
Council of Chief State School Officers
One Massachusetts Avenue, NW
Suite 700
Washington, DC 20001-1431
Phone: (202) 336-7033
Fax: (202) 408-8072
E-Mail: norah@ccsso.org

Tena B. Hoyle, MA
Training Coordinator
South Carolina Healthy Schools
Regional Partnerships
115 Trestlewood Drive
Summerville, South Carolina 29483-1860
Phone: (843) 875-6177
Fax: (843) 875-6177
E-Mail: actohoyle@aol.com

Nancy A. Hudson, RN, MS
Health Education Consultant
4585 Kingscup Court
Ellicott City, Maryland 21042
Phone: (410) 884-0055
Fax: (410) 884-0918
E-Mail: nanhud@aol.com

Marlisa K. Hughes, MPA
Program Analyst
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-32
Atlanta, Georgia 30341-3724
Phone: (770) 488-3029
Fax: (770) 488-3111
E-Mail: mph4@cdc.gov

Bernice Humphrey, MHSA
Director
Healthy Girls Initiative
Girls Incorporated
441 West Michigan Street
Indianapolis, Indiana 46202
Phone: (317) 634-7546 ext.24
Fax: (317) 634-3024
E-Mail: bhumphrey@girls_inc.org

Pete Hunt, MPH, MED
Health Education Specialist
School Health Program Section
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3192
Fax: (770) 488-3111
E-Mail: pch0@cdc.gov

Drew Hunter, MPA
Executive Director
The BACCHUS and GAMMA
Peer Education Network
P.O. Box 100430
Denver, Colorado 80250-0430
Phone: (303) 871-0901
Fax: (303) 871-0907
E-Mail: dhunter@du.edu

Ami Israel, MPH
Director
CDC National AIDS Hotline
American Social Health Association
P.O. Box 13827
RTP, North Carolina 27707
Phone: (919) 361-8439
Fax: (919) 361-4855
E-Mail: amiisr@ashastd.org

Tammie Jackson, BBA
Staff Assistant
American Cancer Society
1599 Clifton Road, NE
Atlanta, Georgia 30329-4251
Phone: (404) 329-5704
Fax: (404) 325-2548
E-Mail: tjackson@cancer.org

Tawanna Jackson, MA
Coordinator
Special Programs
AIDS Administration
Maryland Department of Health
and Mental Hygiene
500 North Calvert Street, 5th Floor
Baltimore, Maryland 21202
Phone: (410) 767-5327
Fax: (410) 333-6333

Mary Grenz Jalloh, MS, MPH
Director
Regional Health and School
Safety Programs
Hudson Valley Center for
Comprehensive School Health
Society for Public Health Education
175 Route 32 North
New Paltz, New York 12561
Phone: (914) 255-8989
Fax: (914) 255-3836
E-Mail: mjalloh@intl.mhrcc.org

Bonnie L. Jameson
Director
Coordinated School Health Programs
South Dakota Department of Health
615 East 4th Street
c/o 445 East Capital Avenue
Pierre, South Dakota 57501
Phone: (605) 773-5952
Fax: (605) 773-5509
E-Mail: bonniej@doh.state.sd.us

Heather Jamison
Sales Consultant
AGC Educational Media
1560 Sherman Avenue, Suite 100
Evanston, Illinois 60201
Phone: (800) 323-9084
Fax: (847) 328-6706

Laurie Jensen-Wunder, BS, RN
Director
HIV/AIDS Prevention Education
South Dakota Department of Education
700 Governors Drive
Pierre, South Dakota 57501-2291
Phone: (605) 773-3261
Fax: (605) 773-6846
E-Mail: laurie@deca.state.sd.us

Charles E. Johnson
Education Line Officer
Office of Indian Education Programs
Bureau of Indian Affairs
Fort Defiance Agency
P.O. Box 110
Fort Defiance, Arizona 86504-0110
Phone: (520) 729-7255
Fax: (520) 729-7286
E-Mail: charles_johnson@mail.doi.gov

Cynthia Johnson
Technical Information Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-32
Atlanta, Georgia 30341-3724
Phone: (770) 488-3168
Fax: (770) 488-3110
E-Mail: cnj1@cdc.gov

Joyce P. Johnson
Education Consultant
HIV/AIDS Health Program
New Hampshire State Department
of Education
101 Pleasant Street
Concord, New Hampshire 03301-3860
Phone: (603) 271-3889
Fax: (603) 271-1953
E-Mail: jjohnson@ed.state.nh.us

Karen M. Johnson
HIV Prevention Consultant
AIDS/HIV Program
Bureau of Public Health
Wisconsin Department of Health
and Family Services
1414 East Washington Avenue
Room 241
Madison, Wisconsin 53703
Phone: (608) 266-1808
Fax: (608) 266-2906
E-Mail: johnskm@dhfs.state.wi.us

Linda L. Johnson, BS, MBA
Director
School Health Programs
North Dakota Department of
Public Instruction
600 East Boulevard Avenue
Bismarck, North Dakota 58505-0440
Phone: (701) 328-2753
Fax: (701) 328-4770
E-Mail: ljohnson@mail.dpi.state.nd.us

Judy R. Jonas, MEd, RD, PhD
Project Assistant
School of Public Health
University of Texas at Austin
c/o 1710 Buffalo Gap Road
Austin, Texas 78734
Phone: (512) 266-9281
Fax: (512) 266-9280
E-Mail: jjonas@aol.com

Darby Jones, MSLS, BSN
Information Specialists/Grants
American Nurses Association
600 Maryland Avenue, SW
Suite 100 West
Washington, DC 20024
Phone: (202) 651-7293
Fax: (202) 488-8461
E-Mail: djones@ana.org

Malaika Jones
Intern
Planning and Evaluation
Office of the Director
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS-K40
Atlanta, Georgia 30341-3724
Phone: (770) 488-5706
Fax: (770) 488-5962
E-Mail: mhj9@cdc.gov

Sandra Jones, PhD
Health Scientist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3209
Fax: (770) 488-3111
E-Mail: sbjo@cdc.gov

Shelia Jones
Administrative Officer
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-32
Atlanta, Georgia 30341-3724
Phone: (770) 488-3169
Fax: (770) 488-3112
E-Mail: slj1@cdc.gov

Randy Kamphaus, PhD
Professor, Faculty Administrator
Research at University of Georgia
American Psychological Association
c/o Department of Educational Psychology
University of Georgia
325 Aderhold Hall
Athens, Georgia 30602
Phone: (706) 542-4253
Fax: (706) 542-4240
E-Mail: rkamp@arches.uga.edu

Laura Kann, PhD
Chief
Surveillance Research Section
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3202
Fax: (770) 488-3112
E-Mail: lkkl@cdc.gov

Michael J. Kaplan, MA
Price Fellow
National Youth Advocacy Coalition
Centers for Disease Control and Prevention
1711 Connecticut Avenue, NW, # 206
Washington, DC 20009
Phone: (202) 319-7596 ext. 16
E-Mail: mkaplan@nyacyouth.org

Miles Kawatachi, MA
Project Consultant
Ministry of Education
Marshall Islands / Palau
P.O. Box 3
Majuro, Marshall Islands 96860
Phone: (692) 625-5262
Fax: (692) 625-3861
E-Mail: mskawa@hgea.org

Frances Kearse, RN, MS
Teacher/Nursing Assistant Instructor
Dade County Public Schools
1500 Biscayne Boulevard, Suite 216
Miami, Florida 33132
Phone: (305) 995-7118
Fax: (305) 995-7122

Laurie Kelly, BA
Health Enhancement Educator
Roundup Public Schools
725 Second Street West
Roundup, Montana 59072
Phone: (406) 323-3072

Patti Kelly, MSW, MPH
Program Consultant
Michigan Department of
Community Health
1200 Sixth Street, Suite 318
Detroit, Michigan 48226
Phone: (313) 256-2757
Fax: (313) 256-2759
E-Mail: kellyp1@state.mi.us

Nicole Kendell, BA
Research Analyst
National Conference of State Legislatures
1560 Broadway, Suite 700
Denver, Colorado 80202-5140
Phone: (303) 839-0286
Fax: (303) 863-8003
E-Mail: nicole.kendell@ncsl.org

Brian Kim
Behavioral Intervention Research Fellow
Division of HIV/AIDS Prevention
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-35
Atlanta, Georgia 30333
Phone: (404) 639-3639
Fax: (404) 639-0897
E-Mail: bdk9@cdc.gov

Lynda Kinard, BS
Program Director
Comprehensive School Health
Division of Public Schools
Florida Department of Education
325 West Gaines Street, Suite 344
Tallahassee, Florida 32399-0400
Phone: (850) 488-7835
Fax: (850) 488-9840
E-Mail: kinardl@mail.doe.state.fl.us

Steven A. Kinchen, BS, ICS
Health Scientist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3205
Fax: (770) 488-3112
E-Mail: sak1@cdc.gov

Don Klein
Meeks Heit Publishing Company
P.O. Box 121
Columbus, Ohio 43004
Phone: (614) 759-7780
Fax: (614) 759-6166

Mark Klein
Meeks Heit Publishing Company
P.O. Box 121
Columbus, Ohio 43004
Phone: (614) 759-7780
Fax: (614) 759-6166

Sarah Kleinman, MPH
Coordinator
HIV Prevention and Comprehensive
Health Education
New Jersey Department of Education
P.O. Box 500
Trenton, New Jersey 08625-0500
Phone: (609) 292-9615
Fax: (609) 633-9655
E-Mail: sarah.kleinman@doe.state.nj.us

Kent Klindera, MPH
Director
HIV/STD Targeted Interventions
Advocates For Youth
1025 Vermont Avenue, NW, Suite 200
Washington, DC 20005
Phone: (202) 347-5700
Fax: (202) 347-2263
E-Mail: kent@advocatesforyouth.org

Diane Knich
Program Associate
Program for Health and Higher Education
Association of American Colleges
and Universities
1818 R Street, NW
Washington, DC 20009
Phone: (202) 884-7433
Fax: (202) 265-9532
E-Mail: knich@aacu.nw.dc.us

Greg Knight, BS
Regional Healthy Schools Coordinator
West Virginia Regional Education Service
Agency VII
1000 Virginia Avenue
Fairmont, West Virginia 26554-3690
Phone: (304) 367-1431
Fax: (304) 366-4897
E-Mail: runningreg@hotmail.com

Michelle Knight
Associate Director
Programs
American Diabetes Association
RR2 Box 915
New Bloomfield, Pennsylvania 17068
Phone: (717) 582-3802
Fax: (717) 582-3402
E-Mail: mknight@diabetes.org

Lloyd J. Kolbe, PhD
Director
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3254
Fax: (770) 488-3110
E-Mail: ljk3@cdc.gov

Rachel Krause, MEd
Fellow
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3226
Fax: (770) 488-3111
E-Mail: rgk1@cdc.gov

Ursula P. Krieger, BA
Research Assistant
American Public Human
Services Association
810 First Street, NE, Suite 500
Washington, DC 20002-4267
Phone: (202) 682-0100
Fax: (202) 289-6555
E-Mail: ursula_k@aphsa.org

Surabhi Kukke
Education Associate
Sexuality Information and Education
Council of the U.S.
130 West 42nd Street, Suite 350
New York, New York 10036
Phone: (212) 819-9770 ext. 328
Fax: (212) 819-9776
E-Mail: skukke@siecus.com

Stacia R. Kulinski, MEd
Health Educator
Missouri Department of Health
101 Park DeVillie Drive, Suite A
Columbia, Missouri 65203
Phone: (573) 876-3250
Fax: (573) 446-8777
E-Mail: kulins@mail.health.state.mo.us

Sallie La Sane
Coordinator of Health Services
Student Services
San Bernadino Unified City
School District
777 North F Street
San Bernadino, California 92410-3090
Phone: (909) 880-6839
Fax: (909) 880-6846

Melanie C. Lagarde, BSN, MPH
Health Science Analyst
American Public Health Association
1015 15th Street, NW, Suite 300
Washington, DC 20005
Phone: (202) 789-5689
Fax: (202) 789-5661
E-Mail: melanie.lagarde@apha.org

Kate L. Lampel, MSEd
Director
Training Center
Vermont Department of Education
P.O. Box 1609
Brattleboro, Vermont 05302
Phone: (802) 254-4511
Fax: (802) 258-2841
E-Mail: klampel@doe.state.vt.us

Mary Sue Lancaster, RN, MA, CHES
Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3186
Fax: (770) 488-3111
E-Mail: msl0@cdc.gov

Darrel Lang, EdD
Health and Physical Education Consultant
Kansas Department of Education
120 SE 10th Avenue
Topeka, Kansas 66612-1182
Phone: (785) 296-6716
Fax: (785) 296-5867
E-Mail: dlang@ksbe.state.ks.us

Linda Lazier, PhD
Director
Meeting the Challenge
Reaching More Girls
National Resource Center
Girls Incorporated
441 West Michigan Street
Indianapolis, Indiana 46202-7546
Phone: (317) 634-7546 ext. 34
Fax: (317) 634-3024
E-Mail: llazier@girls_inc.org

Richard Max Learner, PhD
Policy Advisor
State and National Initiatives
South Carolina Department of Health
and Environmental Control
101106 Mills-Jarrett Building
Columbia, South Carolina 29211
Phone: (803) 737-3901
Fax: (803) 253-4001
E-Mail: learnerm@columb61.dhec.state.sc

Dean Lee, MA
Coordinator
Office of Health Schools
West Virginia Department of Education
1900 Kanawha Boulevard, East
Building 6, Room 309
Charleston, West Virginia 25305
Phone: (304) 558-8830
Fax: (304) 558-3787
E-Mail: jdlee@access.k12.wv.us

Harvey Lee, MS
Educational Specialist
Pacific Resources for Education
and Learning
Ali'i Place, 25th Floor
1099 Alakea Street
Honolulu, Hawaii 96813
Phone: (808) 533-6000
Fax: (808) 533-1998
E-Mail: leeh@prel.hawaii.edu

Patricia M. Legos, EdD, CHES
Professor, Department Chairperson
Department of Health Studies
Temple University
304B Vivacqua Hall
P.O. Box 2843
Philadelphia, Pennsylvania 19122
Phone: (215) 204-5105
Fax: (215) 204-1455
E-Mail: rose@astro.temple.edu

Wilhelmina A. Leigh, PhD
Senior Research Associate
Joint Center for Political
and Economic Studies
1090 Vermont Avenue, NW
Suite 1100
Washington, DC 20005-4961
Phone: (202) 789-3529
Fax: (202) 789-6390

Gloria D. Lewis
Secretary
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3218
Fax: (770) 488-3110
E-Mail: gcl7@cdc.gov

Phyllis Lewis, RN, MSN, FN
Coordinator
Health Programs
Student Services
Indiana Department of Education
State House, Room 229
Indianapolis, Indiana 46204
Phone: (317) 232-9142
Fax: (317) 232-9410
E-Mail: plewis@doe.state.in.us

Lynn Linde, EdD
Branch Chief
Pupil Services Branch
Maryland State Department of Education
200 West Baltimore Street
Baltimore, Maryland 21201
Phone: (410) 767-0311
Fax: (410) 333-8148
E-Mail: llinde@msde.state.md.us

David Lohrmann, PhD, CHES
Director
Evaluation Consultation Center
Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037
Phone: (202) 884-8939
Fax: (202) 884-8879
E-Mail: dlohrman@aed.org

Richard Lowry, MD, MS
Medical Officer
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3717
Phone: (770) 488-3204
Fax: (770) 488-3112
E-Mail: rxll@cdc.gov

Ric Loya
Teacher Adviser
Los Angeles Unified School District
Los Angeles, California
Phone: (213) 625-6429
E-Mail: casheric@aol.com

Sonya Lucas-Roberts, JD
Parent/Community Program Coordinator
Health Education Department
Houston Independent School District
3830 Richmond
Houston, Texas 77027
Phone: (713) 349-7423
Fax: (713) 349-7439
E-Mail: gmoore@houston.isd.tenet.edu

Kandi Luensmann
Sales Manager
HEALTH EDCO
P.O. Box 21207
Waco, Texas 76702
Phone: (817) 776-6461
Fax: (817) 751-0221

Beverly June Lum, MEd
Curriculum Developer
Teacher/Consultant/Producer
Turner Learning
Hawaii Department of Education
2561 Manoa Road
Honolulu, Hawaii 96822
Phone: (770) 985-2311
Fax: (404) 639-5257
E-Mail: manoamist@aol.com

Kimbirly A. Mack, MSW
Project Manager
Horizons Peer Education HIV
Prevention Project
Adolescent Medicine Division
Children's Hospital of Michigan
3901 Beaubien Boulevard
Detroit, Michigan 48201-2196
Phone: (313) 966-0622
Fax: (313) 745-4004
E-Mail: kmack@med.wayne.edu

Arnulfo Manangan, MPH
Training Coordinator
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3171
Fax: (770) 488-3111
E-Mail: axm2@cdc.gov

Marilyn Marcontel, MS
Director
Nursing and P.E.P. Program
School Health Services
Dallas Independent School District
3700 Ross Avenue
Dallas, Texas 75204
Phone: (214) 989-8199
Fax: (214) 989-8197

Jennifer Marin, MSW, MPH
Research Analyst
National Alliance of State and Territorial
AIDS Directors
444 North Capitol Street, NW, Suite 339
Washington, DC 20001
Phone: (202) 434-8090
Fax: (202) 434-8092
E-Mail: jenmarin@aol.com

James S. Marks, MD, MPH
Director
Office of the Director
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-40
Atlanta, Georgia 30341-3724
Phone: (404) 488-5401
Fax: (404) 488-5971
E-Mail: jsml1@cdc.gov

Naomi R. Marsh, BA, BSN, MEd
HIV Program Specialist
New York State Department
of Education
Education Building
318 Mezzanine
Albany, New York 12234
Phone: (518) 486-6090
Fax: (518) 474-8299
E-Mail: mars105w@cdc.gov

Chad Martin
Special Assistant to the Director for
Youth and Partnerships
Division of HIV/AIDS Prevention
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-35
Atlanta, Georgia 30333
Phone: (404) 639-5200
Fax: (404) 639-0897
E-Mail: cgm8@cdc.gov

Jim Martindale, MSW
Project Officer
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3188
Fax: (770) 488-3111
E-Mail: jpm3@cdc.gov

Ledia I. Martinez, MD, MPH
Program Coordinator
Hispanic HIV/AIDS
American Red Cross
8111 Gatehouse Road, 6th Floor
Falls Church, Virginia 22042
Phone: (703) 206-7408
Fax: (703) 206-7754
E-Mail: martinezle@usa.redcross.org

Eva Marx, MHS
Associate Director
School Health Programs
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02158-1060
Phone: (617) 969-7100 ext. 2322
Fax: (617) 244-3436
E-Mail: evam@edc.org

Cheryl Mayo
Health Education Specialist
Division of HIV/AIDS Prevention
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-40
Atlanta, Georgia 30333
Phone: (404) 639-0918
Fax: (404) 639-0944
E-Mail: cdm3@cdc.gov

Sandy Mazzocco, RN, MEd
Health and Physical Education Consultant
Missouri Department of Elementary
and Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102-0480
Phone: (573) 751-0448
Fax: (573) 526-7861
E-Mail: snichols@mail.dese.state.mo.us

Lyn McCall, MA
Executive Vice President
World Institute of Leadership
and Learning
13609 Canal Vista Court
Potomac, Maryland 20854
Phone: (301) 527-8801
Fax: (301) 527-8802

Deborah H. McDonald
Consultant
Kentucky Department of Education
Capitol Plaza Tower, 6th Floor
500 Mero Street
Frankfort, Kentucky 40601
Phone: (502) 564-2116
Fax: (502) 564-8149
E-Mail: dmcdonal@kdc.state.ky.us

Jeff McKenna
Office on Smoking and Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-50
Atlanta, Georgia 30341-3724
Phone: (770) 488-5742
Fax: (770) 488-5939
E-Mail: jwm0@cdc.gov

Elaine McLaughlin, MS, RD
Nutritionist
Nutrition and Technical Services Division
U.S. Department of Agriculture
3101 Park Center Drive, Room 607
Alexandria, Virginia 22302
Phone: (703) 305-2554
Fax: (703) 305-2549

Gail McMahon, BSN
Association of Schools of Public
Health Intern
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3226
Fax: (770) 488-3111
E-Mail: ggm4@cdc.gov

Susan McNeely
9805 Hillridge Drive
Kensington, Maryland 20895
Phone: (301) 949-2226

Michael P. McNeil, MS
Education Coordinator
American College Health Association
P.O. Box 28937
Baltimore, Maryland 21240-8937
Phone: (410) 859-1500 ext. 261
Fax: (410) 859-1510
E-Mail: achamcneil@erols.com

Linda Meeks
CEO
Meeks Heit Publishing Company
P.O. Box 121
Columbus, Ohio 43004
Phone: (614) 759-7780
Fax: (614) 759-6166

Amram Mejbon, BA
Health Education Specialist
Comprehensive School Health
Ministry of Education
P.O. Box 3
Majuro, Marshall Islands 96960
Phone: (692) 625-5262
Fax: (692) 625-3861

Augustine Mesebeluu
Vice Chairman
House Committee on Health
and Education
Palau National Congress
P.O. Box 8
Koror, Palau 96940
Phone: (680) 488-2507
Fax: (680) 488-2787

Regina Mesebeluu
Health Education Specialist
Ministry of Education
P.O. Box 189
Koror, Palau 96940
Phone: (680) 488-1004
Fax: (680) 488-2830
E-Mail: regina@palaunet.com

John Metz
Health Education Consultant
Rocky Mountain Center for Health
Promotion and Education
7525 West 10th Avenue
Lakewood, Colorado 80215
Phone: (303) 239-6494
Fax: (303) 239-8428

Kristine M. Meurer, PhD
Director
School Health Unit
New Mexico State Department
of Education
120 South Federal Place, Room 206
Santa Fe, New Mexico 87501
Phone: (505) 827-1828
Fax: (505) 827-1826
E-Mail: kmeurer@sde.state.nm.us

Frances Anthony Meyer, PhD
Comprehensive School Health Specialist
Virginia Department of Education
P.O. Box 2120
Richmond, Virginia 23218
Phone: (804) 225-4543
Fax: (804) 371-8796
E-Mail: fmeyer@pen.k12.va.us

Jane S. Mezzoff, MPH, DrPH
Health Scientist
Division of Reproductive Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-22
Atlanta, Georgia 30341-3724
Phone: (770) 488-5567
Fax: (770) 488-5240
E-Mail: jsm0@cdc.gov

Mwangaza Michael-Bandele
Research Associate
AACTE
1307 New York Avenue
Washington, DC 20017
Phone: (202) 293-2450
Fax: (202) 457-8095
E-Mail: mmichaelbandele@aacte.org

Kathleen Middleton, MS, CHES
Director and Publisher
ToucanEd
3017 Porter Street
Soquel, California 95073
Phone: (408) 464-0508
Fax: (408) 462-1129
E-Mail: kathleen@toucaned.com

Candace Miller
Project Assistant
National Association of Student Personnel
Administrators (NASPA)
1875 Connecticut Avenue, NW
Suite 418
Washington, DC 20009-5728
Phone: (202) 265-7500
Fax: (202) 797-1157
E-Mail: cmiller@naspa.org

Kevin Miller, MA
Supervisor
HIV/AIDS Prevention Education
Curriculum Services
Missouri Department of Elementary
and Secondary Education
P.O. Box 480
Jefferson City, Missouri 65102
Phone: (573) 751-3805
Fax: (573) 526-7861

Kim S. Miller, PhD
Research Sociologist
Division of HIV/AIDS Prevention
National Center for HIV/AIDS, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-45
Atlanta, Georgia 30333
Phone: (404) 639-6143
Fax: (404) 639-6118
E-Mail: kxm3@cdc.gov

Nancy S. Miller, PhD
Consultant
Educational Programs
American Association of
School Administrators
3 Woodhollow Drive
Easthampton, New York 11937
Phone: (516) 324-4091
Fax: (516) 324-4001
E-Mail: nmiller55@aol.com

Olivette Miller, EdD
Principal Alternative Learning Center
Student Services
San Bernadino City Unified
School District
777 North F Street
San Bernadino, California 92410-3090
Phone: (909) 388-6221
Fax: (909) 388-6223

Robert L. Miller
Health Education Supervisor
Arkansas Department of Health
4815 West Markham, Slot 33
Little Rock, Arkansas 72205
Phone: (501) 661-2488
Fax: (501) 661-2082

Tommy Miller
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS-K32
Atlanta, Georgia 30341-3724
Phone: (770) 488-3172
Fax: (770) 488-3110

Jimmi Mitchell
Coordinator
Drug, Alcohol, Tobacco and
Safety Programs
Student Services
San Bernadino City Unified
School District
777 North F Street
San Bernadino, California 92410-3090
Phone: (909) 381-1172
Fax: (909) 381-4989

Terri Mitchell, MS
Coordinator
North Carolina Comprehensive School
Health Training Center
Reich College of Education
Appalachian State University
108 Duncan Hall
P.O. Box 32047
Boone, North Carolina 28608
Phone: (828) 262-8626
Fax: (828) 262-6683
E-Mail: mitchutd@asu.edu

Daphne B. Moffett, PhD
Research Fellow
Division of Environmental Health
Laboratory Sciences
National Center for Environmental Health
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS F-17
Atlanta, Georgia 30341-3724
Phone: (770) 488-4107
Fax: (770) 488-4546
E-Mail: zzc0@cdc.gov

Juan Diego Montemayor
Special Assistant
Safe Schools Coordinator
School Health Programs Department
San Francisco Unified School District
1512 Golden Gate Avenue
San Francisco, California 94115
Phone: (415) 749-3400 ext. 3210
Fax: (415) 749-3420
E-Mail: jmontem@muse.sfusd.k12.ca.us

John R. Moore, RN, PhD
Assistant to the Director for Planning,
Evaluation and Legislation
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3251
Fax: (770) 488-3110
E-Mail: jrm3@cdc.gov

Jacqueline Morasco-EngTow, MS
HIV/AIDS Education Specialist
Utah State Office of Education
250 East 500 South
Salt Lake City, Utah 84111
Phone: (801) 538-7606
Fax: (801) 538-7769
E-Mail: jmorasco@usoe.k12.ut.us

Barbara Morningstar, MEd
Curriculum Facilitator
School Board of Broward County
600 SE 3rd Avenue, 7th Floor
Ft. Lauderdale, Florida 33301
Phone: (954) 768-8974
Fax: (954) 768-8169

Maria S. Munoz-Berrios, PsyD
Professor
East College University
791 Guatemala Street
Las Americas
Rio Piedras, Puerto Rico
Phone: (787) 257-7373

Rosie Munoz-Lopez, MPH
Director
HIV Projects
National Coalition of Advocates
for Students
100 Boylston Street, Suite 737
Boston, Massachusetts 02116
Phone: (617) 357-8507
Fax: (617) 357-9549
E-Mail: vivrmcas@aol.com

David Murphey, PhD
Senior Policy Analyst
Planning Division
Vermont Agency of Human Services
103 South Main Street
Waterbury, Vermont 05671
Phone: (802) 241-2238
Fax: (802) 241-2979
E-Mail: davidm@wpgate1.ahs.state.vt.us

Michael Murphy
Colorado Department of Public
Health and Environment
4300 Cherry Creek Drive South
Denver, Colorado 80246
Phone: (303) 692-2766
Fax: (303) 782-0904
E-Mail: michael.murphy@state.co.us

Theresa Murphy
Secretary
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-32
Atlanta, Georgia 30341-3724
Phone: (770) 488-3169
Fax: (770) 488-3111
E-Mail: tbm5@cdc.gov

Emily Nahat
Administrator
Comprehensive School Health
Programs Office
California Department of Education
721 Capitol Mall, 3rd Floor
P.O. Box 744272
Sacramento, California 94244-2720
Phone: (916) 657-3450
Fax: (916) 657-5149
E-Mail: enahat@cde.ca.gov

Steven Nakasato
Educational Specialist
Health and Physical Education
Hawaii State Department of Education
189 Lunalilo Home Road, 2nd Floor
Honolulu, Hawaii 96825
Phone: (808) 394-1331
Fax: (808) 394-1304

Millie Naquin, PhD
Assistant Professor
Associate Director of Training
Excellence in Health and Education Project
Southeastern Louisiana University
SLU 845
Hammond, Louisiana 70402
Phone: (504) 549-5251
Fax: (504) 549-5119
E-Mail: fhpe2266@selu.edu

Stacy Nash
American Cancer Society
128 Stonemark Lane
Columbia, South Carolina 29210
Phone: (803) 750-1693
Fax: (803) 750-4000

Theresa Nash, RN
Administrative Supervisor
School Nurses
Medical and Health Services Department
New Orleans Public Schools
820 Girod Street
New Orleans, Louisiana 70113
Phone: (504) 592-8377
Fax: (504) 592-8378

Bruce Nelson
Artistic Director
Los Angeles Free Clinic
6043 Hollywood Boulevard
Los Angeles, California 90028
Phone: (323) 462-8632 ext. 235
Fax: (323) 462-6731

Patricia Nelson, BSN, RN
School Health Director
Office of School Health
New Mexico Department of Health
1190 St. Frances Drive
P.O. Box 26110
Santa Fe, New Mexico 87502-6110
Phone: (505) 827-2504
Fax: (505) 827-0021
E-Mail: patsyn@doh.state.nm.us

Scott Nelson
Peer Educator
AIDGwinnett
725 Scenic Highway
P.O. Box 884
Lawrenceville, Georgia 30046-0884
Phone: (770) 962-8396
Fax: (770) 962-1291

Cheryl D. Nesbitt, BA
Project Director
Division of Adolescent and School Health
National Association for Equal Opportunity
in Higher Education
8701 Georgia Avenue, Suite 200
Silver Spring, Maryland 20910
Phone: (301) 650-2440
Fax: (301) 650-2450
E-Mail: nesbittc@aol.com

Julie Netherland, MSW
Massachusetts Department of Education
350 Main Street, 4th Floor
Malden, Massachusetts 02148
Phone: (781) 388-3300 ext. 577
Fax: (781) 388-3394
E-Mail: jnetherland@doe.mass.edu

Adeline Ngirakesau
Statistics Technician
Ministry of Education
P.O. Box 189
Koror, Palau 96940
Phone: (680) 488-1004
Fax: (680) 488-2830
E-Mail: regina@palaunet.com

Patricia Nichols, MS, CHES
Supervisor
School Health Programs Unit
Michigan Department of Education
600 West Allegan
P.O. Box 30008
Lansing, Michigan 48909
Phone: (517) 373-7247
Fax: (517) 373-1233
E-Mail: nicholp@state.mi.us

Dearell Niemeyer, MPH
Branch Chief
Program Services Branch
Office on Smoking and Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-50
Atlanta, Georgia 30341-3724
Phone: (770) 488-5738
Fax: (770) 488-5844
E-Mail: dan2@cdc.gov

Elissa Nolan, BS
Manager
Health Infrastructure Program
Bureau of Child and Adolescent Health
New York State Department of Health
208 Corning Tower
Albany, New York 12237
Phone: (518) 486-4966
Fax: (518) 474-5445

Gretchen Noll
Director
Safe Choices Project
National Network for Youth
1319 F Street, NW, Suite 401
Washington, DC 20004
Phone: (202) 783-7949 ext. 104
Fax: (202) 783-7955
E-Mail: gnoll@aol.com

Jane Norman
Coordinator
Peer Education
Advocates For Youth
1025 Vermont Avenue, NW, Suite 200
Washington, DC 20005
Phone: (202) 347-5700
Fax: (202) 347-2263
E-Mail: jane@advocatesforyouth.org

William O'Connell, PhD
Director
Health Education and Leadership Program
National Association of Student
Personnel Administrators
1875 Connecticut Avenue, NW, Suite 418
Washington, DC 20009-5728
Phone: (202) 265-7500
Fax: (202) 797-1157
E-Mail: woconnell@naspa.org

Michael J. O'Reilly
Medical/Infectious Disease Officer
Brookline Fire Department
333 Washington Street
Brookline, Massachusetts 02147-0557
Phone: (617) 730-2268
Fax: (617) 264-6491

Perryne O'Reilly
Senior Administrative Assistant
Education Development Center, Inc.
55 Chapel Street
Newton, Massachusetts 02158-1060
Phone: (617) 969-7100
Fax: (617) 244-3436

John Oeltmann
Association of Schools of Public
Health Fellow
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3228
Fax: (770) 488-3112
E-Mail: jeo3@cdc.gov

Heather Lee Oldknow, MPH
Public Awareness Director
AIDGwinnett, Inc.
P.O. Box 884
Lawrenceville, Georgia 30046-0884
Phone: (770) 962-8396
Fax: (770) 962-1291
E-Mail: loldknow@aol.com

Mary Q. Oliver, MA, CHES
Coordinator
HIV/STD Prevention
Georgia Department of Education
1854 Twin Towers East
Atlanta, Georgia 30334
Phone: (404) 656-5748
Fax: (404) 651-9416
E-Mail: mary_oliver@doe.k12.ga.us

Charles R. Orr, Sr., MS
Comprehensive Health Coordinator
Mississippi Department of Education
Central High Building, Room 162
Jackson, Mississippi 39205-0771
Phone: (601) 359-2359
Fax: (601) 359-2587
E-Mail: corr@mde12.state.ms.us

A. Nicole Ortiz
DeColores Clerk
Center for Health Policy Development, Inc.
6905 Alamo Downs Parkway
San Antonio, Texas 78238
Phone: (210) 520-8020
Fax: (210) 520-9522

Jenny Osorio, MPA
Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3165
Fax: (770) 488-3111
E-Mail: jao4@cdc.gov

Nan Ottenritter, MS, MSW
Project Coordinator
Bridges to Healthy Communities
American Association of
Community Colleges
One Dupont Circle, Suite 410, NW
Washington, DC 20036
Phone: (202) 728-0200 ext. 230
Fax: (202) 833-2467
E-Mail: nottenritter@aacc.nche.edu

Shannon Page, MS, CHES
 Health Education Specialist
 Division of Adolescent and School Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS K-31
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-3184
 Fax: (770) 488-3111
 E-Mail: sep9@cdc.gov

Julia Pallentino, JD, RN
 Executive Director
 Coordinated School Health Program
 Florida Department of Health
 1317 Winewood Boulevard
 Tallahassee, Florida 32399-1723
 Phone: (850) 488-2838
 Fax: (850) 488-2341
 E-Mail: julia_pallentino@doh.state.fl.us

Ginger Panico, MPH, MEd
 Meeks Heit Publishing Company
 P.O. Box 121
 Columbus, Ohio 43004
 Phone: (614) 759-7780
 Fax: (614) 759-6166

Mary Paonessa
 Author
 Tricon Publishing
 2150 Enterprise Drive
 Mt. Pleasant, Michigan 48858
 Phone: (517) 772-2811
 Fax: (517) 773-5894

Aliki A. Pappas, MSW, MPH
 Health Policy Analyst
 Division of Oral Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS F-10
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-6062
 Fax: (770) 488-6080
 E-Mail: agp4@cdc.gov

Barbara Z. Park, RDH, MPH
 Health Education Specialist
 Division of Oral Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS F-10
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-6073
 Fax: (770) 488-6080
 E-Mail: bzp0@cdc.gov

Kathleen A. Parker, MA, MPH, CHES
 Supervisor/Health Education Specialist
 Division of STD Prevention
 National Center for HIV, STD
 and TB Prevention
 Centers for Disease Control and Prevention
 1600 Clifton Road, NE, MS E-02
 Atlanta, Georgia 30333
 Phone: (404) 639-1808
 Fax: (404) 639-8609
 E-Mail: kap1@cdc.gov

Nancy Parr, RN, MS
 HIV/AIDS Education
 West Virginia Department of Education
 1900 Kanawha Boulevard, East
 Building 6, Room 309
 Charleston, West Virginia 25305-0330
 Phone: (304) 558-8830
 Fax: (304) 558-3787
 E-Mail: nparr@access.k12.wv.us

Anthony V. Parrillo
 Senior Research and Evaluation Officer
 Academy for Educational Development
 1255 23rd Street, NW
 Washington, DC 20032
 Phone: (202) 884-8939
 Fax: (202) 884-8879

Amanda Pasquarelli
 Peer Educator
 AIDGwinnett
 725 Scenic Highway
 P.O. Box 884
 Lawrenceville, Georgia 30046-0884
 Phone: (770) 962-8396
 Fax: (770) 962-1291

Bindi Patel, MPH
 Association of Schools of Public
 Health Intern
 Division of Adolescent and School Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, MS K-29
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-3251
 Fax: (770) 488-3110
 E-Mail: bpatel@sph.unc.edu

Mary E. Pateman, PhD
 Associate Professor
 Curriculum and Instruction
 University of Hawaii
 189 Lunalilo Home Road, 2nd Floor
 Honolulu, Hawaii 96825
 Phone: (808) 956-3995
 Fax: (808) 956-3918

Beth Patterson, MEd
 Associate Director
 Program Operations and Management
 Division of Adolescent and School Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS K-29
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-3251
 Fax: (770) 488-3110
 E-Mail: erb2@cdc.gov

Alberto Pellai, MD, PhD
 Researcher
 Institute of Hygiene and
 Preventive Medicine
 Milano State University
 Via Francesco Sforza 35
 Milano, Italy 20122
 Phone: 01139-2-55016266
 Fax: 01139-2-54100406
 E-Mail: alberto.pellai@unimi.it

Edward Pendergast, BA, MS
 Coordinator
 Safe and Drug Free Schools
 and Healthy Schools
 Regional Education Service Agency IV
 West Virginia
 404 Old Main Drive
 Summersville, West Virginia 26651-1388
 Phone: (304) 872-6440
 Fax: (304) 872-6442

Renee Pesquie, MEd
 Interagency Coordinator
 Louisiana Office of Public Health
 31 Tennyson Place
 New Orleans, Louisiana 70131
 Phone: (504) 394-8096
 Fax: (504) 549-2070
 E-Mail: rpesquie@aol.com

Carol E. Peterson, MS, RN
 Consultant
 Comprehensive School Health Education
 Wyoming Department of Education
 2300 Capitol Avenue
 Hathaway Building, 2nd Floor
 Cheyenne, Wyoming 82002
 Phone: (307) 777-5315
 Fax: (307) 777-6234
 E-Mail: cpeter2@educ.state.wy.us

Julie Peterson, BA
 Director of Public Affairs
 Comprehensive Health
 Education Foundation
 22419 Pacific Highway, South
 Seattle, Washington 98198-5104
 Phone: (206) 824-2907
 Fax: (206) 824-3072
 E-Mail: juliep@chef.org

Sara A. Peterson, RN, MA
HIV/AIDS Project Director
Iowa Department of Education
Grimes State Office Building, 3rd Floor
Des Moines, Iowa 50319
Phone: (515) 281-4804
Fax: (515) 242-6025
E-Mail: sara.peterson@ed.state.ia.us

Sarah Pfau, MPH
Policy Analyst
Association of Maternal and Child
Health Programs
1220 19th Street, NW, Suite 801
Washington, DC 20036
Phone: (202) 775-0436
Fax: (202) 775-0061
E-Mail: spfau@amchp.org

Paula G. Plofchan, MA
Project Consultant
Council of Chief State School Officers
SCASS/HEAP
73 Campden Circle
San Antonio, Texas 78218
Phone: (210) 828-9431
Fax: (210) 829-8837
E-Mail: pgplofchan@aol.com

Dave Poehler, PhD, CHES
School Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3194
Fax: (770) 488-3111
E-Mail: dop1@cdc.gov

LaShaun Polk, MPH
Educational Specialist
HIV/AIDS Education Program
Dade County Public Schools
1500 Biscayne Boulevard, Suite 216
Miami, Florida 33132
Phone: (305) 995-7118
Fax: (305) 995-7122
E-Mail: lpolk@icanect.net

Christopher Portelli
Director of Information
Sexuality Information and Education
Council of the U.S.
130 West 42nd Street, Suite 350
New York, New York 10036
Phone: (212) 819-9770 ext. 319
Fax: (212) 819-9776
E-Mail: cportelli@siecus.com

Julie Posey
HIV Program Manager
Urban League of Greater Cincinnati
3458 Reading Road
Cincinnati, Ohio 45229
Phone: (513) 487-6509
Fax: (513) 281-0544
E-Mail: jposey@gcul.org

Lloyd B. Potter, PhD, MPA
Team Leader
Youth Violence Prevention Team
Division of Violence Prevention
National Center for Injury
Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-60
Atlanta, Georgia 30341-3724
Phone: (770) 488-1557
Fax: (770) 488-4349
E-Mail: lbp0@cdc.gov

Judy Powers
Chief
Meeting Management and
Information Resources
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3251
Fax: (770) 488-3110
E-Mail: jap1@cdc.gov

William E. Primmerman
Infrastructure Coordinator Representative
Maine Department of Education
State House Station 23
Augusta, Maine 04333-0023
Phone: (207) 287-4484
Fax: (207) 287-5927

Bernadette J. Provide, BS
Supervisor
STD/HIV Prevention Program
Guam Department of Public Health
and Social Services
P.O. Box 6463
Tamuning, Guam 96931
Phone: (671) 735-7311
Fax: (671) 734-2437

Michael J. Pugh
Information Coordinator
CDC National Aids Hotline
P.O. Box 13827
RTP, North Carolina 27709
Phone: (919) 361-8446
Fax: (919) 361-4855

Mary Anne Purtzer, BSN
Adolescent Systems Manager
Wyoming Department of Health
Hathaway Building, Room 476
2300 Capitol Avenue
Cheyenne, Wyoming 82003
Phone: (307) 777-6474
Fax: (307) 777-5402
E-Mail: mpurtz@missc.state.wy.us

Jacqueline A. Quitugua
Science/Health and HIV Coordinator
Public School System
Commonwealth of the Northern
Marianas Islands
P.O. Box 1370
Saipan, Marshall Islands 96950
Phone: (670) 664-3724
Fax: (670) 664-3796

Darryl V. Rader
Project Manager
Building Your Life
University of Illinois at Chicago
850 West Jackson, Suite #400
Chicago, Illinois 60607
Phone: (312) 413-9805
E-Mail: radar@uk.edu

Stephanie Ramsey
Information Analyst
TRW
4770 Buford Highway, MS K-54
Atlanta, Georgia 30341-3724
Phone: (770) 488-5067
Fax: (770) 488-4777

Stephen Ranslow, BS
Health Education Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3187
Fax: (770) 488-3111
E-Mail: sgr0@cdc.gov

Dennis M. Raveneau, MEd
Health Education Specialist
Dallas Independent School District
2423 South Boulevard
Dallas, Texas 75215
Phone: (214) 426-4071
E-Mail: raveneau@airmail.net

John Ray, MS
Coordinator
Health and Physical Education
West Virginia Department of Education
1900 Kanawha Boulevard, East
Building 6, Room 309
Charleston, West Virginia 25305-0330
Phone: (304) 558-8830
Fax: (304) 558-3787
E-Mail: jbray@access.k12.wv.us

Mary Etta Reedy, MEd
Specialist
Comprehensive Health and
Physical Education
Maryland State Department of Health
200 West Baltimore Street
Baltimore, Maryland 21201
Phone: (410) 767-0327
Fax: (410) 333-2379
E-Mail: mreedy@msde.state.md.us

R. Robert Rentz, EdD
President
R&R Research
537 Seab Green Road
Cedar Town, Georgia 30125
Phone: (770) 749-0747
Fax: (770) 749-0748
E-Mail: rrentz@worldnet.att.net

Elvie Rhone, PhD
Director
Chicago Public Schools
1819 West Pershing Road
Chicago, Illinois 60609
Phone: (773) 535-6960
Fax: (773) 535-6958
E-Mail: crhone@mailgate.cps.edu

Elaine Ricketts
Director
Health Education
Cook County Department of
Public Health
1010 Lake Street, Suite 300
Oak Park, Illinois 60301
Phone: (708) 445-2520
Fax: (708) 445-2336
E-Mail: ccdphealth@aol.com

Sherry Ritz
Coordinator
School Health Programs
North Dakota Department of
Public Instruction
600 East Boulevard Avenue
Bismarck, North Dakota 58505-0440
Phone: (701) 328-2753
Fax: (701) 328-4770
E-Mail: sritz@mail.dpi.state.nd.us

Gordon E. Robbins
Office of the Director
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-40
Atlanta, Georgia 30341-3724
Phone: (770) 488-5415
Fax: (770) 488-5971
E-Mail: ger1@cdc.gov

Toreone Roberson
Lead Secretary
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS-K33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3258
Fax: (770) 488-3112
E-Mail: tgr0@cdc.gov

Caroline Roberts, MPH, RD
School Health Education Consultant
Comprehensive School Health
Programs Office
California Department of Education
721 Capitol Mall, 3rd Floor
P.O. Box 744272
Sacramento, California 94244-2720
Phone: (916) 657-3927
Fax: (916) 657-5149
E-Mail: croberts@cde.ca.gov

Leslie J. Roberts II, MHA
Director
Comprehensive School Health Programs
American Association of
School Administrators
1801 North Moore Street
Arlington, Virginia 22209-9988
Phone: (703) 875-0722
Fax: (703) 807-1849
E-Mail: lroberts@aasa.org

Leah Robin, PhD
Health Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3210
Fax: (770) 488-1111
E-Mail: ler7@cdc.gov

Angel Roca
Program Analyst
Planning and Evaluation
Office of the Director
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS-K40
Atlanta, Georgia 30341-3724
Phone: (770) 488-5706
Fax: (770) 488-5962
E-Mail: axr4@cdc.gov

Monica Rodriguez
Director of Education
Sexuality Information and Education
Council of the U.S.
130 West 42nd Street, Suite 350
New York, New York 10036
Phone: (212) 819-9770 ext. 305
Fax: (212) 819-9776
E-Mail: mrodriguez@siecus.com

Sarita Rodriguez
1149 West 26th
Erie, Pennsylvania 16508
Phone: (817) 455-7766
Fax: (817) 453-6554

William Burns Rogers, MPH
Graduate Student
School of Public Health
University of Alabama at Birmingham
929 Valley Ridge Drive, Apt. #302
Birmingham, Alabama 35209
Phone: (205) 870-0424
Fax: (205) 934-9325
E-Mail: burns@wwisp.com

Mary Anne Roll, MA
Project Team Leader
Comprehensive School Health
Project/ HIV
National PTA
11 Lord Foxx Run
Lincoln, Rhode Island 02865
Phone: (401) 333-0631
E-Mail: ma_roll@pta.org

Shahrokh Roohi, MPH, RN
Community Health Educator
OmahaTribe of Nebraska
P.O. Box 250
Macy, Nebraska 68039
Phone: (402) 837-5381
Fax: (402) 837-5303
E-Mail: roohi@genesinet.net

Kenneth Rose, MPA
Presidential Management Intern
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3196
Fax: (770) 488-3110
E-Mail: kfr2@cdc.gov

Sharon Runion Rowland, MEd
Specialist
Extension 4-H Youth Development
Co-Convenor
National Network for Health
North Carolina State University
P.O. Box 7606
Ricks Hall, Room 202
Raleigh, North Carolina 27695-7606
Phone: (919) 515-8487
Fax: (919) 515-7812
E-Mail: sharon_rowland@ncsu.edu

John D. Rowlett, MD
Director
Adolescent and Young Adult Medicine
Backus Children's Hospital
4700 Waters Avenue
Savannah, Georgia 31419
Phone: (912) 350-8291
Fax: (912) 350-7221

Marcia A. Rubin, PhD, MPH
Director
Research and Sponsored Programs
American School Health Association
7263 State Route #43
P.O. Box 708
Kent, Ohio 44240
Phone: (330) 678-1601 ext. 129
Fax: (330) 678-4526
E-Mail: mrubin@ashaweb.org

Mary J. Ruchinskas
HIV Prevention Program Director
New Beginnings
436 Main Street
Lewiston, Maine 04240
Phone: (207) 795-4077
Fax: (207) 795-4080

Amy L. Rudderow
Writer
Pediatric News
12230 Wilkins Boulevard
Rockville, Maryland 20852
Phone: (301) 816-8777
Fax: (301) 816-8738

Deb Runions, BA
Consultant
HIV/AIDS Prevention Education
Tennessee Department of Education
1403 McKennie Avenue
Nashville, Tennessee 37206
Phone: (615) 226-3533
Fax: (615) 226-3137
E-Mail: debaids@isdnet.net

Robert Russell, AA
Director
Education
Hope and Help Center, Inc.
1935 Woodcrest Drive
Winter Park, Florida 32792
Phone: (407) 645-2577
Fax: (407) 645-1570

Judy D. Ryals, MA
Health Education Specialist
Comprehensive School Health Project
Alabama Department of Education
P.O. Box 30 2101
Gordon Persons Building, Room 5221
Montgomery, Alabama 36130-2101
Phone: (334) 242-8199
Fax: (334) 242-0496
E-Mail: jryals@sdenet.alsde.edu

Robert Rykal
Administrator
CESA #11
226 Osterman Drive
Turtle Lake, Wisconsin 54889-9011
Phone: (715) 986-2020
Fax: (715) 986-2040
E-Mail: bobr@cesa11.k12.wi.us

Gwen Sandberg
Pregnant Minor School Nurse
San Bernadino City Unified
School District
777 North F Street
San Bernadino, California 92410-3090
Phone: (909) 880-6839
Fax: (909) 880-6846

Don R. Sanders
Coordinator
Urban Native American Program
618 Terry Ranch Road
Cheyenne, Wyoming 82007
Phone: (307) 778-4082

John Santelli, MD, MPH
Medical Epidemiologist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3212
Fax: (770) 488-3112
E-Mail: jfs8@cdc.gov

Spencer Sartorius, MS
Administrator
Health Enhancement and Safety Division
Montana Office of Public Instruction
P.O. Box 202501
Helena, Montana 59620-2501
Phone: (406) 444-4434
Fax: (406) 444-3924
E-Mail: ssartorius@opi.mt.gov

Paul R. Sathrum
HIV/CSH Project Coordinator
National Education Association
Health Information Network
1201 16th Street, NW
Washington, DC 20036
Phone: (202) 822-7570
Fax: (202) 822-7775
E-Mail: psathrum@nea.org

Delight E. Satter, MPH
Prevention Specialist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3083
Fax: (770) 488-3111
E-Mail: zuc0@cdc.gov

Darlene Saunders, MPH
Director
United Negro College Fund -
HOPE Program
The College Fund
8260 Willow Oakes Corporate Drive
P.O. Box 10444
Fairfax, Virginia 22031-4571
Phone: (703) 205-2050
Fax: (703) 205-2053
E-Mail: dsaunder@uncf.org

Richard Sawyer, PhD
Senior Researcher and Evaluation Officer
Academy for Educational Development
1255 23rd Street, NW
Washington, DC 20037
Phone: (202) 884-8700
Fax: (202) 884-8879

Diane Scalise, RN, BSN, MS
Director
Health Education Services
School Board of Broward County
600 SE 3rd Avenue, 7th Floor
Ft. Lauderdale, Florida 33301
Phone: (954) 768-8974
Fax: (954) 768-8169

Mary Schauer, MSPH
Program Consultant
Division of Reproductive Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS-K22
Atlanta, Georgia 30341-3724
Phone: (770) 488-5207
Fax: (770) 488-5967
E-Mail: mes9@cdc.gov

Deborah Schoeberlein, BA
Executive Director
Redefining Actions and Decisions (RAD)
P.O. Box 1433
Carbondale, California 81623
Phone: (970) 963-1727
Fax: (970) 963-2037
E-Mail: sdrad@csn.net

Jean Schultz, MS, CHES
Professional Development
Comprehensive School Health Program
National Middle School Association
2600 Corporate Exchange Drive, Suite 370
Columbus, Ohio 43231
Phone: (614) 895-4730
Fax: (614) 895-4750
E-Mail: jeans8494@aol.com

Bill Scott
Assistance Program Manager
Office of the Director
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-44
Atlanta, Georgia 30341-3724
Phone: (770) 488-5813
Fax: (770) 488-5970
E-Mail: bls5@cdc.gov

Karen Scott
Health Education/Wellness Coordinator
Morehouse College
830 Westview Drive, SW
Gloster Hall, Room 109
Atlanta, Georgia 30314
Phone: (404) 215-2636
Fax: (404) 522-6419

Linda Searight, MEd
Program Director
Program Operations Food and
Nutrition Management
Florida Department of Education
325 West Gaines
1032 Turlington Building
Tallahassee, Florida 32399-0400
Phone: (850) 488-8375
E-Mail: searigl@mail.doe.state.fl.us

Gina M. Secura, MPH
Study Coordinator
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
16 Executive Park Drive, MS E-46
Atlanta, Georgia 30311
Phone: (404) 639-6173
Fax: (404) 639-2029
E-Mail: gis7@cdc.gov

Kari Senger, BS
Director
Comprehensive School Health Education
South Dakota Department of Education
700 Governors Drive
Pierre, South Dakota 57501
Phone: (605) 773-6808
Fax: (605) 773-6846
E-Mail: karis@deca.state.sd.us

Anna Shakarishvili, MD
Visiting Scientist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3166
Fax: (770) 488-3110
E-Mail: afs9@cdc.gov

Nancy Shanfeld, MSPH
Training Manager
ETR Associates
P.O. Box 1830
Santa Cruz, California 95061-1830
Phone: (408) 438-4060
Fax: (408) 438-3618
E-Mail: nancys@etr_associates.org

Frances Sharp, BSN
School Nurse
School Health Services
Dallas Independent School District
3700 Ross Avenue
Dallas, Texas 75204
Phone: (214) 989-8199
Fax: (214) 989-8197

Bill Shepardson, BA
Project Director
HIV/School Health Project
Council of Chief State School Officers
One Massachusetts Avenue, NW
Suite 700
Washington, DC 20001-1431
Phone: (202) 336-7035
Fax: (202) 408-8072
E-Mail: bills@ccsso.org

Billie T. Shepperd, MSPH
Executive Director
Comprehensive School Health Programs
Office of School Health Services
DC Department of Health
800 9th Street, SW, 3rd Floor
Washington, DC 20024-2493
Phone: (202) 645-5660
Fax: (202) 645-0528

Carolyn D. Shields, MSW
Project Specialist
Teen Health Corps
Communities In Schools, Inc.
1199 North Fairfax Street
Alexandria, Virginia 22314
Phone: (703) 518-2557
Fax: (703) 519-7213
E-Mail: cshields@cisnet.org

Jessica Shisler
Association of Schools of Public
Health Intern
Division of Nutrition and Physical Activity
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-46
Atlanta, Georgia 30341-3724
Phone: (770) 488-5692
Fax: (770) 488-5473
E-Mail: zje6@cdc.gov

Beth Shober
Education Specialist
Office of Instructional Improvement
and Evaluation
Alaska Department of Education
801 West 10th Street, Suite 200
Juneau, Alaska 99801-1894
Phone: (907) 465-2887
Fax: (907) 465-2713
E-Mail: bshober@educ.state.ak.us

Thomas R. Simon, PhD
Staff Fellow
Youth Violence Prevention Team
Division of Violence Prevention
National Center for Injury
Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-60
Atlanta, Georgia 30341-3724
Phone: (770) 488-1654
Fax: (770) 488-4349
E-Mail: tgs9@cdc.gov

Phyllis E. Simpson, BS, MS, PhD
Specialist
Dallas Independent School District
3434 South R.L. Thornton Freeway
Dallas, Texas 75224
Phone: (214) 302-2721
Fax: (214) 302-2714

Sara J. Simpson, BSN, MEd, CHES
School Health Program Coordinator
Planning Division
Vermont Agency of Human Services
103 South Main Street
Waterbury, Vermont 05671
Phone: (802) 241-3102
Fax: (802) 241-2979
E-Mail: saras@wpgate1.ahs.state.vt.us

Sharon Sinclair
Coordinator
Los Angeles Unified School District
1320 West 3rd Street, Room 54
Los Angeles, California 90017
Phone: (213) 625-6429
Fax: (213) 481-0889
E-Mail: ssincl01@lausd.k12.ca.us

Meg Small, PhD
Behavioral Scientist
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
3003 Barkley Gate Lane
Fairfax, Virginia 22031
Phone: (703) 849-8133

Andrea Smith, BA
Project Coordinator
Adolescent and School Health
Association of State and Territorial
Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005
Phone: (202) 371-9090
Fax: (202) 371-9797
E-Mail: asmith@astho.org

Becky J. Smith, PhD, CHES
Executive Director
American Association for Health Education
1900 Association Drive
Reston, Virginia 20191
Phone: (703) 476-3437
Fax: (703) 476-6638
E-Mail: bsmith@aahperd.org

Dana M. Smith, MS
Coordinator
Comprehensive School Health Education
Arkansas Department of Education
2020 West 3rd Street, Suite 320
Little Rock, Arkansas 72205
Phone: (501) 324-9740
Fax: (501) 324-9745
E-Mail: dsmith@arkedu.k12.ar.us

Michael R. Smith, MA
Director
Health and Safety Unit
Wyoming Department of Education
Hathaway Building, 2nd Floor
2300 Capitol Avenue
Cheyenne, Wyoming 82002-0050
Phone: (307) 777-6282
Fax: (307) 777-6234
E-Mail: msmith1@educ.state.wy.us

Michelle Smith
Project Coordinator
American Cancer Society
8800 Parkfield Drive
Austin, Texas 78758
Phone: (512) 873-0322
Fax: (512) 873-0349
E-Mail: bms1@flash.net

Otistene Smith, MS
Director
Coordinated School Health Programs
Arkansas Department of Education
2020 West 3rd Street, Suite 320
Little Rock, Arkansas 72205
Phone: (501) 324-9740
Fax: (501) 324-9745
E-Mail: osmith@arkedu.k12.ar.us

Shepherd Smith
Institute for Youth Development
P.O. Box 16560
Washington, DC 20041
Phone: (703) 471-8750
Fax: (703) 471-8409

Timothy Smith
Survey Methodologist
Research Triangle Institute
P.O. Box 12194
RTP, North Carolina 27709
Phone: (919) 541-6095
Fax: (919) 541-6854
E-Mail: tks@rti.org

Anne Sneed, MS
Coordinator
Paris School District
P.O. Box 645
602 North 10th Street
Paris, Arkansas 72855
Phone: (501) 963-6531
Fax: (501) 963-1065
E-Mail: asneed@paris.wsc.k12.ar.us

Kathleen Somers, MPH, MA
Program Analyst
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-4477
Fax: (770) 488-3112
E-Mail: kks4@cdc.gov

Lourdes Soto de Laurido, PhD
External Evaluator
Puerto Rico Department of Education
P.O. Box 190759
San Juan, Puerto Rico 00919
Phone: (787) 753-9320
Fax: (787) 250-8374

Nancy Speicher
Research Analyst
WESTAT, Inc.
1650 Research Boulevard
Rockville, Maryland 20850
Phone: (301) 294-3927
Fax: (301) 294-3992
E-Mail: speichn1@westat.com

Lillian Spivey
Automation Assistant
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3251
Fax: (770) 488-3110
E-Mail: lrs2@cdc.gov

Janet S. St. Lawrence, PhD
Chief
Behavioral Interventions and
Research Branch
Division of STD Prevention
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-44
Atlanta, Georgia 30333
Phone: (404) 639-8298
Fax: (404) 639-8622
E-Mail: nz54@cdc.gov

Merry Stanford, MEd, MSW
Health Education Consultant
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909
Phone: (517) 241-1500
Fax: (517) 373-1233
E-Mail: stanford@state.mi.us

Bonita Stanton, MD
Chief
General Pediatrics
Center for Minority Health Research
University of Maryland
700 West Lombard Street
Baltimore, Maryland 21201-1091
Phone: (410) 706-4267
Fax: (410) 706-0653
E-Mail: bstanton@umaryland.edu

Joan Stear, MS
School Health Educator
Andover Middle School
801 Honeybrook
Derby, Kansas 67037
Phone: (316) 789-0306

Darcy Steinberg, MPH
Director
Adolescent and School Health Project
Association of State and Territorial
Health Officials
1275 K Street, NW, Suite 800
Washington, DC 20005
Phone: (202) 371-9090
Fax: (202) 371-9797
E-Mail: dsteinberg@astho.org

Glenn Steinhause, PhD
Principal Education Consultant
Illinois State Board of Education
100 North First Street, N-242
Springfield, Illinois 62777-0001
Phone: (217) 782-2826
Fax: (217) 785-9210
E-Mail: gsteinha@smtp.isbe.state.il.us

Linda J. Stelly, PhD
Associate Superintendent
New Orleans Public Schools
3510 Gen. DeGaulle Drive, Room 330
New Orleans, Louisiana 70114
Phone: (504) 365-5640
Fax: (504) 365-5643

Steve Sternberg
Science Medicine Writer
USA Today
1000 Wilson Boulevard
Arlington, Virginia 22306
Phone: (703) 276-4514
E-Mail: sssternberg@usatoday.com

Elizabeth Stevenson, MPH, CHES
Director
Children and Youth Initiatives
American Cancer Society
1599 Clifton Road, NE
Atlanta, Georgia 30329-4251
Phone: (404) 329-7949
Fax: (404) 325-2548
E-Mail: bstevens@cancer.org

Patricia L. Stewart, BS
Director
Coordinated School Health Program
South Dakota Department of
Education and Cultural Affairs
700 Governors Drive
Pierre, South Dakota 57501-2291
Phone: (605) 773-4257
Fax: (605) 773-6846
E-Mail: pats@deca.state.sd.us

Carla E. Stokes, BA
Association of Schools of Public
Health Intern
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, MS K-29
Atlanta, Georgia 30341-3724
Phone: (770) 488-3225
Fax: (770) 488-3110
E-Mail: zje7@cdc.gov

Marion Stoutner, MEd
Program Administrator
Comprehensive School Health Network
Bureau of Children's Health
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199
Phone: (512) 458-7111 ext. 3053
Fax: (512) 458-7350
E-Mail: marion.stoutner@tdh.state.tx.us

Laura Anne Stuart, MPH
Coordinator
Training and Demonstration Center
Massachusetts Department of Education
350 Main Street
Malden, Massachusetts 02148
Phone: (781) 388-3300 ext. 417
Fax: (781) 388-3476
E-Mail: lstuart@doe.mass.edu

Ellen Stutts, MA
Survey Manager
Research Triangle Institute
P.O. Box 12194
RTP, North Carolina 27709
Phone: (919) 541-6037
Fax: (919) 541-7198
E-Mail: ess@rti.org

Todd Summers
Deputy Director
White House Office of National
AIDS Policy
736 Jackson Place, NW
Washington, DC 20503
Phone: (202) 456-2437
Fax: (202) 456-2438

Beth Sundberg, MA
YRBS Project Director
MACRO International, Inc.
11785 Belisville Drive, Suite 300
Calverton, Maryland 20705
Phone: (301) 572-0337
Fax: (301) 572-0986
E-Mail: sundber@macroint.com

Bridget Susi, MEd
Director of Training
Media Works, Inc.
P.O. Box 15597
Boston, Massachusetts 02215-0011
Phone: (978) 282-9970
Fax: (978) 282-9550
E-Mail: btsusi@email.msn.com

Jerry Swaim, MS
Director
HIV Prevention Education
Tennessee Department of Education
2808 Ellington Circle
Nashville, Tennessee 37211
Phone: (615) 532-6260
Fax: (615) 532-8536
E-Mail: jswaim@mail.state.tn.us

Don Sweeney
Chief
School Health Unit
Michigan Department of
Community Health
3423 North M. L. King Jr. Boulevard
P.O. Box 30195
Lansing, Michigan 48909
Phone: (517) 335-8390
Fax: (517) 335-9056
E-Mail: sweeneyd@state.mi.us

Gertrude W. Sweeney, MEd
Teacher
James P. Timilty Middle School
Boston Public Schools
205 Roxbury Street
Roxbury, Massachusetts 02119
Phone: (617) 635-8109
Fax: (617) 635-8115
E-Mail: gsweeney@timilty.boston.k12.ma.us

Lisa Swenarski, MA
Health Communications Specialist
Office of Communications
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-40
Atlanta, Georgia 30341-3724
Phone: (770) 488-5328
Fax: (770) 488-5962
E-Mail: lqs8@cdc.gov

Richard Tagle
Associate
Education Division
Public Education Network
601 Thirteenth Street
Washington, DC 20005
Phone: (202) 628-7460
Fax: (202) 628-1893
E-Mail: rtagle@publiceducation.org

Vicki Taliaferro, RN, BSN, CSN
Specialist
Health Services
Maryland State Department of Health
200 West Baltimore Street
Baltimore, Maryland 21201
Phone: (410) 767-0305
Fax: (410) 333-8148
E-Mail: vtaliafe@msde.state.md.us

Gail Tanaka, MSW, CHES
Program Director
Health Education
Comprehensive Health
Education Foundation
22419 Pacific Highway, South
Seattle, Washington 98198
Phone: (206) 824-2907
Fax: (206) 824-3072
E-Mail: tanak@aol.com

Marlene Tappe, PhD
Associate Professor
Purdue University
1362 Lambert Field House
West Lafayette, Indiana 47907-1362
Phone: (765) 494-9112
Fax: (765) 496-1239
E-Mail: mtappe@purdue.edu

Howard L. Taras, MD
Associate Professor and School Physician
University of California at San Diego
9500 Gilman Drive, #0927
La Jolla, California 92093-0927
Phone: (619) 685-0675
Fax: (619) 685-4828
E-Mail: htaras@ucsd.edu

Doug Taylor, BS, MPH
HIV Coordinator
Department of Health Promotion
and Education
School of Public Health
University of South Carolina
Columbia, South Carolina 29208
Phone: (803) 777-8087
Fax: (803) 777-6290
E-Mail: djtaylor@sph.sc.edu

Julie Taylor, BA
Project Director
ETR Associates
P.O. Box 1830
Santa Cruz, California 95061-1830
Phone: (408) 438-4060
Fax: (408) 438-3618
E-Mail: julie@etr_associates.org

Loretta Taylor, BA
Director
Adolescent Health
Delaware Division of Public Health
P.O. Box 637
Dover, Delaware 19903
Phone: (302) 739-3111
Fax: (302) 739-6653
E-Mail: ltaylor@state.de.us

Sydonia Davis Taylor
Orleans Parish School Board
4100 Touro Street
Rooms 127 and 129
New Orleans, Louisiana 70122
Phone: (504) 365-8980
Fax: (504) 365-8979

Deborah L. Teuteberg, MSN
Project Coordinator
Riverwest-Pierce Community
Nursing Center
University of Wisconsin at Milwaukee
2765 North Fratney Street
Milwaukee, Wisconsin 53212
Phone: (414) 264-6434
Fax: (414) 562-0104
E-Mail: dteut@execpc.com

Ann Kelsey Thacher, MS
Chief
Primary Prevention
Rhode Island Department of Health
3 Capitol Hill, Room 409
Providence, Rhode Island 02908
Phone: (401) 277-1394 ext. 148
Fax: (401) 277-4415
E-Mail: thac100w@cdc.gov

Mary Thissen-Milder, PhD
Director
Coordinated School Health Initiative
Minnesota Department of Children,
Families and Learning
61 Capitol Square Mall
550 Cedar Street
St. Paul, Minnesota 55101
Phone: (612) 282-6745
Fax: (612) 282-6779
E-Mail: mary.thissen_milder@state.mn.us

Judy Thorne, PhD
Research Triangle Institute
P.O. Box 12194
RTP, North Carolina 27709
Phone: (919) 541-6498
Fax: (919) 541-6854
E-Mail: thorne@rti.org

Phyllis Thornthwaite, MS
Health Consultant
Charleston County School District
75 Calhoun Street
Charleston, South Carolina 29401
Phone: (803) 937-6450
Fax: (803) 937-6595
E-Mail: thorn@charleston.k12.sc.us

Timothy N. Thornton, MPA
Acting Assistant Team Leader
Youth Violence Prevention Team
Division of Violence Prevention
National Center for Injury
Prevention and Control
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-60
Atlanta, Georgia 30341-3724
Phone: (770) 488-4389
Fax: (770) 488-4349
E-Mail: tnt1@cdc.gov

Sandra Thurman
Director
White House Office of National
AIDS Policy
736 Jackson Place, NW
Washington, DC 20503
Phone: (202) 456-2437
Fax: (202) 456-2438

Donald Tobias, PhD
Associate Professor
Department of Policy Analysis
and Management
College of Human Ecology
Cornell University
183 Mur Hall
Ithaca, New York 14853
Phone: (607) 255-1949
Fax: (607) 255-4071
E-Mail: djt3@cornell.edu

Pam Tollefsen, RN, MEd
 Program Supervisor
 Health Education and HIV/STD Prevention
 Office of Superintendent of
 Public Instruction
 Washington State Department of Education
 600 South Washington
 P.O. Box 47200
 Olympia, Washington 98504-7200
 Phone: (360) 586-0245
 Fax: (360) 664-3028
 E-Mail: pamt@ospi.wednet.edu

Ronald K. Toma
 Director
 School Renewal Group
 Hawaii State Department of Education
 189 Lunalilo Home Road, 2nd Floor
 Honolulu, Hawaii 96825
 Phone: (808) 394-1300
 Fax: (808) 394-1304

Joann Tortarolo, EdD
 Director
 Alternative Programs
 Student Services
 San Bernadino City Unified
 School District
 777 North F Street
 San Bernadino, California 92410-3090
 Phone: (909) 381-1265
 Fax: (909) 381-4989

Dena Rae Trees
 Health Teacher
 Guam Department of Education
 P.O. Box 25609 GMF
 Barrigada, Guam 96921
 Phone: (671) 646-0840
 E-Mail: drae@netpci

Regina Firpo Triplett, MPH
 Project Coordinator
 ETR Associates
 P.O. Box 1830
 Santa Cruz, California 95061-1830
 Phone: (408) 438-4060
 Fax: (408) 438-3618
 E-Mail: regina@etr_associates.org

Iris Tropp, BSc, MA
 Consultant
 American Cancer Society
 196 Wendy Lane
 Athens, Georgia 30605
 Phone: (706) 549-8451
 Fax: (706) 549-8457
 E-Mail: itropp@peachnet.campus.mci.net

Sheela Tummala
 Intern
 American Association for Health Education
 1900 Association Drive
 Reston, Virginia 20191
 Phone: (703) 476-3420
 Fax: (703) 476-6638

Ife Udoh
 Coordinator
 National High School Quilt Program
 The NAMES Project Foundation
 310 Townsend Street, Suite 310
 San Francisco, California 94107
 Phone: (415) 882-5569 ext. 349
 Fax: (415) 882-6200
 E-Mail: ifeoma_udoh@aidsquilt.org

Ronald O. Valdiserri, MD, PhD
 Office of the Director
 National Center for HIV, STD
 and TB Prevention
 Centers for Disease Control and Prevention
 1600 Clifton Road, NE, MS E-02
 Atlanta, Georgia 30333
 Phone: (404) 639-8002
 Fax: (404) 639-8600
 E-Mail: rovl@cdc.gov

Robert F. Valois, PhD, MPH
 Associate Professor
 Health Promotion and Education
 School of Public Health
 University of South Carolina
 216 Health Sciences Building
 Columbia, South Carolina 29208
 Phone: (803) 777-6013
 Fax: (803) 777-6290
 E-Mail: rvalois@sph.sc.edu

Jil Van Alstine
 Publisher
 ETR Associates
 P.O. Box 1830
 Scotts Valley, California 95066
 Phone: (408) 438-4060
 Fax: (408) 438 -Mail:

Kathleen C. van Teeckelenburgh, MA
 State HIV Coordinator
 Education Services Center -
 Region 10
 400 East Spring Valley Road
 Richardson, Texas 75083-1300
 Phone: (972) 348-1498
 Fax: (972) 231-2977

Kay Phillips Vandiver, BA
 Health Communications Specialist
 Division of Adolescent and School Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS-K32
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-3251
 Fax: (770) 488-3110
 E-Mail: khp1@cdc.gov

Andrea G. Vastis, BS
 Senior Public Health Promotion Specialist
 Rhode Island Department of Health
 3 Capitol Hill, Room 409
 Providence, Rhode Island 02908
 Phone: (401) 222-1394 ext. 118
 Fax: (401) 222-4415

Vrenly Vega, MPHE
 Curriculum Technician
 Puerto Rico Department of Education
 P.O. Box 190759
 San Juan, Puerto Rico 00919
 Phone: (787) 753-9320
 Fax: (787) 250-8374

Carlos A. Vega-Matos, MPA
 Director
 Healthy Schools Network
 National Association of State
 Boards of Education
 1012 Cameron Street
 Alexandria, Virginia 22314
 Phone: (703) 684-4000
 Fax: (703) 836-2313
 E-Mail: carlosv@nasbe.org

Carlos Velez
 Velez Associates
 c/o Los Angeles Free Clinic
 6043 Hollywood Boulevard
 Los Angeles, California 90028
 Phone: (323) 462-8632
 Fax: (323) 462-6731

Debra Veney-Tate
 Program Coordinator
 American Association of
 School Administrators
 1801 North Moore Street
 Arlington, Virginia 22209-9988
 Phone: (703) 875-0722
 Fax: (703) 807-1849
 E-Mail: dveney_tate@aasa.org

Mary E. Vernon, MD, MPH
 Acting Chief
 Special Populations Section
 Division of Adolescent and School Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS K-31
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-3189
 Fax: (770) 488-3111
 E-Mail: mev0@cdc.gov

Peggy Veroneau, MPH, RN
 Project Director
 American Nurses Association
 600 Maryland Avenue, SW, Suite 100W
 Washington, DC 20024
 Phone: (202) 651-7080
 Fax: (202) 488-8461
 E-Mail: pveronea@ana.org

Brad Victor, MAT
 Health Specialist
 HIV/STD Coordinator
 Oregon Department of Education
 255 Capitol, NE
 Salem, Oregon 97310
 Phone: (503) 378-5585 ext. 602
 Fax: (503) 373-7968
 E-Mail: brad.victor@state.or.us

Steve Vincent
 Regional Coordinator
 Office of Alcohol and Drug
 Abuse Programs
 Oregon Department of Human Resources
 500 Summer Street, NE
 Salem, Oregon 97310-1016
 Phone: (503) 945-5763
 Fax: (503) 378-8467
 E-Mail: steve.vincent@state.or.us

Lisa D. Wade, MA
 Coordinator
 National High School Quilt Program
 The NAMES Project Foundation
 310 Townsend Street, Suite 310
 San Francisco, California 94107
 Phone: (415) 882-5569 ext. 348
 Fax: (415) 882-6200
 E-Mail: ifeoma_udoh@aidsquilt.org

Meg Wagner, MS, RD, LD
 Consultant
 Coordinated School Health Education
 Ohio Department of Education
 65 South Front Street, Room 610
 Columbus, Ohio 43215-4183
 Phone: (614) 644-6102
 Fax: (614) 728-3768
 E-Mail: sd_wagner@ode.ohio.gov

Li Yan Wang, MBA, MA
 Economist
 Division of Adolescent and School Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS K-33
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-4403
 Fax: (770) 488-3112
 E-Mail: lgw0@cdc.gov

Robert L. Ward, MS
 Project Director
 American College Health Association
 P.O. Box 28937
 Baltimore, Maryland 21240-8937
 Phone: (410) 859-1500 ext. 212
 Fax: (410) 859-1510
 E-Mail: acharlward@erols.com

Jerry Warren
 Health Education Specialist
 Comprehensive Health
 Education Foundation
 22419 Pacific Highway, South
 Seattle, Washington 98198
 Phone: (206) 824-2907
 Fax: (206) 824-3072
 E-Mail: jwarren@chef.org

Mary Waters
 Manager
 School Health
 American Cancer Society
 3776 Windwood, NE
 Rockford, Michigan 49341
 Phone: (616) 863-9009
 Fax: (616) 863-9601
 E-Mail: mwaters@cancer.org

Howell Wechsler, PhD
 Health Scientist
 Division of Adolescent and School Health
 National Center for Chronic Disease
 Prevention and Health Promotion
 Centers for Disease Control and Prevention
 4770 Buford Highway, NE, MS-K33
 Atlanta, Georgia 30341-3724
 Phone: (770) 488-3216
 Fax: (770) 488-3112
 E-Mail: haw7@cdc.gov

Robert M. Weiler, PhD, MPH
 Assistant Professor
 Department of Health Science Education
 University of Florida
 Room 5, FLG
 P.O. Box 118210
 Gainesville, Florida 32611-8210
 Phone: (352) 392-0583
 Fax: (352) 392-3186
 E-Mail: rweiler@hnp.ufl.edu

Lynne Weise, MEd
 Staff Specialist
 Maryland State Department of Health
 200 West Baltimore Street
 Baltimore, Maryland 21201
 Phone: (410) 767-0353
 Fax: (410) 333-8148
 E-Mail: sante@erols.com

Michael Weissberg, MS
 HIV/AIDS Education Facilitator
 School Board of Broward County
 600 SE 3rd Avenue, 7th Floor
 Ft. Lauderdale, Florida 33301
 Phone: (954) 768-8974
 Fax: (954) 768-8169

Terry Weston
 Health Program Representative III
 Bureau of Family Health
 Missouri Department of Health
 930 Wildwood
 P.O. Box 570
 Jefferson City, Missouri 65109
 Phone: (573) 751-6213
 Fax: (573) 526-5347
 E-Mail: westot@mail.health.state.mo.us

Barbara Westwater
 Consultant
 Comprehensive Health and
 Physical Education
 Connecticut State Department of Education
 P.O. Box 2219
 Hartford, Connecticut 06145
 Phone: (860) 566-5684
 Fax: (860) 566-5623
 E-Mail: barbara.westwater@po.state.ct.us

Johnnie L. Fairfax Wheeler, PhD
 Executive Director
 HIV/AIDS Education Program
 Comprehensive School Health
 District of Columbia Public Schools
 Rabaut Administrative Unit 100
 100 Peabody Street, NW, Room 331
 Washington, DC 20011
 Phone: (202) 882-2233
 Fax: (202) 882-9165
 E-Mail: fairfax@mercury.k12.dc.us

Carol A. Whetzel
 Programs Director
 E.A. Hawse Health Center
 Chair
 West Virginia School-Based
 Health Assembly
 P.O. Box 97
 Baker, West Virginia 26801
 Phone: (304) 897-5915
 Fax: (304) 897-6216
 E-Mail: eahawse@hardynet.com

Audrey L. White, MPH
Student Assistant
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909
Phone: (517) 373-7247
Fax: (517) 373-1233
E-Mail: whiteaudrey@state.mi.us

Douglas White, MS
Director
Comprehensive School Health Program
Wisconsin Department of
Public Instruction
P.O. Box 7841
Madison, Wisconsin 53707-7841
Phone: (608) 266-5198
Fax: (608) 267-3746
E-Mail: whitedr@mail.state.wi.us

Judy White
Assistant Superintendent
Student Services
San Bernadino City Unified
School District
777 North F Street
San Bernadino, California 92410-3090
Phone: (909) 381-1280
Fax: (909) 381-4989

Louise R. White, PhD
Project Director
Leadership in Health Policy
Promotion Program
National Association for Equal Opportunity
in Higher Education
8701 Georgia Avenue, Suite 200
Silver Spring, Maryland 20910
Phone: (301) 650-2440
Fax: (301) 495-3306
E-Mail: nafeo@aol.com

Maria White
Secretary
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-33
Atlanta, Georgia 30341-3724
Phone: (770) 488-3253
Fax: (770) 488-3112

Lynne Whitt, BA
Executive Vice President
National Center for Health Education
72 Spring Street
New York, New York 10012
Phone: (212) 334-9470 ext. 24
Fax: (212) 334-9845
E-Mail: nche@worldnet.att.net

Katherine Wilbur, MEd, CHES
Health Education Coordinator
Maine Department of Education
23 State House Station
Augusta, Maine 04333
Phone: (207) 287-5931
Fax: (207) 287-5927
E-Mail: kathy.wilbur@state.me.us

Erica D. Wilker
Summer Student
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-32
Atlanta, Georgia 30341-3724
Phone: (770) 488-3251
Fax: (770) 488-3110
E-Mail: efw4@cdc.gov

Barbara Williams
Associate Director of Educational Studies
WESTAT, Inc.
1650 Research Boulevard
TA 2062
Rockville, Maryland 20850
Phone: (301) 251-4249
Fax: (301) 294-3992
E-Mail: williambl@westat.com

Deloris Green Williams, RN, PhD
Chief
Division of State and National Initiatives
South Carolina Department of Health
and Environmental Control
Box 101106
Columbia, South Carolina 29211
Phone: (803) 734-3085
Fax: (803) 734-4442
E-Mail: williadg@columb63.dhec.state.sc

Dorothea Williams
Coordinator
HIV Prevention/Education
Student Services
San Bernadino City Unified
School District
777 North F Street
San Bernadino, California 92410-3090
Phone: (909) 381-1183
Fax: (909) 381-4989

Lori Hanna Williams, BA
HIV Instructor Trainer
American Red Cross
West Virginia Statewide AIDS Network
P.O. Box 742
Charleston, West Virginia 25323-0742
Phone: (304) 346-3123
E-Mail: lorih_w@worldnet.att.net

Thelma K. Williams, MPH
Program Consultant
Division of Reproductive Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-22
Atlanta, Georgia 30341-3724
Phone: (770) 488-5110
Fax: (770) 488-5628
E-Mail: tdw6@cdc.gov

Mary Willingham
Special Assistant to the Director
for Community Planning
Division of HIV/AIDS Prevention
National Center for HIV, STD
and TB Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-35
Atlanta, Georgia 30333
Phone: (404) 639-5200
Fax: (404) 639-0897
E-Mail: mmw2@cdc.gov

Torrey Wilson, PhD
Scientist
GAPS Project Director
Department of Adolescent Health
American Medical Association
515 North State Street
Chicago, Illinois 60610
Phone: (312) 464-4065
Fax: (312) 464-5842
E-Mail: torrey_wilson@ama-assn.org

Laura Wimmer
Prevention Department
American Cancer Society
P.O. Box 6359
Glen Allen, Virginia 23058
Phone: (804) 527-3710
Fax: (804) 527-3797

C. Glenn Wise, BA
Training Specialist
CDC National AIDS Hotline
American Social Health Association
P.O. Box 13827
RTP, North Carolina 27709
Phone: (919) 361-8445
Fax: (919) 361-8425
E-Mail: glewis@ashastd.org

Connie Wittak, BA
Family and Consumer Science Educator
Scobey Public Schools
P.O. Box 52
Flaxville, Montana 59222
Phone: (406) 474-2354
Fax: (406) 474-2231

Wendy Wolff, MPH
Executive Director
Essential Strategies
3061 South Chester Court
Denver, Colorado 80231
Phone: (303) 750-7069
Fax: (303) 750-4233
E-Mail: estrategies@mindspring.com

Deborah N. Wood, PhD
Director
California Healthy Kids Resource Center
313 West Winton Avenue
Hayward, California 94544-1198
Phone: (510) 670-4586
Fax: (510) 670-4582
E-Mail: deborah_wood@acoe.k12.ca.us

Jacqueline S. Woodard, BA
Association of Schools of Public
Health Intern
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-3226
Fax: (770) 488-3111
E-Mail: jsw8@cdc.gov

Susan F. Wooley, PhD
Executive Director
American School Health Association
7263 State Route #43
P.O. Box 708
Kent, Ohio 44240
Phone: (330) 678-1601
Fax: (330) 678-4526
E-Mail: swooley@ashaweb.org

Linda Wright, BS
Program Director
HIV/AIDS Education Program
Comprehensive School Health
District of Columbia Public Schools
Rabaut Administrative Unit 100
100 Peabody Street, NW, Room 333
Washington, DC 20011
Phone: (202) 882-2233
Fax: (202) 882-9165

Judy Wyatt, PhD
South Carolina Department of Education
1429 Senate Street, Room 906
Columbia, South Carolina 29210
Phone: (803) 734-8076
Fax: (803) 734-5685
E-Mail: jwyatt@sde.state.sc.us

Mohamed N. Yasin, MA, MEd
Project Director
Division of Student Support Services
New York City Board of Education
110 Livingston Street, Room 507
Brooklyn, New York 11201
Phone: (718) 935-4140
Fax: (718) 935-2805

Linda Perez Yater, MEd
Assistant Superintendent
Student Wellness and Responsibility
Dallas Public Schools
3700 Ross Avenue, Box 24
Dallas, Texas 75201
Phone: (214) 989-8237
Fax: (214) 989-8477

Priscilla Young, MD, MPH
Medical Officer
Division of Adolescent and School Health
National Center for Chronic Disease
Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, MS K-31
Atlanta, Georgia 30341-3724
Phone: (770) 488-4350
Fax: (770) 488-3111
E-Mail: ply1@cdc.gov

Marie Zannis, PhD, MS
Associate Professor
Nicholls State University
312 Melrose Drive
Thibodaux, Louisiana 70301
Phone: (504) 448-1571
Fax: (504) 448-4270
E-Mail: hpe-maz@nich_nsunet.nich.edu

Lenore Zedosky, RN, MN
Executive Director
Office of Healthy Schools
West Virginia Department of Education
1900 Kanawha Boulevard, East
Building 6, Room 309
Charleston, West Virginia 25305-0330
Phone: (304) 558-8830
Fax: (304) 558-3787
E-Mail: lzedosky@access.k12.wv.us

Lynne Zubieta, EdD
Director of School Link Services
Student Services
San Bernadino City Unified
School District
777 North F Street
San Bernadino, California 92410-3090
Phone: (909) 880-6859
Fax: (909) 880-0852

Handouts from Ron Valdiserri's Plenary Session

Update on HIV/AIDS

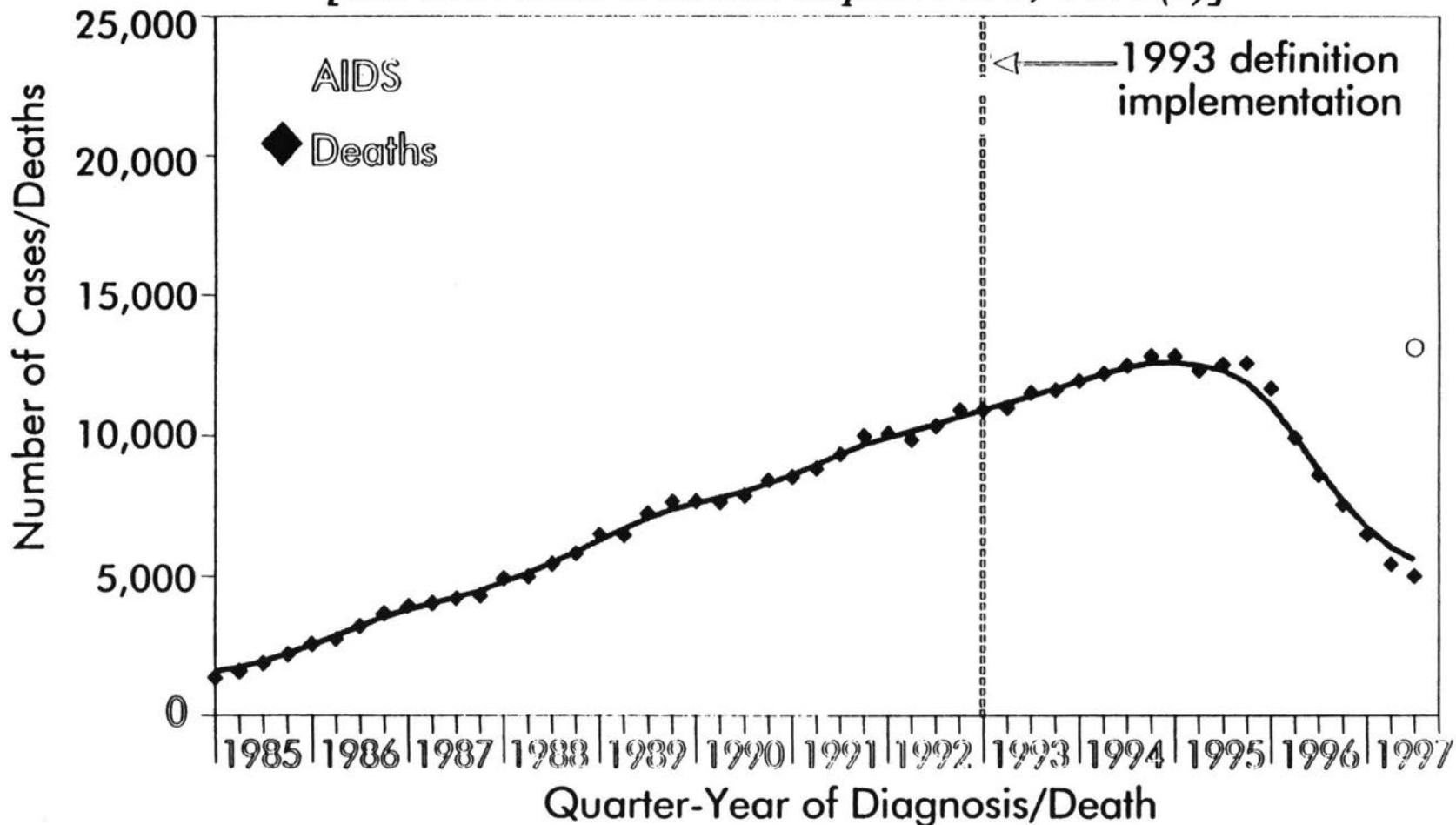
Ronald O. Valdiserri, M.D., M.P.H.

August 12, 1998

CDC

Estimated incidence of AIDS and deaths of persons with AIDS,
adjusted for delays in reporting, by quarter-year of
diagnosis/death, United States, January 1985 through June 1997

[HIV/AIDS Surveillance Report 1997; Vol 9(2)]



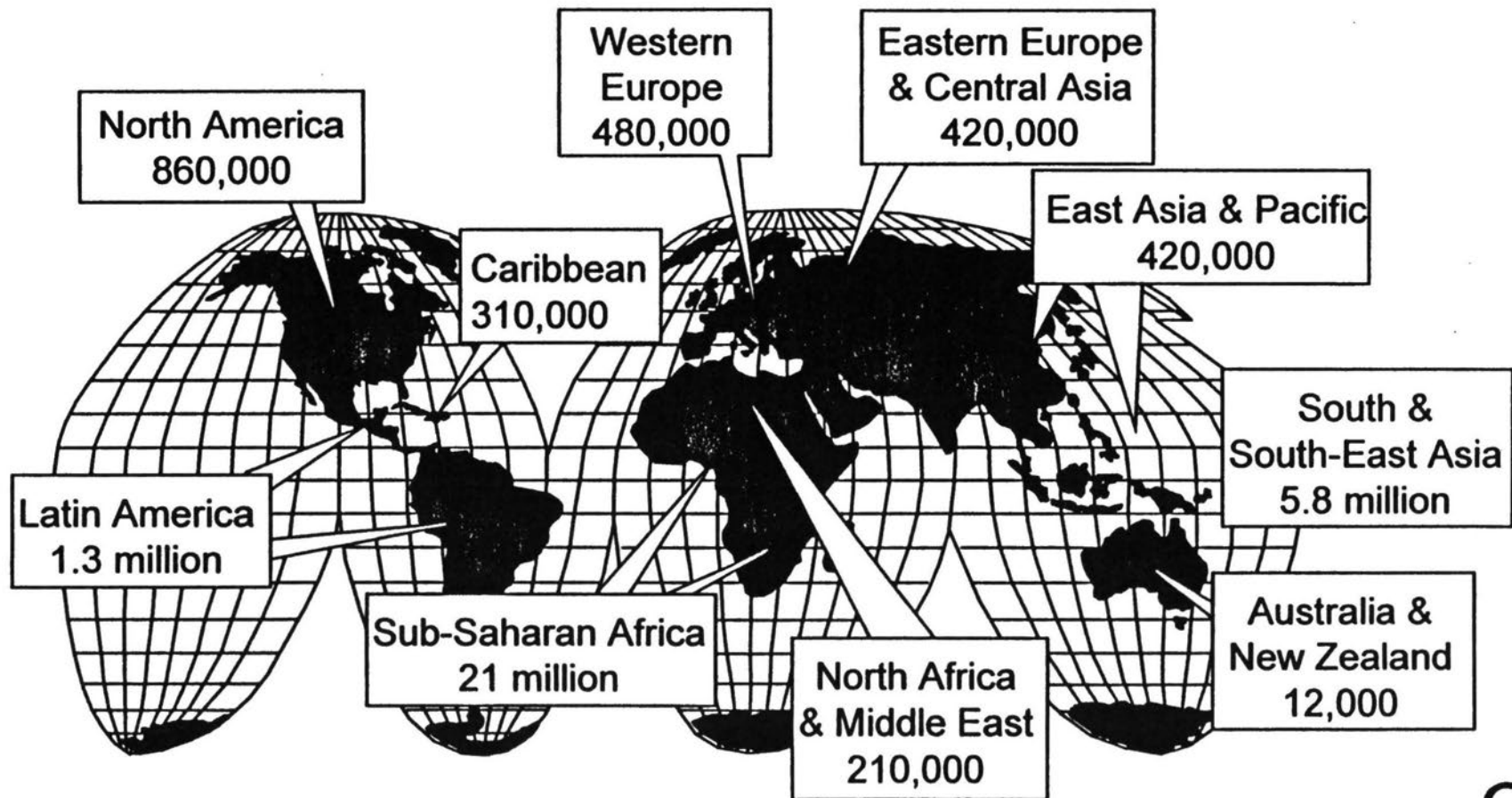
AIDS Cases and Deaths and Change from First Half of 1996 to First Half of 1997, by Gender and Race

	AIDS Cases		Percent Decrease	AIDS Deaths		Percent Decrease
	Jan - Jun 1996	Jan - Jun 1997		Jan - Jun 1996	Jan - Jun 1997	
Total	33,243	28,370	15	21,281	11,479	45
Men	26,059	21,837	16	17,394	9,282	47
Women	7,184	6,533	9	3,887	2,467	37
White	11,963	8,999	25	8,501	3,920	54
African American	14,425	13,398	7	8,705	5,467	37
Hispanic	6,381	5,543	13	3,830	2,222	42

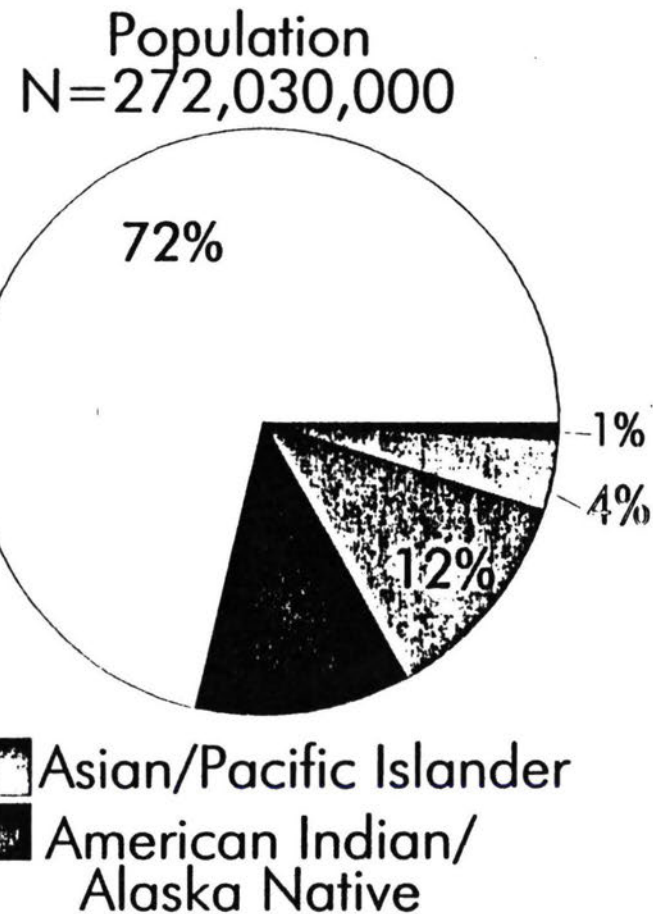
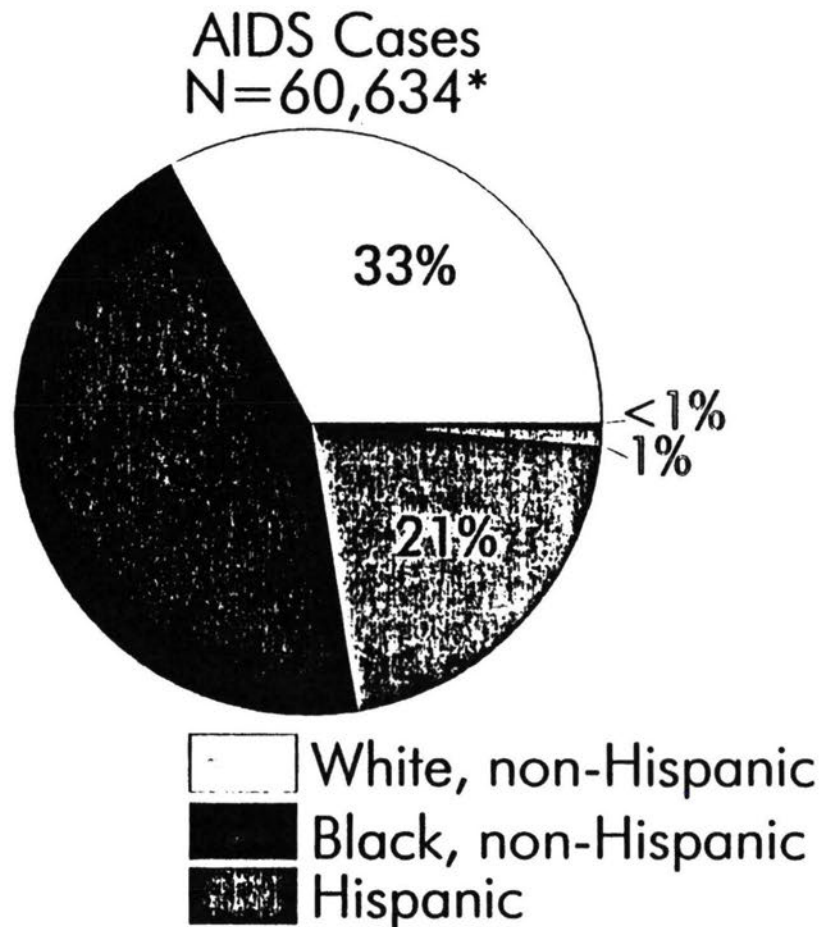
Adults and Children Living with HIV/AIDS

Total 30.6 Million

(UNAIDS, Global Report, 6/98)



AIDS Cases Reported in 1997 and Estimated 1997 Population by Race/Ethnicity, United States



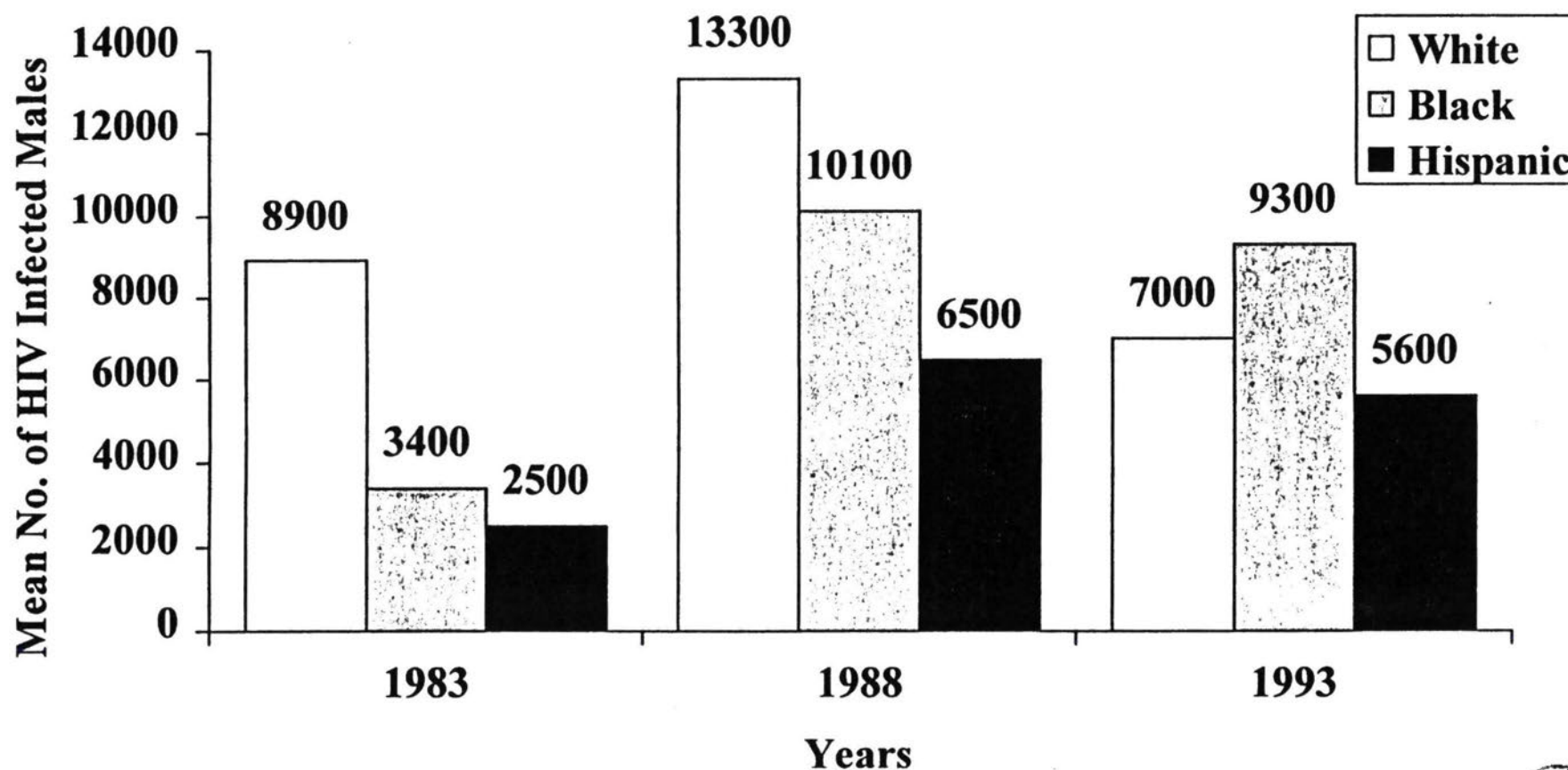
*Includes 242 persons with unknown race/ethnicity

Comparison of Disease Status at Initial Diagnosis, by
Selected Characteristics, from 25 HIV Reporting States,
January 1994 - June 1997
(*MMWR 1998; 47:309*)

	HIV		AIDS	
	Number	Percent	Number	Percent
Men	37,996	72	16,866	83
Women	14,689	28	3,348	17
White	17,929	34	9,171	45
African American	30,229	57	9,127	45
Heterosexual	9,279	18	2,428	12
Age 13-24	7,200	14	653	3

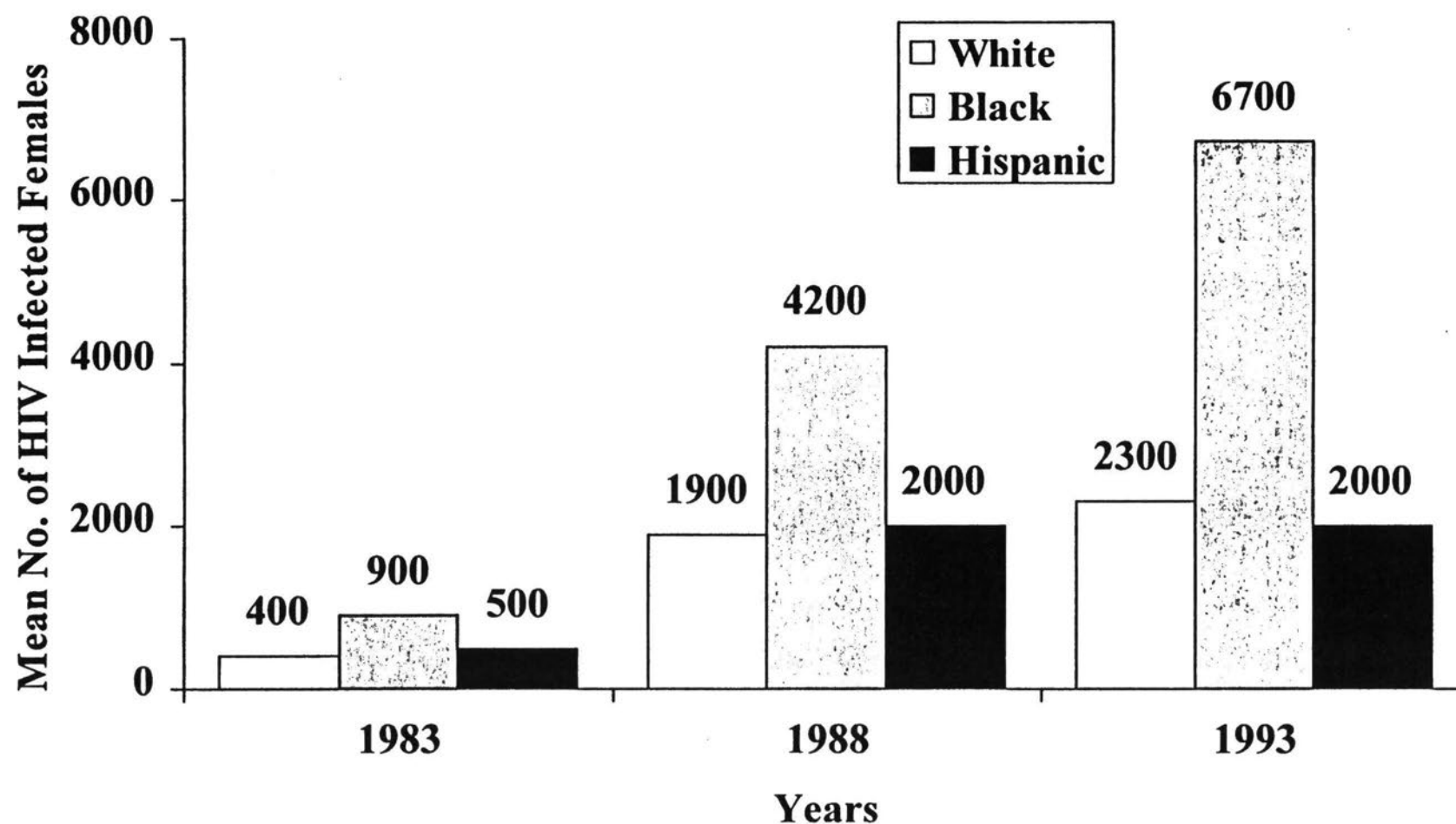
Trends in HIV Prevalence in U.S. Males Aged 18-22 Years: Race/Ethnicity

(JAMA 1998; 279:1894-1899)



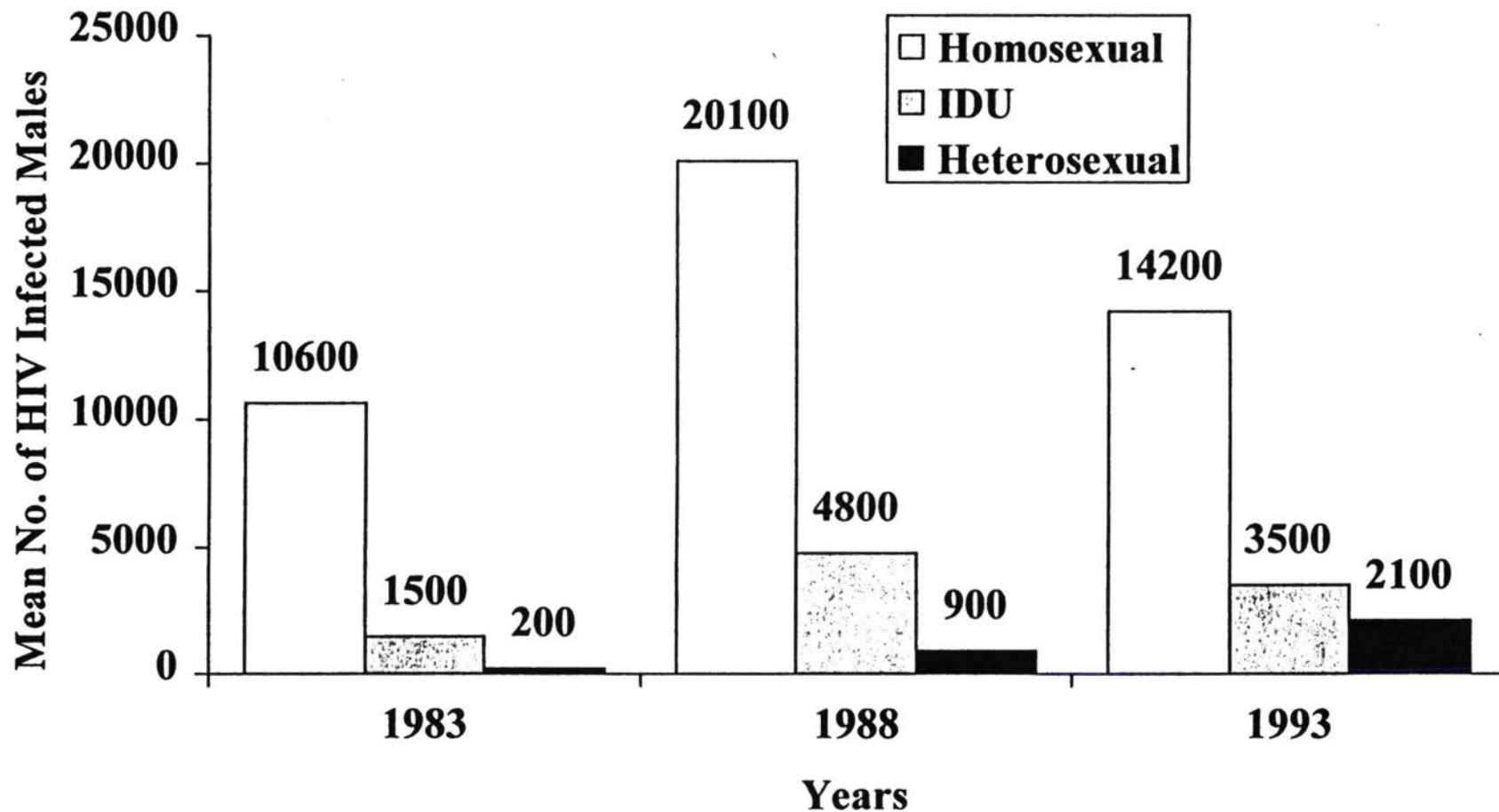
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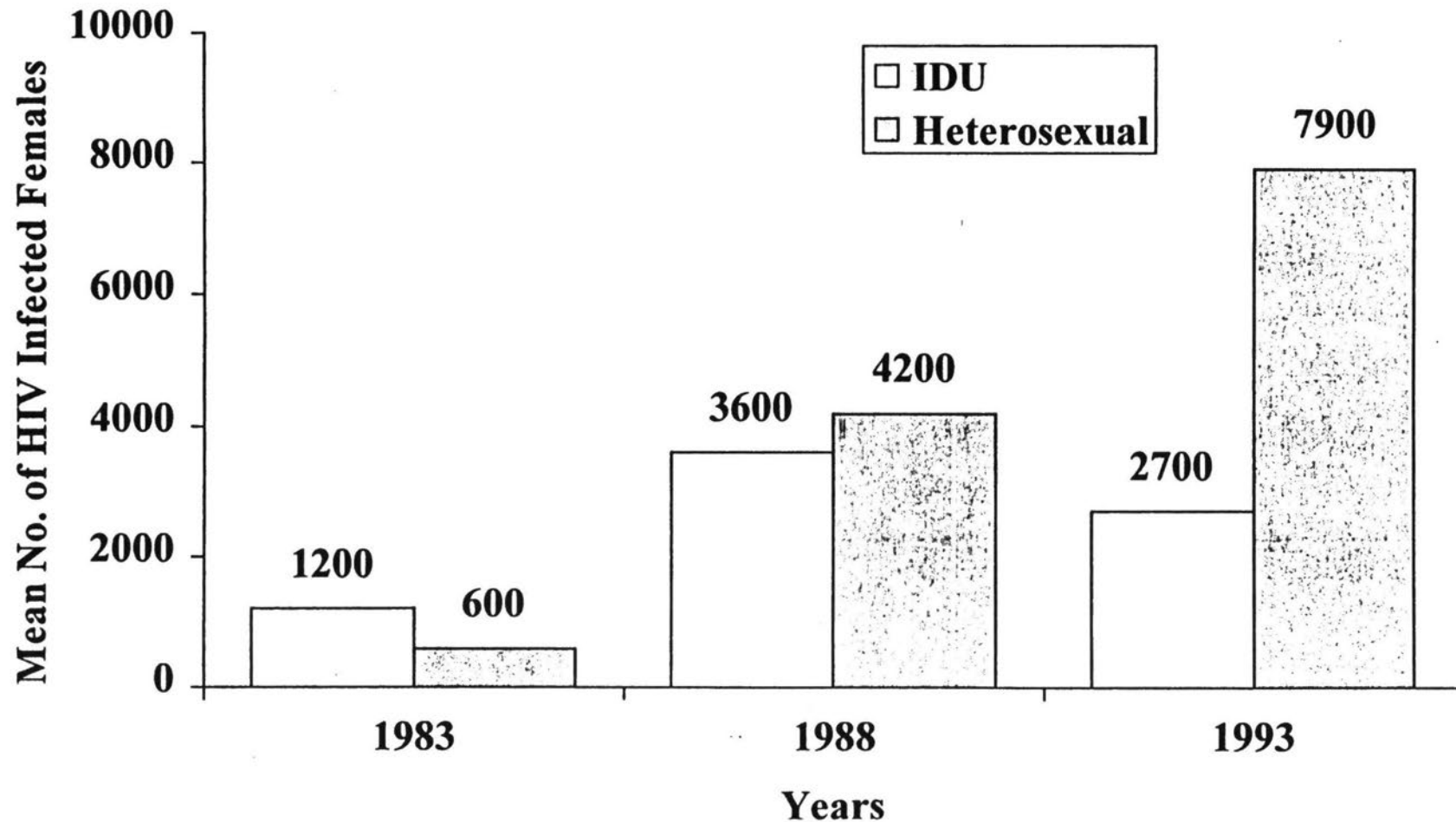
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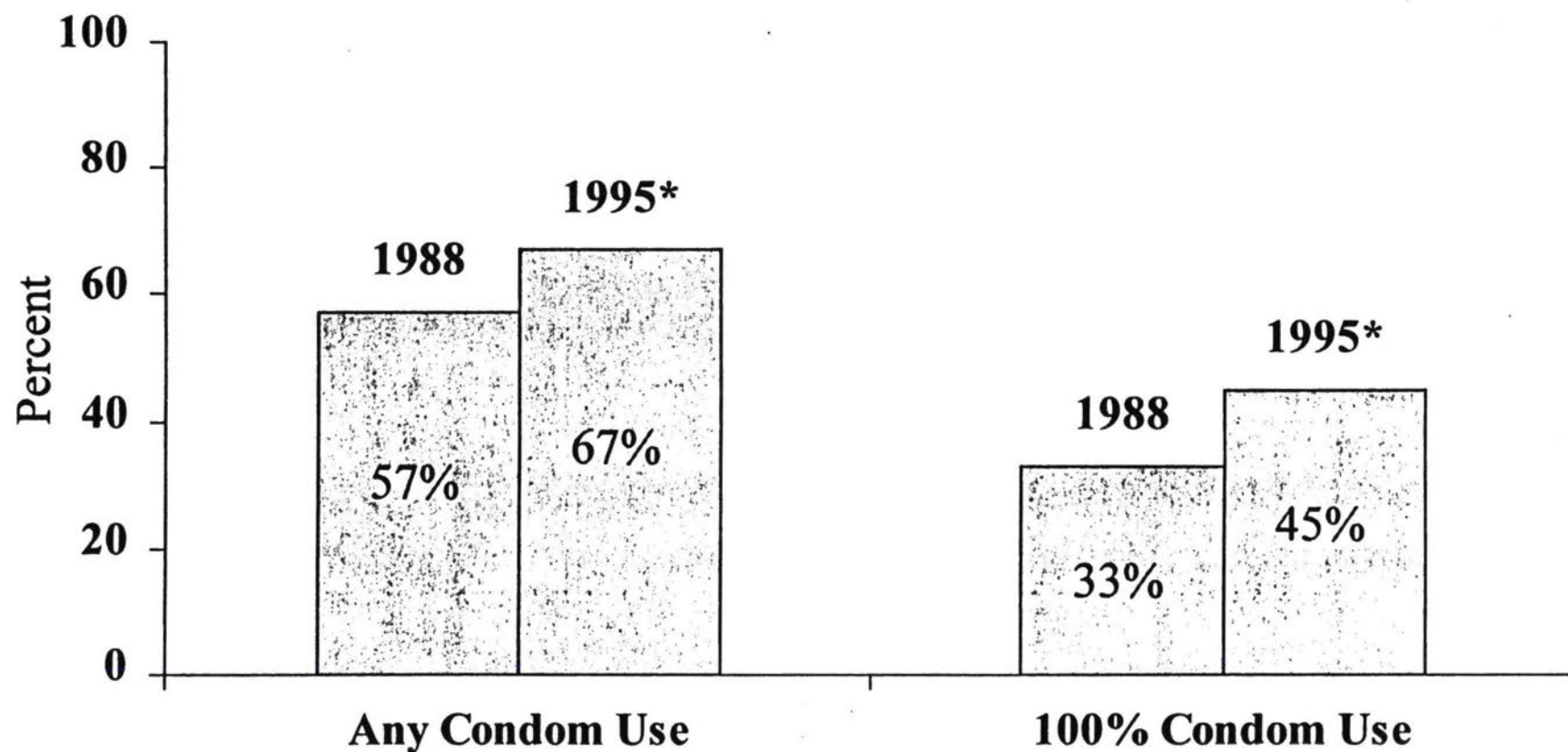
Trends in HIV Prevalence in U.S. Females Aged 18-22 Years: Transmission

(JAMA 1998; 279:1894-1899)



National Survey of Adolescent Males, 15-19 years, 1988 vs 1995

(Am J Public Health 1998; 88:956-959)



* $p < .01$

CDC

Younger Age and HIV Risk in Gay/Bisexual Men in the U.S.

(Mansergh et al., XII World AIDS Conference)

- Cohort of 1629 HIV negative gay & bisexual men (Chicago, Denver, San Francisco)
- Baseline and every 6 months x 2 years
- Inverse relationship between age and:
HIV seroconversion; unprotected receptive anal and unprotected insertive anal intercourse
- Strong associations with perceived peer norms and using bars to meet/socialize with gay men

National Survey of Adolescent Males, 15-19 years, 1988 vs 1995

(Am J Public Health 1998; 88:956-959)

“Despite these improvements, more than a quarter (27%) of teenaged males were still having unprotected sex in 1995. While only 23% of White teenaged males had unprotected sex during the last year, the rates were much higher among Black (39%) and Hispanic (37%) males.”

Community-Level HIV Prevention Intervention

(Kelly, et al. Lancet 1997; 350:1500-05)

Randomized trial: 4 U.S. intervention cities (n=265)
and 4 control cities (n=173)

Written materials in gay bars vs. trained opinion
leaders

Target: non-monogamous men frequenting gay bars

Intervention cities: 30%↓ unprotected AI

50%↑ condom use

Control cities: no behavior changes after 12 mos. F/U

CDL

Effective HIV Prevention for Young Gay Men

(J. de Wit et al., 2nd Intl. HIV Prevention Symposium, Geneva 1998)

- 282 young gay men ($\bar{x}$ = 25 years) randomly assigned to: Information; Motivation; Behavioral Skills, or Control
- Information and condom motivation interventions were most effective for men who were already sexually experienced in anal intercourse
- Skills training interventions were more successful among sexually inexperienced young gay men
- Interventions should be tailored to level of sexual experience

Safer Sex Interventions for African American Adolescents

(Jemmott et al., JAMA 1998; 279:1529-1536)

Intervention	→ 3 mos. →		→ 6 mos. →		→ 12 mos.	
Abstinence	38%	12%		44%	17%	
Safer Sex	66%	17%		50%	15%	
Control	36%	21%		37%	23%	
	consistent condom use in past 3 mos. sexual intercourse past 3 mos.		consistent condom use in past 3 mos. sexual intercourse past 3 mos.		consistent condom use in past 3 mos. sexual intercourse past 3 mos.	

Secondary Prevention With HIV Positive Youth

(Rotheram-Borus & Miller AIDS CARE 1998; 10:17-34)

Formative Findings:

- HIV positive youth peer leaders require ongoing training & support
- Youths may not understand or adhere to medical regimens
- Substance abusing youth often present to health providers when “crashing” -- opportunity to intervene

Principles for Preventing the Spread of HIV in Youth

(Wren, et. al., J Adol Health 1997; 21:309-317)

Quantitative & Qualitative Review of 11 Projects

- Small group discussions

- Involvement of peer educators

- Recognition of adults' roles (e.g. parents, teachers)

- Use of structured settings to gain access (e.g. schools, clubs)

Characteristics Of Outcome Evaluation ($n=110$) Of Sexual Health Interventions For Young People (*AIDS 1998; 12:S191-S196*)

Country	<i>n</i>	%
North America	92	84
Europe	15	13
Developing countries	2	2
Other	1	1
Total	110	100
Intervention setting*		
Educational institution	77	70
Healthcare unit	15	14
Community/home	14	13
Outreach	6	5
Other/unclear	8	7

* Total does not equal 110 or 100% due to overlap

CD

Characteristics Of Outcome Evaluation ($n=110$) Of Sexual Health Interventions For Young People *(AIDS 1998; 12:S191-S196)*

(continued)

Type of intervention*	<i>n</i>	%
Information only	72	66
Skills only	10	9
Information and skills	27	25
Advice/counseling	16	15
Other	2	2

* Total does not equal 110 or 100% due to overlap

Characteristics of Successful HIV Prevention Efforts for Young People

(Peersman & Levy, AIDS 1998; 12:S191-S196)

- Personalize information
- Active learning models (not didactic)
- Strengthen group norms around unprotected sex
- Base interventions on assessments of young people (values/beliefs/needs)
- Integrate pregnancy and STD
- Provide access to social/medical services

School Based HIV/AIDS Education

(SIECUS Review 1995; J Sch Health 1995; 65:302)

- 39 states require school-based HIV prevention
- 25 states mandate abstinence instruction
- 37% of programs have any direct instruction regarding condom efficacy/use
- 81% of programs with condom availability require parental consent
- Variability of instruction is great

Condom Availability in Schools and Sexual Behavior

(Guttmacher et al. AJP 1997; 87:1427-1433)

Cross sectional survey in 1994 of students
grades 9-12

- NYC: 7119 students; 12 randomly selected schools;
condoms available in schools
- Chicago: 5738 students; 10 matched schools;
condoms not available in schools

NYC and Chicago students no sig. diff. in terms
of: % sexually active; frequency of sexual activity;
type of sexual activity

NYC students had higher rates of condom use at
last intercourse ($p < .01$)

Impact of a High School Condom Availability Program

(Schuster et al. Fam Plng Perspt 1998; 30:67-72)

- Baseline (1992) vs Follow-up (12 mos. post-implementation) cross sectional survey grades 9-12 in Los Angeles county
- Baseline $n=1945$; Follow-up $n=1112$
- No significant change in sexual activity
- Significant increase in consistent male condom use from 37% to 50%

●

“Improved prevention of STDs should be an essential component of a national strategy for preventing sexually transmitted HIV infection.”

The Hidden Epidemic: Confronting STDs
Institute of Medicine, 1996

CDC

STD Prevention: Challenges

- 12 million Americans with STDs annually; 25% in teens
- 87% of cases of 10 most commonly reported diseases in U.S., 1995
- STDs concentrated among adolescents, marginalized minority populations; across South; in rural areas of South
- U.S. STD rates up to 50-100 times rates in other industrialized countries
- \$10 billion spent annually on non-HIV STDs & sequelae

Genital Chlamydia Infections without Symptoms

	Mean	Range
Men	52%	14-90%
Women	75%	70-80%

Principles of Effective and Sustainable Interventions

- Base on sound scientific principles
- Adapt to changing circumstances
- See recipients as change agents -- not as targets
- Deliver at multiple levels

Principles of Effective and Sustainable Interventions

- Consider context of behavior/practice/attitudes
- Require partnerships
- Support with technical assistance and evaluation
- Provide “combination therapies”

“No, no, we are not satisfied, and
we will not be satisfied until
justice rolls down like waters and
righteousness like a mighty stream”

Dr. Martin Luther King
1963

Handouts from Thomas Coates' Plenary Session

Reducing HIV Transmission

**What Works?
What's Needed?**

Thomas J. Coates PhD.
Center for AIDS Prevention Studies
AIDS Research Institute
University of California San Francisco

Preventing HIV Transmission

Motivating Risk Reduction

Establishing Social Conditions for Risk Reduction

Targets for Prevention

- **Abstinence (from drugs or sex)**
- **Reducing number of partners (sexual or needle sharing)**
- **Protective barriers (male or female condoms)**
- **Microbicides/virucides**
- **Treatment**

Prevention Strategies That Work

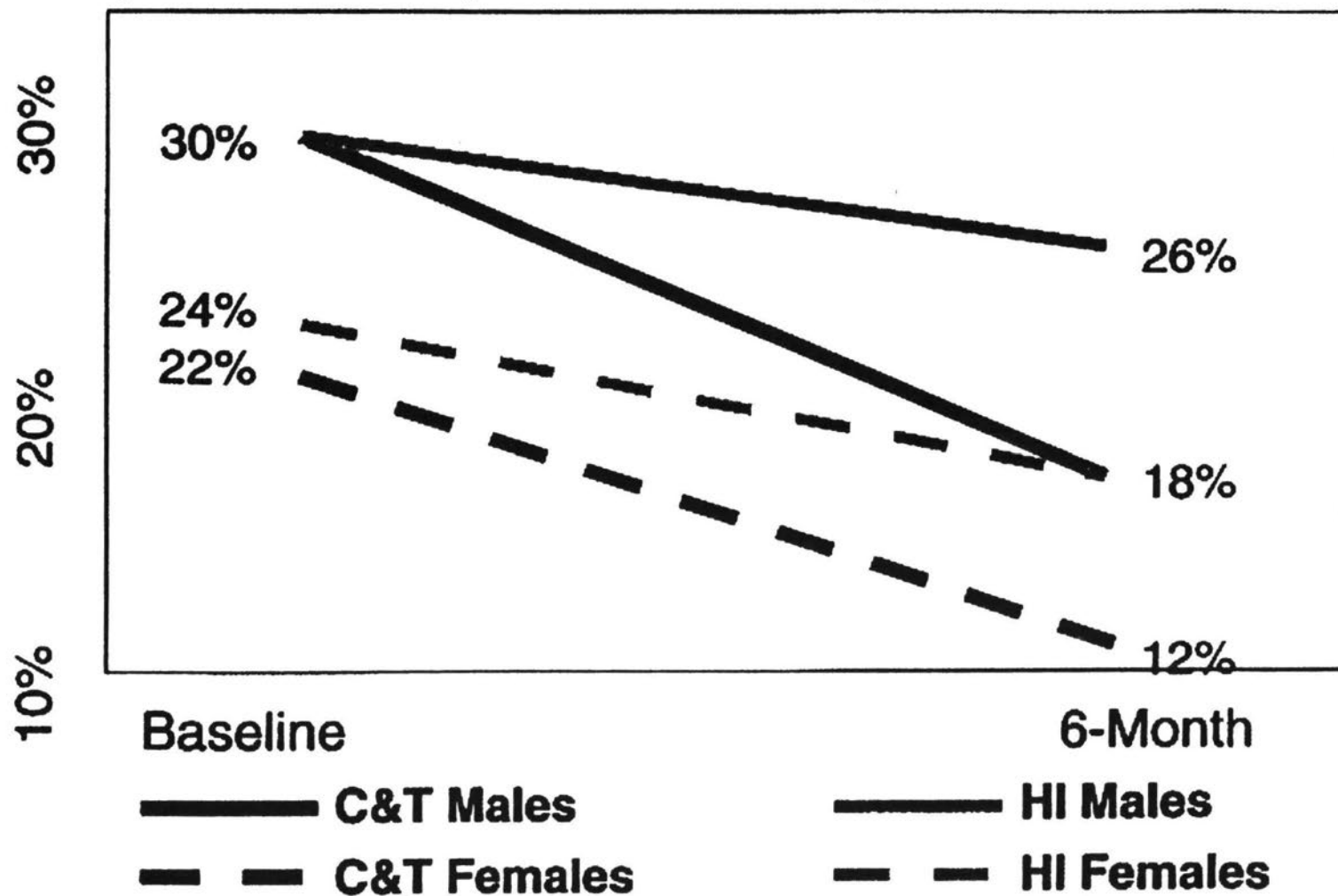
1. Access To:

- Needles (Needle Exchange Studies; Connecticut Evaluation)
- Condoms (Guttmacher et al)
- Female Condoms
- Testing (e.g., for blood supply)
- Treatment (for STDs, for Drug Use, for HIV)

Prevention Strategies That Work

1. Access To:
2. Counseling and Educational Strategies
 - Counseling and Testing (CT Efficacy Trial)
 - One-to-One Counseling (Project Respect)
 - Small Group Counseling (NIMH Multisite Trial)
 - Couples Counseling and Testing (Allen; CT Efficacy Trial)

**Participants Who Enrolled Individually.
Percent Reporting Unprotected Intercourse
With Any Non-Primary Partner During the Previous 2 Months.**



UCSF AIDS Research Institute/ CAPS

● **When partners were referred for testing**

- **4.1% seroconversions before**
- **1.8% among women whose partners were tested**
- **3.4% among women whose partners were not tested**

Serodiscordant Married Couples Undergoing Couples Counseling and Testing Reduce Risk Behavior with Each Other but Not with Extra-Marital Partners

	Sex with Spouse		Unprotected Intercourse with Spouse	
	Baseline	Six months	Baseline	Six Months
+F+	100%	52%	75%	38%
+F-	100%	55%	100%	45%
-F+	84%	71%	79%	50%
-F-	97%	79%	93%	70%

Urban Men's Health Study

- **Cross-sectional household survey**
- **SF, LA, NYC, Chicago**
- **Survey 'ghetto' and "non-ghetto" areas**

UCSF AIDS Research Institute/Center for AIDS Prevention Studies

Condom Use: Primary Partner

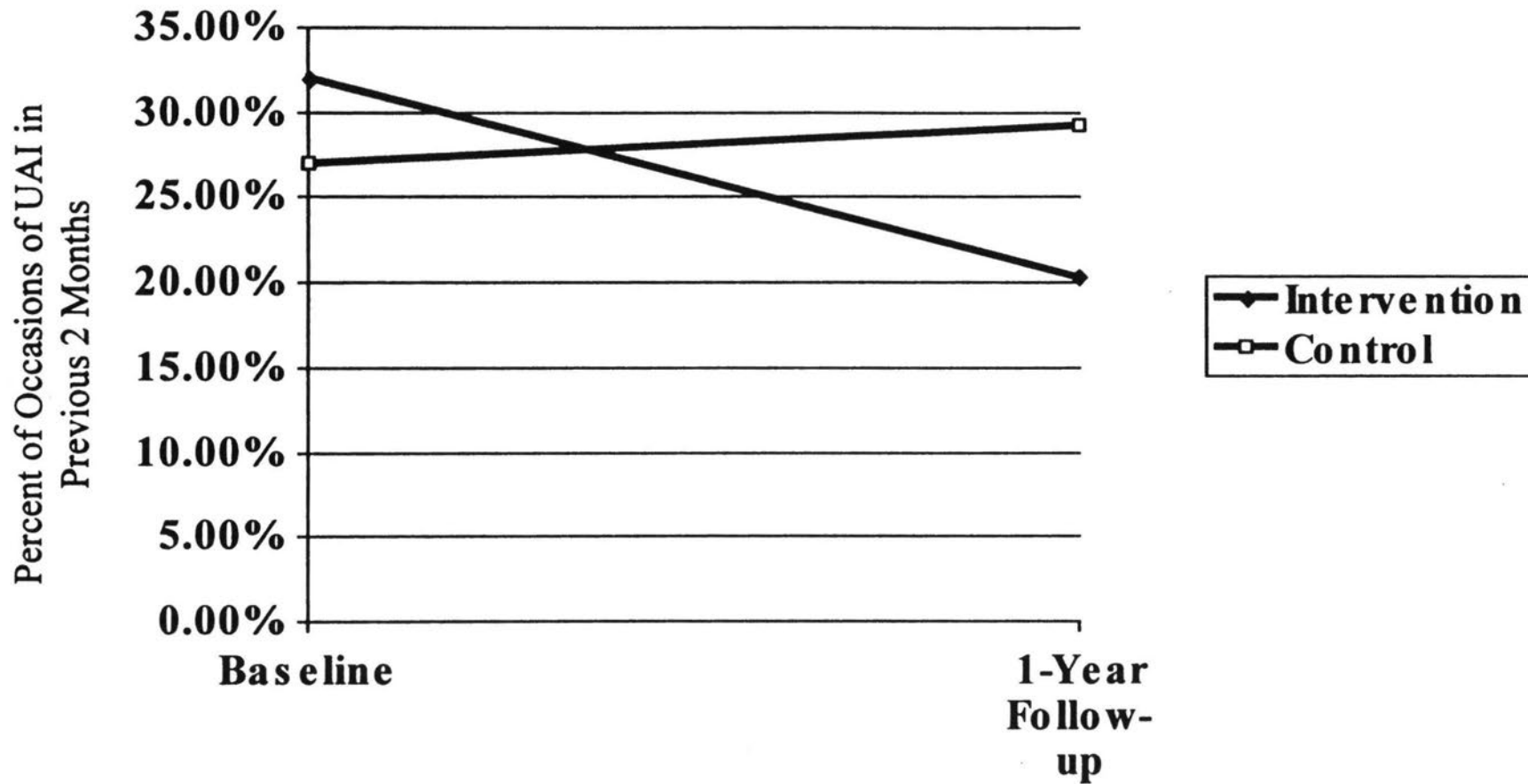
HIV + / Both	21%
HIV - / Both	41%
Discordant	67%
Never Tested	25%

39% had primary partners

Prevention Strategies That Work

1. Access To:
2. Counseling and Educational Strategies
3. Institution-Based Strategies
 - Schools
 - Prisons
 - Bars

Change in Population Risk Behavior from Baseline to 1-year Follow-up



Kelly et. al 1997

UCSF AIDS Research Institute/ CAPS

School Based Programs Face Daunting Challenges

- Many factors encourage unsafe sex
 - hormones
 - emotional and physical needs
 - risk taking
 - ambivalence about pregnancy
 - peer pressure
 - sex as portrayed in the media
- Short educational programs cannot impact all of these forces alone

Abstinence Only Programs?

- Abstinence until marriage
- Little discussion of contraception or
- Contraceptive failure to provide complete protection against pregnancy and STDs

Five Published Studies

None found a consistent and significant impact in ...

- delaying the onset of intercourse
- one study found that they did not delay onset of intercourse

Sex and HIV Education Programs

- Discuss both condoms and other methods of contraception
- To protect against STDs and pregnancy
- Wide range of programs

Sex and HIV Education Programs

- Strongly support the conclusion that sexuality and HIV education do not increase sexual intercourse by
 - ⇒ hastening the onset of intercourse
 - ⇒ increasing the frequency of intercourse
 - ⇒ increasing the number of sexual partners
- Based on 16 well controlled studies

Sex and HIV Education Programs

- Some of these programs increased condom use or contraception use
- "Be A Responsible Teen" (St. Lawrence et al)

delayed onset of intercourse, reduced frequency of intercourse, reduced number of partners, and increased use of condoms

- "Be Proud, Be Responsible" (Jemmott, Jemmott)

reduced number of sexual partners, frequency of sex, and frequency of sex without condoms



Sex and HIV Education Programs

- "Focus on Kids" (Stanton et al)
increased condom use
- "Get Real About AIDS" (Main et al)
*reduced number of sexual partners increased
condom use*
- "Reducing the Risk" (Kirby et al)
delayed onset of intercourse

Sex and HIV Education Programs

- “Safer choices” (Coyle et al)
increased condom use
- “Young African-American Women” (DiClemente et al)
increased condom use

Characteristics of Effective Programs

1. Focused clearly on one reducing one or more behaviors that lead to HIV/STD or pregnancy

- narrow range of behaviors

- did not address other issues such as gender roles, dating or parenthood

- clear message: directed toward convincing students about goal

2. Appropriate to age, sexual experience, and culture

- younger youth: focus on delaying intercourse

- high school students: avoid unprotected intercourse

- college students: avoid high risk situations, use condoms

- from Kirby*

Characteristics of Effective Programs

3. Based on theoretical approaches demonstrated effective in influencing other health risk behaviors

- social cognitive theory
- social inoculation theory
- social influence theory
- theory of reasoned action

- go beyond cognitive and focus on social influences, changing individual values, changing group norms, and building assertiveness skills

4. Lasted a sufficient length of time

- 10 or more hours
- or fewer hours, but small group settings
- from Kirby*



Characteristics of Effective Programs

5. Employed a variety of teaching methods to involve the participants and personalize the information
 - active learning methods
 - experiential classroom and homework activities
 - small groups, games, simulations
 - brainstorming, role-playing
 - written rehearsal
 - verbal feedback, coaching
 - field trips to locate condoms in drug stores
 - visiting family clinics
 - interviewing parents
 - peer educators, videos
6. Basic accurate information about the risks of intercourse without condoms and methods of avoiding it
 - just the basic facts

--from Kirby



Characteristics of Effective Programs

7. Included activities to address social pressures on sexual behaviors
 - situations leading to sex
 - lines used to get others to have sex
 - social barriers to using condoms
 - how to overcome those barriers
8. Provided modeling and practice of communication, negotiation, and refusal skills
9. Selected teachers or peers who believed in the program they were implementing and provided adequate training for them

--from Kirby



Prevention Strategies That Work

1. Access To:
2. Counseling and Educational Strategies
3. Institution-Based Strategies
4. Media-Based Strategies
 - Condom Social Marketing

Prevention Strategies That Work

1. Access To:
2. Counseling and Educational Strategies
3. Institution-Based Strategies
4. Media-Based Strategies
5. Community-Level Strategies
 - Young Gay Men

Prevention Strategies That Work

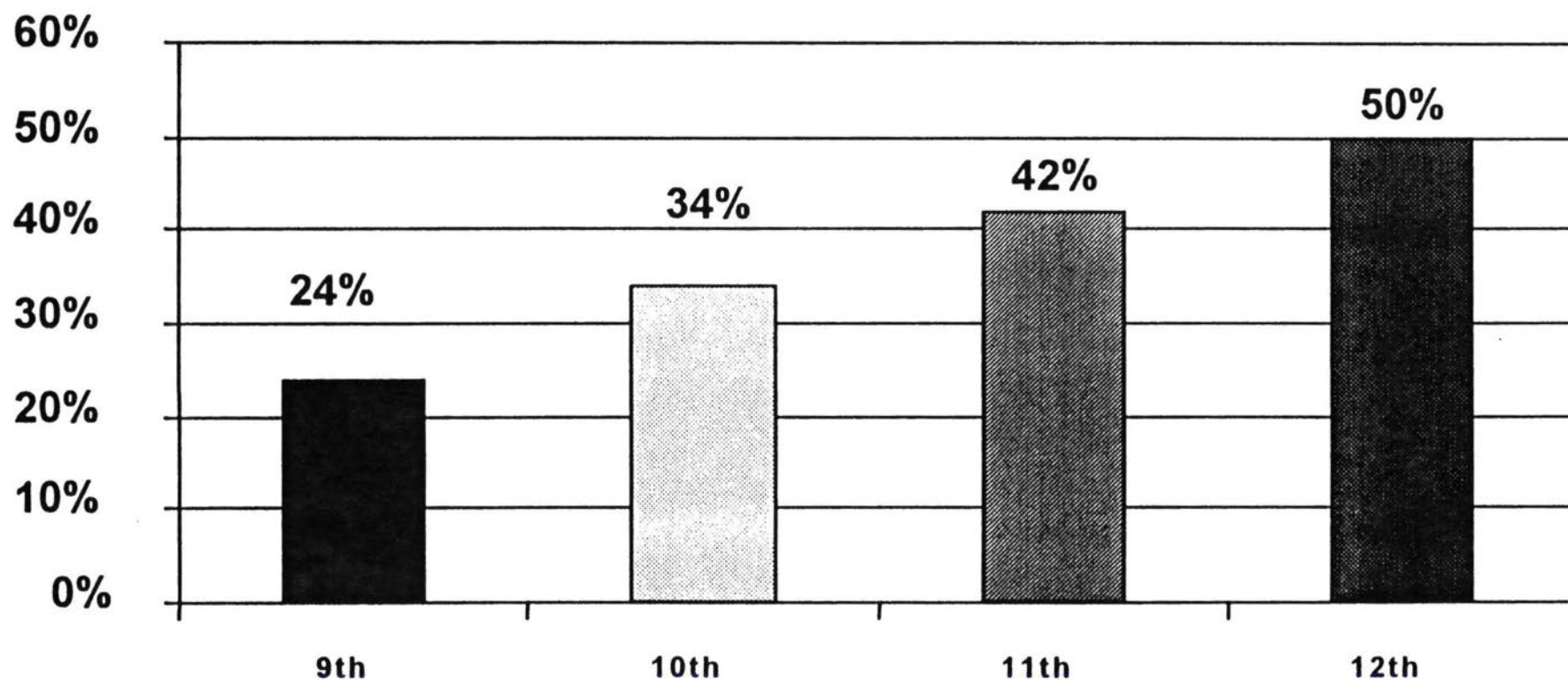
1. Access To:
2. Counseling and Educational Strategies
3. Institution-Based Strategies
4. Media-Based Strategies
5. Community-Level Strategies
6. Medical Strategies
 - Treatment of Sexually Transmitted Infections
 - Drug Treatment
 - Antiretroviral Therapy to Reduce Vertical Transmission (?)
 - Antiretroviral Therapy to Reduce Sexual Transmission

1995 Youth Risk Behavior Surveillance System

- **CDC**
- **Representative sample of 10,904 high school students**
- **Grades 9-12**

UCSF AIDS Research Institute/Center for AIDS Prevention Studies

Percentage of High School students who were Currently Sexually Active* by Grade

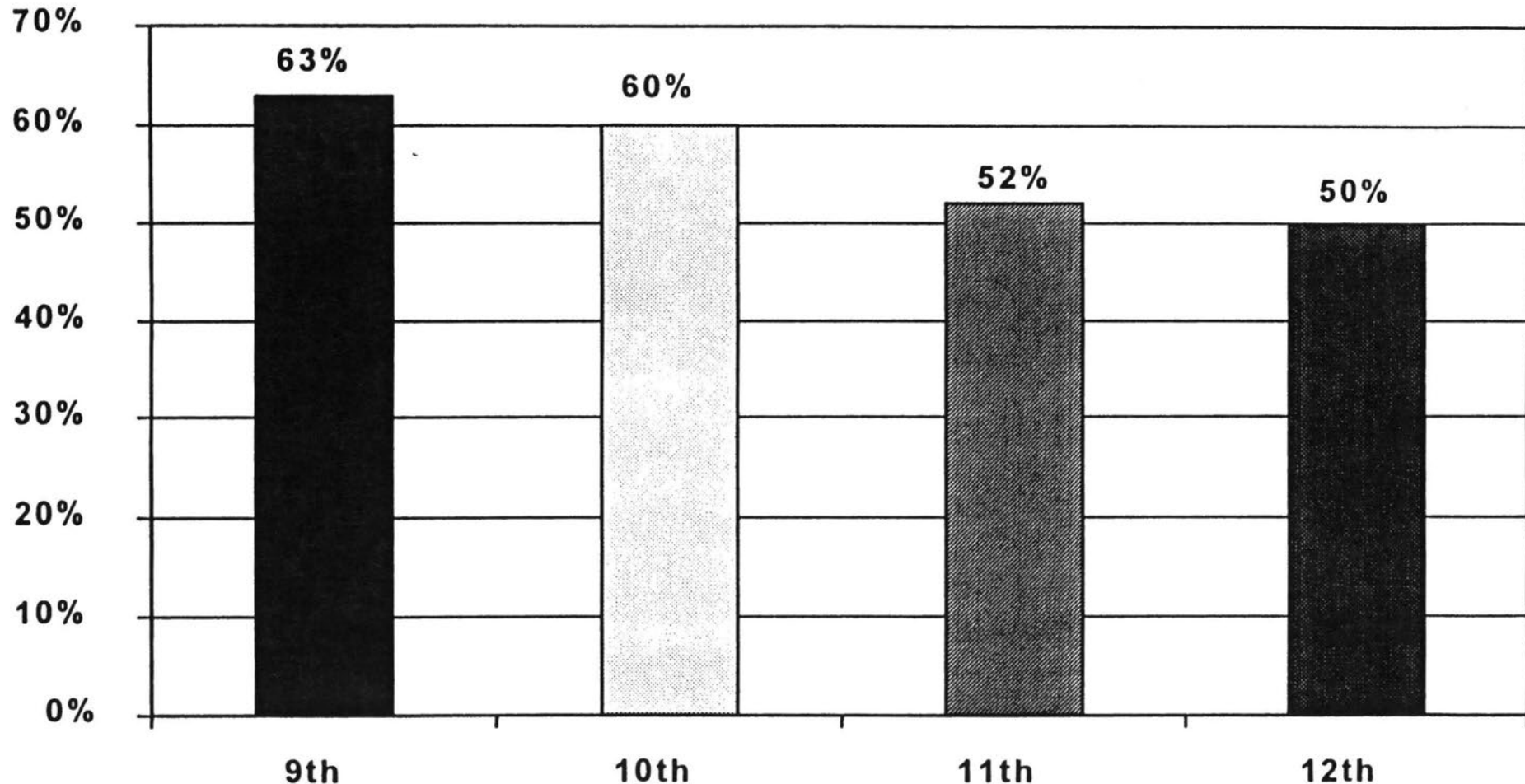


* Sexual intercourse during the 3 months preceding the survey.

1995 National Youth Risk Behavior Survey



Percentage Of High School Students Who Used A Condom During Last Sexual Intercourse, * by Grade

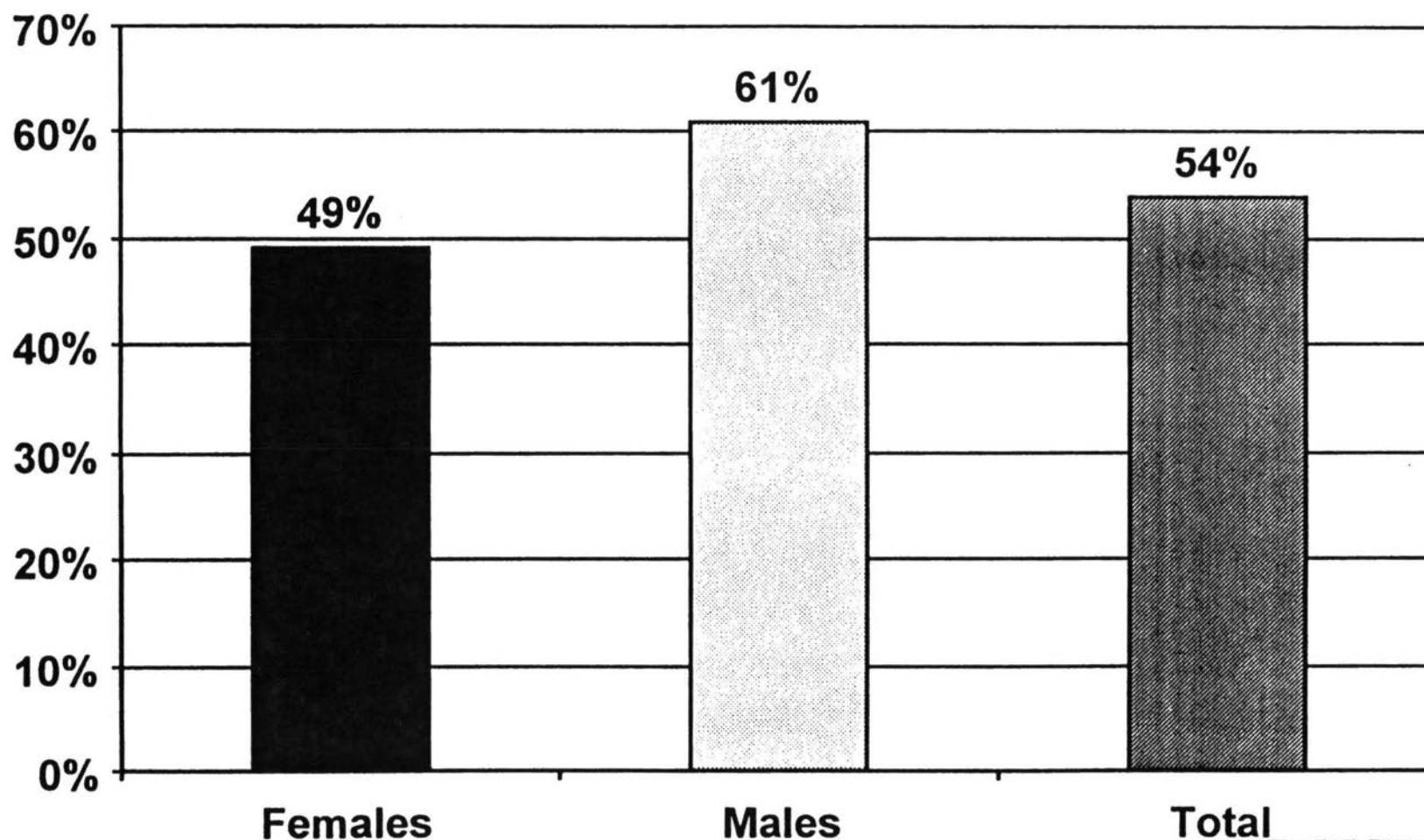


* Among currently sexually active students.

1995 National Youth Risk Behavior Survey



Percentage of High School Students who used a Condom During Last Sexual Intercourse, * by Sex



* Among currently sexually active students.

1995 National Youth Risk Behavior Survey

REMEMBER

- *ADOLESCENTS ARE SEXUAL*
- *PATHOGENS ARE PERVASIVE*
- *UNWANTED PREGNANCY OCCURS ALL TOO OFTEN*

Essential Components of a Comprehensive STD/HIV Prevention Program

1. Participatory community planning
2. Surveillance to know where the problems are
3. STD counseling, testing, treatment, referral, and partner services
4. Individual level health education, risk reduction, and skills building

Essential Components of a Comprehensive STD/HIV Prevention Program

5. Community level interventions to change norms, attitudes, and practices through social marketing, community outreach, and mobilization
6. Public information programs to dispel myths and transmit facts
7. STD prevention and treatment capacity building
9. Evaluation and research

1995 National Survey of Family Growth

- **10,847 Women**
- **15-44 years old**

UCSF AIDS Research Institute/Center for AIDS Prevention Studies

1995 National Survey of Family Growth

- **Proportion reporting sexual intercourse ever, decreased in the 1990's**
- **Marked increase in condom use (first intercourse and current)**
 - **3.6 million in 1982**
 - **5.1 million in 1988**
 - **7.9 million in 1995**

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1995 National Survey of Family Growth

- **8% report 1st intercourse is involuntary**
- **20% report forced intercourse**
- **10% of birth unwanted (12% in 1984-88)**

UCSF AIDS Research Institute/Center for AIDS Prevention Studies

1995 National Survey of Family Growth

Condom use at first intercourse

- **All women 29%**
- **year: 1990-1995 - 54%**
1985-1989 - 36%
1980-1984 - 25%

UCSF AIDS Research Institute/Center for AIDS Prevention Studies

1995 National Survey of Family Growth

Condom use at first intercourse

- all women 54%
- Hispanic 38%
- White 60%
- Black 50%

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Challenges for the Future

1. Maintenance Over the Long Haul

Challenges for the Future

1. Maintenance Over the Long Haul
2. Targeting Unreached Populations

Challenges for the Future

- 1. Maintenance Over the Long Haul**
- 2. Targeting Unreached Populations**
- 3. HIV Prevention in the Era of Combination Therapy and Hope for Vaccines**

Challenges for the Future

1. Maintenance Over the Long Haul
2. Targeting Unreached Populations
3. HIV Prevention in the Era of Combination Therapy and Hope for Vaccines
4. Young People, Especially Young Women

Challenges for the Future

1. Maintenance Over the Long Haul
2. Targeting Unreached Populations
3. HIV Prevention in the Era of Combination Therapy and Hope for Vaccines
4. Young People, Especially Young Women
5. Women in Stable Relationships

Challenges for the Future

6. Alcohol and HIV Transmission

Alcohol and Drug Use at Last Sexual Intercourse

- 24.8% of currently sexually active students reported that they used alcohol or drugs at last sexual intercourse.
- Male students (32.8%) were significantly more likely than female students (16.8%) to report that they used alcohol or drugs at last sexual intercourse.

Challenges for the Future

6. Alcohol and HIV Transmission

7. Sexually Transmitted Clinic Attendees

Challenges for the Future

- 6. Alcohol and HIV Transmission
- 7. Sexually Transmitted Clinic Attendees
- 8. Advocacy to Change Public Policy

Withdrawal/Redaction Sheet

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Youth and HIV

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rs3593

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- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

HIV Prevention: A 10-Point Program to Protect the Next Generation

Thomas J. Coates, PhD (b)(6)
and
Chris Collins, M.P.P. (b)(6)

UCSF AIDS Research Institute and
Center for AIDS Prevention Studies (CAPS), Department of Medicine
University of California, San Francisco
74 New Montgomery Street #600
San Francisco CA 94105
tel: 415-597-9157
fax: 415-597-9213

e-mail: tcoates@psg.ucsf.edu

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Request for reprints should be addressed to: Thomas J. Coates, UCSF AIDS Research Institute and Center for AIDS Prevention Studies, University of California, 74 New Montgomery St. Suite 600, San Francisco CA, 94105 (e-mail tcoates@psg.ucsf.edu).

**PHOTOCOPY
PRESERVATION**

That HIV is spreading rapidly throughout the world can be attributed to two problems: strategies proven to be effective have not been implemented because of political opposition, and the resources dedicated to prevention efforts have been inadequate to address the problem sufficiently. Everyone is waiting for the “magic bullet”-the vaccine. An effective vaccine will save many lives. But the entire developed world spends only \$600m annually on HIV in the entire developing world. That is as much as we spend in the US alone. Increasing the budget to \$2.5b (1% of the US defense budget) would save innumerable lives. HIV prevention science is at a highly advanced stage. We now need to use it.

The Epidemic of HIV In The US Is Unnecessary

The Centers for Disease Control and Prevention (CDC) estimate that 40,000 new HIV infections occur annually in the U.S. (Holmberg, 1996). Most of these infections are avoidable because evaluations from several developed and developing countries have demonstrated unequivocally that epidemics of HIV can be avoided and also can be turned around once they appear to be out of control. The US has lacked the political will to implement strategies known to be effective in managing the epidemic (see Coates , Aggleton, Gutzwiller, et al, 1996). Australia and New Zealand contained the spread of HIV through quick implementation of sound prevention practices. Australia reported 5833 cases of AIDS (72% or 4196 deceased) to the end of March, 1995 (National Centre, 1995). The number of new HIV infections among men who have sex with men decreased from a peak of 2,284 in 1987 to 772 in 1994 and New Zealand reported 511 cases of AIDS to the end of September, 1995 with sharply declining rates since 1992 (Sharples, Dickson, Paul & Skegg, 1996). About 80% of new infections and cases in both countries have occurred through homosexual contact. Neither Australia nor New Zealand experienced an HIV epidemic among injection drug users (IDUs). The strategies for accomplishing this were not complicated, but relied on close and continuing collaboration between affected communities and public health officials, treatment for drug and alcohol abuse

on demand, and pragmatic harm reduction strategies to insure that HIV would spread as little as possible.

HIV Prevention Among All At-Risk Populations Requires Multiple Levels of Intervention

HIV transmission is caused, as with most health problems, by processes at the individual and societal levels. We conceptualize HIV prevention of six levels of influence (Tables 1 and 2) and present examples of effective strategies at every level.

Insert Tables 1 and 2 about here

The **Individual Level** helps individuals to change by providing knowledge, or altering beliefs, attitudes, perceived norms, motivations, skills, or biological states related to high risk activities. Interventions at the individual level attempt to change intra-psychic factors such as knowledge, skills, and motivations to use both. Interventions at the individual level also assist individuals in reducing use of drugs related to high risk activities. Examples abound of individual and small-group strategies aimed at modifying individual level variables to modify sexual and injection behaviors to reduce HIV transmission (Kelly et al, 1992; Rotheram-Borus et al, 1991; Jemmott, Jemmott, & Fong, 1992; DiClemente & Wingood, 1995). These studies have demonstrated the impact of such interventions on self-reported behavior, but evaluations demonstrating reductions in incident infections are few and far between.

Project Respect (see Kamb et al, 1996) is a multi-center randomized controlled trial evaluating HIV prevention counseling in increasing condom use and reducing STD (including HIV) incidence conducted at 5 STD clinics. HIV-negative heterosexual participants were randomly assigned to 1 of 3 face-to-face interventions: HIV education (2 sessions with brief HIV/STD prevention messages; HIV Prevention Counseling (2 sessions aimed at increasing risk perception using specific, achievable steps toward behavior change; and Enhanced Counseling (4 sessions based on theoretical constructs of behavior change also using small steps). A total of

5872 patients were enrolled; 3340 men and 2532 women. Follow-up was 70% at 3 and 6 months and 65% at 9 and 12 months. Through the 6-month follow-up, participants in both counseling arms had a reduced risk of a new STD (enhanced counseling vs. control, $RR=0.80$, $p=.003$; HIV prevention counseling vs. control, $RR=0.84$, $p=0.02$). The two counseling conditions did not differ from each other. Reported condom use increased in all intervention arms although the enhanced counseling has the highest condom use at each follow-up.

An intervention study conducted recently among commercial sex workers in India demonstrates both the potential and the limits of individual-level interventions. Bhawe et al (1995) developed an innovative intervention to reduce new infections among commercial sex workers in the red light areas of Bombay (Bhawe et al, 1995). The brothels contain 100-150 women, and the women are virtually captive once they are sold into prostitution. Their access to medical care is limited. Two relatively comparable houses were chosen in which to conduct an evaluation of the intervention using a quasi-experimental design. The quasi-experimental design was chosen in this case because an design using randomization of individuals would have been subject to contamination across treatment conditions. The intervention consisted of a six-month program using educational videos, small group discussions, and pictorial educational methods to address theoretically based variables, found through focus groups and baseline interviews, to be related to high risk-behavior. Three hundred thirty-four commercial sex workers received the experimental intervention and 207 commercial sex workers received the control intervention. The one-year seroconversion rates in the intervention vs. the control group (all $p<.01$) were 6% vs. 15% for HIV, 8% vs. 21% for syphilis, and 4% vs. 11% for hepatitis B surface antigen (all $ps<.01$). Certainly, the seroconversion rates in the intervention group were dramatically below that of the control group, but no one could be satisfied as long as 6% of any group was still seroconverting to HIV.

The **Dyadic/Familial Level** refers to interpersonal processes occurring between two individuals likely to have sexual intercourse or to share injection equipment. This level also refers to familial interactions likely to affect the course of HIV transmission. An example would

be parent/child communication about sexuality. Interventions at this level attempt to influence the couple or the family.

The need for interventions focused on couples comes from a variety of findings. Catania et al (1992, 1995), in the National AIDS Behavioral Surveys, found that women were more likely than men to have risky sexual partners, especially if the women were from their own income strata. Women, relative to men, were more likely to be in risky partnerships (i.e., where the partner injected drugs or had other male or female sex partners) where condoms were not being used. A total of 64% of the women with a risky partner were in cities where the prevalence of HIV is high. Women in these relationships may feel powerless to influence the risk behavior of their partners or to insist on protective actions that would prevent HIV transmission. A community-level intervention focused on young gay men (see Kegeles et al, 1996) was successful in reducing the proportion of men who engaged in unprotected anal intercourse with casual partners, but not in the percent of men reporting unprotected anal intercourse with boyfriends. Clearly, it is essential to focus on risk reduction in intimate relationships, and dyadic approaches may be essential for this process.

We are aware of few attempts to intervene at the dyadic level. One study carried out in Rwanda among a cohort of child-bearing women showed that while the prevalence of HIV infection was 32%, it was 25% among the majority of women who reported only one lifetime partner. Women exposed to HIV counseling and testing showed increases in reported condom use (Allen et al, 1992). Only 7% of the women had used condoms before the study and after one year of follow-up, 16% of HIV- and 35% of HIV+ women reported using condoms. Among a subsample of women whose partners volunteered to be tested, condom use rates were even higher (23% and 55% among HIV- and HIV+ women respectively). HIV seroconversion rates decreased to 1.8 per 100/py of observation in HIV- women whose partners were tested, but remained at 3.4 per 100/py among women whose partners were not tested. In another analysis of this study, marked increases in reported condom use were noted among discordant couples (57% of discordant couples were using condoms at the 1-year follow-up. Intensive and repeated

counseling also led to large increases in reported condom use (from less than 5% ever use to 71% regular use) and abstinence (from 0 to 28%) among couples found to be discordant in a research project in Zaire. We recently confirmed these findings in a multicenter randomized controlled study in three developing countries (Kenya, Tanzania, and Trinidad),

Interventions at the **Institutional/Community Level** attempt to modify social norms, influence social networks, resources and opportunities, and barriers to preventive practices in the community. Examples of change strategies include peer outreach, diffusion of innovation, community mobilization, mass media, condom marketing, and syringe exchange. Outreach and community mobilization strategies have been used effectively to reduce HIV risk among gay and bisexual men. Kelly et al (1992) demonstrated the impact of social influence intervention in small communities in the US. Population-wide surveys were conducted of all men patronizing gay clubs in each city to establish risk behavior base rates. After a small cadre of popular “trendsetters” were identified, they received training in approaches for peer education and then contracted to communicate risk reduction recommendations and endorsements to friends. Surveys were repeated at regular intervals in all cities, with the same intervention introduced in all cities in a lagged fashion. The interventions consistently produced systematic reductions in the population’s high risk behavior (unprotected anal intercourse of 15% to 29% from baseline levels), with the same pattern of effects sequentially replicated in all three cities.

Kegeles et al (1996) developed and implemented a community-level HIV prevention program in mid-sized communities. The peer-led program had three components: outreach, small groups, and a publicity campaign. Independent from the prevention program, a cohort of young gay men was surveyed in this and in a similar comparison community pre- and post-intervention. Following the intervention, the proportion of men engaging in any unprotected anal intercourse decreased from 41% to 30%, from 20% to 11% with non-primary partners, and from 59% to 45% with boyfriends. No significant changes occurred in the comparison community over the same period. These data demonstrate the efficacy of a community-based prevention approach which is embedded into social activities and community life.

Interventions at the **Policy/Legal Level** attempt to influence laws and policies. Examples from other fields of disease prevention have documented the potency of changes at this level. Taxing cigarettes to reduce consumption, outlawing smoking in workplaces, requiring helmets for motorcycle riders, fluoridating water to reduce cavities, and increasing penalties for driving while under the influence of alcohol have all had documentable and important impacts on risk behaviors and disease prevention.

Examples of changes at this level include widespread advertisement of condoms, laws allowing syringe and needle acquisitions, laws regulating commercial sex work, laws and policies regarding HIV testing and counseling, and laws outlawing discrimination on the basis of HIV disease. Change strategies include positive policies regarding condom advertisements, over the counter sales of syringes, and medical care for persons with HIV. Evaluations of syringe exchanges in the US and abroad provide an example of an environmental strategy dependent upon structural level changes. Syringe exchange is a strategy to increase access to sterile needles and syringes and thereby reduce the need for individuals to re-use or share contaminated needles and syringes (Lurie et al, 1993). Unfortunately, syringe exchanges in the US have run afoul of political issues, their implementation has not been endorsed by the Federal government and has often been blocked in the courts. The cost in lives lost is enormous (Lurie & Drucker, 1997). This is in stark contrast to the governments of Europe and Australia where harm reduction approaches were embraced with predictable beneficial effects.

Connecticut recently changed its laws regarding syringe sales and possession, with dramatic effect (Groseclose et al, 1995; Valleroy et al, 1995). In July 1992, pharmacists were permitted to sell and individuals were permitted to possess up to 10 syringes without medical prescriptions. Groseclose et al (1995) conducted two serial-cross sectional surveys with IDUs recruited in drug-treatment centers, correctional facilities, and health department settings before and after the enactment of these laws. Among IDUs who reported ever sharing a syringe, syringe-sharing decreased after the new laws (52% before vs 31% after; $p=0.02$). Fewer IDUs reported purchasing syringes on the street after the new laws (74% before vs 28% after; $p<.0001$)

and more IDUs reported purchasing syringes from a pharmacy after the new laws (19% before vs 78% after; $p < .0001$). Needlestick injury rates after the new laws among Hartford police officers were lower after the new laws (6 per 1007 drug-related arrests before vs 2 per 1032 arrests afterwards).

Diaz et al (in press) analyzed data from an interview survey of 11,757 patients 18 years of age or older with HIV or AIDS between June 1990 and August 1995 in 12 state or city health departments in the US (Arizona, Delaware, New Mexico, South Carolina, Los Angeles, Washington State, Atlanta, Connecticut, Denver, Detroit, Florida, and Jersey City). A total of 1525 persons had ever shared syringes and reported injecting in the past 5 years and 784 (51%) had injected in the year before the interview and of these 389 (49%) had shared during that year. The only statistically significant time trend was that the proportion of IDUs who shared decreased from 71% in 1992 to 15% in 1995. This trend appeared to be related to the 1992 changes in Connecticut laws which allowed purchase and possession of syringes without a prescription.

Interventions at the **Superstructural Level** attempt to identify and change deep and pervasive attitudes and structures in society which facilitate HIV transmission. Examples include sex phobia, homophobia, racism, acceptance of social and economic inequality, and sexism (see Lurie, Hintzen & Lowe, 1995; O'Reilly & Piot, 1996). Change strategies at the superstructural level include social movements, changes in constitutions governing countries (the fact that the Constitution of South Africa outlaws discrimination based on sexual orientation is important), legislative changes, and revolutions. Such changes take a long time and their modification is not easy; nonetheless, consideration of possibilities should be undertaken in a comprehensive HIV prevention strategy. Clearly, HIV prevention for women will require considerable effort at this level to insure better educational and occupational opportunities for women and to insure legal protections and power in society.¹

¹An example identified recently is a manual detailing the rights of women under Islam entitled "Claiming Our Rights: A Manual for Women's Human Rights Education in Muslim Societies." The manual contains instructions for conducting grass roots discussions and interpretations of the Koran, along with texts of major international agreements on human rights, particularly women's rights, which many Muslim nations

Scientific Breakthroughs in Pathogenesis and Drug Discovery Require that HIV Prevention Be Reconceptualized

HIV prevention can also be accomplished through **Medical and Technological Interventions** (see Tables 1, 2, and 3). New technological and medical advances provide both hope and challenges.

Treatment of HIV Disease. It has been observed recently that triple combination therapy for HIV (with nucleoside analogs and protease inhibitors) can reduce circulating HIV in the blood to non-detectable levels (Carpenter, Fischl, Hammer et al, 1996). These findings offer great hope to HIV-infected individuals; both quantity and quality of life should be increased as a result (Feinberg, 1996). How this will affect HIV prevention is unknown. Certainly, people with HIV infection will be living longer; programs will need to be created to attend to their special needs to maintain low risk behaviors over a long period of time. It is also possible that effective treatment of HIV might reduce the potential for transmission through sharing of injecting equipment or through sexual intercourse.

Counseling and Testing. Counseling and testing has been an important mainstay of HIV prevention and is essential for getting infected individuals into care (Coates et al, 1990; Higgins et al, 1991). An important means to reduce HIV transmission in this country has been through routine HIV testing of blood donations; only 12 to 14 infectious donations are available annually of a total of 12 million donations (ref--NEJM). Advances in treatment for HIV as well as advances in testing technology (rapid tests, more accurate tests, home testing, tests of circulating virus before formation of antibodies), true home testing (Merson, Feldman, Bayer & Stryker, 1997) requires advancing the science of testing as well as practices and policies surrounding it. While there has been much discussion of the potential psychological consequences of HIV, most studies document the fact that most individuals cope with the results and do not experience long-term psychological consequences (Phillips & Coates, 1995). The social consequences, however,

have signed. The objective is to stimulate a women's movement and gradual cultural change. *NY Times*, December 29, 1996, page 5.

can be devastating and merit more discussion and strategies to protect HIV infected individuals, especially women, against abuse and other negative effects (Van der Stratten et al, 1996).

Sexually Transmitted Diseases. STDs have long been implicated as a co-factor for HIV transmission (Adler, 1996). Such diseases are a major public health problem in most developing countries, and are endemic in certain parts of the US. In fact, the US has the highest rates of STDs of any developed country (Eng & Butler, 1996). A recent randomized clinical trial demonstrated the efficacy of aggressive syndromic treatment of STDs in reducing HIV transmission by 40% in rural Tanzania (Grosskurth, Mosha, Todd et al, 1995). Strategies are needed both for primary prevention of STDs (such as Project Respect, see Kamb et al, 1996) and for early diagnosis and treatment of STDs in order to reduce HIV transmission.

Vertical Transmission. Over 1.5 million children worldwide have been infected with HIV through maternal-child transmission. ACTG076 demonstrated that treatment with zidovudine before, during, and after delivery (to mother and infant) reduced vertical transmission by over 60% (Connor, Sperling, Gelber et al, 1994). Following the release of these results, the CDC in collaboration with the National Institute of Health (NIH) and HRSA drafted guidelines to promote routine and universal HIV counseling and voluntary testing for all pregnant women and AZT therapy for HIV-infected pregnant women and their babies. These efforts have dramatically reduced AIDS cases in children. The incidence of perinatally acquired AIDS peaked in 1992; cases began to decline in 1993 and dropped dramatically in 1994 (by 8% from 1993) and 1995 (by 17% from 1995). Thus the number of perinatally acquired AIDS peaked at 905 during 1992 and was 663 in 1995 (CDC, 1996b). Studies are now underway to determine if triple combination therapy reduces chances of infection even further, and if other regimens that are simpler to administer and perhaps carry less danger to the fetus might be just as effective. Other strategies for reducing maternal-child transmission can involve effective family planning and contraceptive counseling for HIV-infected mothers (Allen, Serufilira, Gruber et al, 1993; King, Estey, Allen et al, 1995), reduction of unprotected intercourse (presumably from an HIV-infected partner) before, during, and after pregnancy (Bulterys, Chao, Dushimimana et al, 1993;

Matheson, Thomas, Abrams et al, 1996) and Cesarean delivery (Kuhn, Bobat, Coutsoudis et al, 1996).

Vaccines. The NIH has declared development of an effective vaccine against HIV-1 to be one of its highest priorities (Cohen, 1996); certainly control of infectious disease epidemics usually do not occur until an inexpensive, effective, and easily administered vaccine is available. HIV offers special challenges, not the least of which is its ability to mutate rapidly leading to high genetic diversity (Hu, Dondero, Rayfield et al, 1996). The scientific challenges in vaccine development are considerable but the social and behavioral challenges may be more so. It is unlikely that vaccines will be able to eradicate HIV in high prevalence areas unless they are combined with considerable risk behavior reduction (Blower & McLean, 1994). If risk behavior increases as a result of a vaccination campaign, then vaccination could have a perverse outcome by increasing the severity of the epidemic.

HIV Prevention Among Women Needs To Become the Highest Priority

Women are especially vulnerable to HIV and neglected at the same time. AIDS incidence among women has increased steadily since 1983; women now account for 19% of AIDS cases (CDC, 1996b). While women do not comprise a majority of AIDS cases in the US, they do in developing countries (Cohen & Trussell, 1996). All of the previous 9 points of this paper must be applied to HIV prevention among women (see also Ehrhardt, Exner & Seal, 1995):

- Women need interventions that are targeted to their special needs and that take into account their multiple roles;
- Interventions at all levels need to be developed including those at the individual level (to increase knowledge, skills, and motivations), at the dyadic level (to provide strategies for developing safety within relationships), the community level, the policy/legal level (to develop laws and legal systems which protect the rights of women and which also increase women's equality in society), and the superstructural level (to overcome economic and social barriers to women's rights);

- Medical and technological strategies need to assist women in treating their own HIV disease (apart from the need to prevent vertical transmission), to provide women-controlled HIV prevention technologies, to insure diagnosis and treatment of STDs, and to assist women in making decisions about counseling and testing, family planning, and treatment for HIV;
- Strategies for reaching young women are essential, as the age of infection among women tends to be lower than the average of infection among men (Cohen & Trussell, 1996);
- Reform of drug policy, especially as it relates to access to treatment and harm minimization, are essential as the vast majority of heterosexual transmission in the US occurs from IDUs to their sexual partners;
- Strategies targeted at communities of color in the US and developing countries are essential, as this is where the majority of new HIV infections among women are occurring;
- Social movements to increase educational and occupational equality and opportunities and to reduce legal discrimination and provide equal protection for women.

Progress Requires Emphasizing Only Important Research

HIV may continue to spread but not because of lack of know-how. Prevention science and practice have yielded strategies which can, if applied, decrease new HIV infections (see Coates et al, 1996b; Stryker et al, 1995). The challenges of HIV prevention have been enormous. HIV prevention research began in an extremely unfriendly era. Social and behavioral science research were deemed of little value and received few resources in the 1980's. Sexual behavior research had all but been stopped; remember that early estimates of the potential for the spread of HIV had to rely on Kinsey's statistics from the 1940's and 1950's. Drug abuse research was dominated by treatment and interdiction; harm reduction approaches took a long time to gain credence and to receive funding support. HIV prevention research has provided proven strategies for reducing high risk behaviors and HIV transmission.

Major advances have been made in the first 16 years of the HIV epidemic in identifying pathogenic mechanisms, in diagnosing and treating opportunistic infections, in developing therapies that have expanded the quantity and increased the quality of life of infected individuals, and in developing effective prevention strategies. While some, especially in the popular media, have heralded the recent advances as the end of the epidemic, others have acknowledged that the advances are important and useful but perhaps only signal "...the end of the beginning of the epidemic." Current scientific progress only points the way to the possible; the remaining tasks are numerous and daunting.

TABLE 1

Levels of Causation and Change Determinants of HIV Transmission

Level	Definition	Examples
Individual	how environment is experienced and acted upon by individuals; individual biological states	knowledge, risk perception self-efficacy, levels of intoxication, biological determinants of sexual behavior etc.
Dyadic/Familial	how couples interact and negotiate sexual and needle sharing behavior; how families communicate regarding sexual behavior	implicit and explicit "rules" governing power and sexual relations
Institutional/Community	social norms, resources, and opportunities, disease prevalence	access to condoms, needles, health care behavior and norms of peers
Policy/Legal	laws and policies	paraphernalia laws, discriminatory practices, inheritance laws, laws and policies regarding confidentiality
Superstructural	social and economic structures; widely held and pervasive societal customs and attitudes	social and economic restraints on women
Medical /Technological	medical treatment	drug, STD, mental illness, antenatal, and HIV treatment; and testing of blood donations; virucides and spermicides

Adapted from Sweat and Dennison, 1995.

TABLE 2

Levels of Causation and Change Change Mechanisms with Intervention Examples

Level	Change Mechanism	Examples
Individual	educational, motivational appeals, skills-building, counseling	individual or small group strategies; drug and alcohol treatment
Dyadic/Familial	skills-building, couples counseling w or w/o testing	couples counseling and testing, family skills training
Institutional/Community	community organization and mobilization, condom marketing and distribution, syringe distribution, access to care	peer outreach, community mobilization, condom marketing and distribution, syringe exchange, drug and alcohol treatment on demand
Policy/Legal	legislation and policy reform	legislating syringe exchange and anti-discrimination, anonymous testing, movements and laws
Superstructural	social movements, revolution	anti-poverty programs, anti-discrimination programs, education opportunity programs
Medical/Technological	treatment can reduce or the likelihood of engaging in high risk behavior	drug treatment, STD treatment, antenatal care, virucides and microbicides

Adapted from Sweat and Dennison, 1995.

Table 3

Technologies and Treatment Can Reduce HIV Transmission

- 1. Routine HIV testing of the blood supply**
- 2. More accessible HIV counseling and testing**
- 3. Treatment of HIV using Triple Combination Therapy (?)**
- 4. Treatment of sexually transmitted diseases**
- 5. Antiviral treatment pre- and post-partum to reduce vertical transmission**
- 6. Treatment of Drug and Alcohol Abuse**
- 7. Treatment of Mental Illness**

References

- Adler, M.W. (1996). Sexually transmitted diseases control in developing countries. *Genitourinary Medicine*, 72, 83-88.
- Aggleton, P. (1996). Global priorities for HIV/AIDS intervention research. *International Journal of STD & AIDS*, 7 (Suppl. 2), 13-16.
- Allen, S., Serufilira, A., Bogaerts, J., et al. (1992). Confidential HIV testing and condom promotion in Africa. *Jama*, 268, 3338-3343.
- Allen, S., Serufilira, A., Gruber, V., Kegeles, S., Van de Perre, P., Carael, M., & Coates, T.J. (1993). Pregnancy and contraception use among urban Rwandan women after HIV testing and counseling. *American Journal of Public Health*, 83, 705-709.
- Baker, A., Heather, N., Wodak, A., Dixon, J., & Holt, P. (1993). Evaluation of a cognitive-behavioural intervention for HIV prevention among injecting drug users. *AIDS*, 7, 247-256.
- Ball, J.C., Lange, W.R., Myers, C.P., & Friedman, S.R. (1996). Reducing the risk of AIDS through methadone maintenance treatment. *Journal of Health and Social Behavior*, 29, 214-226.
- Bhave, G., Lindan, C.P., Hudes, E.S., Desai, S., Wagle, U., Tripathi, S.P., & Mandel, J.S. (1995). Impact of an Intervention on HIV, Sexually Transmitted Diseases, and Condom Use Among Commercial Sex Workers in Bombay, India. *AIDS*, 9 (Suppl. 1), S21-S30.
- Blower, S.M., & McLean, A.R. (1994). Prophylactic vaccines, risk behavior change, and the probability of eradicating HIV in San Francisco. *Science*, 265, 1451-1454.
- Bulterys, M., Chao, A., Dushimimana, A., et al. (1993). Multiple sexual partners and mother-to-child transmission of HIV-1. *AIDS*, 7, 1639-1645.
- Carpenter, C.C.J., Fischl, M.A., Hammer S.M., Hirsch, M.S., Jacobsen, D.M., Katzenstein, D.A., Montaner, J.S.G., Richman, D.D., Saag, M.S., Schooley, R.T., Thompson, M.A., Vella, S., Yeni, P.G., Volberding, P.A. (1996). Antiretroviral therapy for HIV infection in 1996: Recommendations of an international panel. *JAMA*, 276, 146-154.
- Catania, J.A., Coates, T.J., Stall, R., Turner, H., Peterson, J., Hearst, N., Dolcini, M.M., Hudes, E., Gagnon, J., Wiley, J., & Groves, R. (1992). Prevalence of AIDS-related risk factors and condom use in the United States. *Science*, 258, 1101-1106.
- Catania, J.A., Binson, D., & Dolcini, M.M. (1995). Risk factors and other sexually transmitted diseases and prevention practices among US heterosexual adults: Changes from 1990 to 1992. *American Journal of Public Health*, 85, 1492-1495.
- Cates, W. (1995). Prevention science: The umbrella discipline. *American Journal of Preventive Medicine*, 11, 211.
- Centers for Disease Control and Prevention. (1995). Syringe exchange programs--United States, 1994-1995. *Morbidity and Mortality Weekly Report*, 44, 684-685, 691.

- Centers for Disease Control and Prevention. (1996a). AIDS among children--U.S. *Morbidity and Mortality Weekly Report*, 45, 1005-1009.
- Centers for Disease Control and Prevention. (1996b). HIV testing among women aged 18-44 years. *Morbidity and Mortality Weekly Report*, 45, 733-736.
- Centers for Disease Control and Prevention. (1996c, December). HIV/AIDS among African Americans and Hispanics in the United States. *Morbidity and Mortality Weekly Report*.
- Choi, K.H., & Coates, T.J. (1994). Prevention of HIV Infection. *AIDS*, 8, 1371-1389.
- Claiming our rights: A manual for women's human rights education in Muslim societies. (1996, December 29). *New York Times*, p.5.
- Coates, T.J. (1990). Strategies for modifying sexual behavior for primary and secondary prevention of HIV disease. *Journal of Consulting and Clinical Psychology*, 58, 57-69.
- Coates, T.J., Aggleton, P., Gutzwiller, F., Des Jarlais, D., Kihara, M., Kippax, S., Schechter, M., & van den Hoek, J.A.R. (1996a). HIV prevention in developed countries. *Lancet*, 348, 1143-1148.
- Coates, T.J., Chesney, M., Folkman, S., Hulley, S.B., Haynes-Sanstad, K., Lurie, P., VanOss Marin, B., Roos, L., Bunnnett, V., & Du Wors, R. (1996b). Designing behavioural and social science to impact practice and policy in HIV prevention and care. *International Journal of STD and AIDS*, 7(Suppl. 2), 2-12.
- Cohen, B., & Trussell, J. (1996). *Preventing and mitigating AIDS in Sub-Saharan Africa*. Washington DC: National Academy Press.
- Cohen, J. (1996). Baltimore to head new vaccine panel. *Science*, 274, 2005.
- Collins, C. (1997). *Dangerous inhibitions: How America is letting AIDS become an epidemic of the young*. San Francisco: Center for AIDS Prevention Studies.
- Colon, H.M., Sahai, H., Robles, R.R., & Matos, T.D. (1995). Effects of a community outreach program in HIV risk behaviors among injection drug users in San Juan, Puerto Rico. *AIDS Education and Prevention*, 7, 195-209.
- Connor, E.M., Sperling, R.S., Gelber, R., et al. (1994). Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *New England Journal of Medicine*, 331, 1173-1180.
- d'Cruz-Grote, D. (1996). Prevention of HIV infection in developing countries. *Lancet*, 348, 1071-1074.
- De Zoysa, I., Phillips, K.A., Kamenga, M.C., O'Reilly, K.R., Sweat, M.D., White, R.A., Grinstead, O.A., & Coates, T.J. (1995). Role of HIV counseling and testing in changing risk behavior in developing countries. *AIDS*, 9 (Suppl. A), S95-S101.
- Des Jarlais, D.C., Hagan, H., Friedman, S.R., et al. (1995). Maintaining low HIV seroprevalence in populations of injecting drug users. *JAMA*, 274, 1226-1231.

- Ho, D.D. (1996). Viral counts in HIV infection. *Science*, 272, 1124-1125.
- Hoff, C.C., Kegeles, S.M., Acree, M., Stall, R., Paul, J., Ekstrand, M., Coates, T.J. (1997). Looking for men in all the wrong places...: HIV prevention small-group programs do not reach high risk gay men. *AIDS*, 11, 829-30.
- Holmberg, S.D. (1996). The estimated prevalence and incidence of HIV in 96 large US metropolitan areas. *American Journal of Public Health*, 86, 642-654.
- Hu, D.J., Dondero, T.J., Rayfield, M.A., George, J.R., Schochetman, G., Jaffe, H., Luo, C.-C., Kalish, M.L., Weniger, B.G., Pau, C.-P., Schable, C., & Curran, J.W. (1996). The emerging genetic diversity of HIV: The importance of global surveillance for diagnostics, research, and prevention. *JAMA*, 275, 210-216.
- Hubbard, R.L., Marsden, M.E., Cavanaugh, E., Rachal, J.V., & Ginzburg, H.M. (1988). Role of drug abuse treatment in limiting the spread of AIDS. *Review of Infectious Diseases*, 10, 377-384.
- Jemmott, J.B., Jemmott, L.S., & Fong, G.T. (1992). Reductions in HIV risk-associated sexual behaviors among Black male adolescents: Effects of an AIDS prevention intervention. *American Journal of Public Health*, 82, 372-377.
- Kahn, J.G. (1996). The cost-effectiveness of HIV prevention targeting: How much more bang for the buck? *American Journal of Public Health*, 86, 1-4.
- Kamb, M.L., Douglas, J.M., Rhodes, F., et al. (1996, June). *A multi-center randomized controlled trial evaluating HIV prevention counseling (Project Respect): Preliminary results*. Vancouver: Paper presented at the XI International Conference on AIDS.
- Kaplan, E.H. (1995). Economic analysis of needle exchange. *AIDS*, 9, 1113-1119.
- Karon, J.M., et al. (1996). Prevalence of HIV infection in the United States, 1984 to 1992. *JAMA*, 276, 1126-1131.
- Kegeles, S.M., Hays, R., Coates, T.J. (1996). The Mpowerment project: A community-level HIV prevention Intervention for young gay men. *American Journal of Public Health*, 86, 1129-1136.
- Kelly, J.A., St. Lawrence, J.S., Stevenson, L.Y., et al. (1992). Community AIDS/HIV risk reduction: The results of endorsements by popular people in three cities. *American Journal of Public Health*, 82, 1483-1489.
- King, R., Estey, J., Allen, S., Kegeles, S., Wolf, W., Valentine, C., & Serufilira, A. (1995). A family planning intervention to reduce vertical transmission of HIV in Rwanda. *AIDS*, 9 (Suppl. 1), S45-S51.
- Kirby, D. (1994, August 5). A review of educational programs designed to reduce sexual risk-taking behavior among school-aged youth in the United States. *ETR Associates*, p. 36.
- Kirby, D.B. & Brown, N. L. (1996, September/October). Condom Availability programs in U.S. schools. *Family Planning Perspectives*.

- Konde-Lule, J.K. (1995). The declining HIV seroprevalence in Uganda: What evidence? *Health Transition Review*, 5 (Suppl.), 27-33.
- Kuhn, L., Bobat, R., Coutoudis, A., Moodley, D., Coovadia, H.M., Tsai, W.-Y., & Stein, Z.A. (1996). Cesarean deliveries and maternal-infant HIV transmission: Results from a prospective study in South Africa. *Journal of Acquired Immune Deficiency Syndrome and Human Retrovirology*, 11, 478-483.
- Lllemant, Le Coeur, Samba et al, 1994
- Lurie, P., & Drucker, E. (1997). An opportunity lost: Estimating the number of HIV infections associated with the US government opposition to needle exchange programs. *Lancet*, 349, 604-8.
- Lurie, P., & Reingold, A.L. (Eds.). (1994). *The public health impact of needle exchange programs in the United States and Abroad, volume I*. University of California.
- Lurie, P., Hintzen, P., & Lowe, R.A. (1995). Socioeconomic obstacles to HIV prevention and treatment in developing countries: The roles of the International Monetary Fund and the World Bank. *AIDS*, 9, 539-546.
- Lurie, P., Reingold, A.L., Bowser, B., Chen, D., Foley, J., Guydish, J., Kahn, J.G., Lane, S., & Sorensen, J. (1993). *The Public Health Impact of Needle Exchange Programs in the United States and Abroad*. Rockville, MD: CDC National AIDS Clearinghouse.
- Mandel, W., Vlahov D., Latkin, C.A., Carran, D., Oziemkowska, M.J., & Reedt, L. (1994). Changes in HIV risk behaviors among counseled injecting drug users. *Journal of Drug Issues*, 24, 555-567.
- Matheson, P.B., Thomas, P.A., Abrams, E.J., Pliner, V., Lambert, G., Bamji, M., Krasinski, K., Steketee, R., Chiasson, M.A., Thea, D.M., & the New York City Perinatal HIV Transmission Collaborative Study Group. (1996). Heterosexual behavior during pregnancy and perinatal transmission of HIV-1. *AIDS*, 10, 1249-1256.
- Merson, M.H., Feldman, E.A., Bayer, R., & Stryker, J. (1997). Rapid self testing for HIV infection. *Lancet*, 349, 352-3.
- Mills, T., Stall, R., Catania, J.A., & Coates, T.J. (1997). Interpreting HIV prevalence and incident among Americans: bridging data and public policy. *American Journal of Public Health*, 87, 864-6.
- National Commission on AIDS. (1991). *The twin epidemics of substance use and HIV*. Washington, DC: National Commission on AIDS.
- Nelson, K.E., Celentano, D.D., Eiumtrakol, S., Hoover, D.R., Beyrer, C., Suprasert, S., Kuntolbutra, S., & Khamboonruang, C. (1996). Changes in sexual behavior and a decline in HIV infection among young men in Thailand. *New England Journal of Medicine*, 335, 297-303.
- O'Reilly, K.R., & Piot, P. (1996). International perspectives on individual and community approaches to the prevention of sexually transmitted disease and human immunodeficiency virus infection. *Journal of Infectious Diseases*, 174 (Suppl. 2), S214-S222.

- Oakley, A., Fullerton, D., & Holland, J. (1995). Behavioral interventions for HIV/AIDS prevention. *AIDS*, 9, 479-486.
- Perrin, L., Rakik, A., Yerly, S., Baumberger, C., Kinloch-de Loes, S., Pechere, M., & Herschel, B. (1996). Combined therapy with zidovudine and L-697,661 in primary HIV infection. *AIDS*, 10, 1233-1237.
- Peterson, J.L., Coates, T.J., Catania, J., Hauck, W., Acree, M., Daigle, D., Hillard, B., Middleton, L., & Hearst, N. (1996). Evaluation of an HIV risk reduction intervention among African-American homosexual and bisexual men. *AIDS*, 10, 319-325.
- Phillips, K. & Coates, T.J. (1995). HIV counseling and testing: Policy and research issues. *AIDS Care*, 7, 115-124.
- Platt, J.J., Husband, S.D., Iguchi, M.Y., Baxter, R. (1993). Problem-solving skills training: Addressing high-risk behaviors in Newark and Jersey City. In B.S. Brown & G.M. Beschner (Eds.), *Handbook on risk of AIDS* (pp.483-498). Westport, CT: Greenwood Press.
- Quinn, T.C. (1996). Global burden of the HIV pandemic. *Lancet*, 348, 99-106.
- Rosenberg, P.S. (1995). Scope of the AIDS epidemic in the United States. *Science*, 270, 1372-1375.
- Rotheram-Borus, M.J., Koopman, C., Haignere, C., & Davies, M. (1991). Reducing HIV sexual risk behaviors among runaway adolescents. *JAMA*, 266, 1237-1241.
- Schacker, T., Collier, A.C., Hughes, J., Shea, T., & Corey, L. (1996). Clinical and epidemiologic features of primary HIV infection. *Annals of Internal Medicine*, 125, 257-264.
- Sexuality Information and Education Council of the United States (SEICUS). (1996). *Sexuality education in the schools: Issues and answers*. Fact sheet on web site.
- Sharples, K.J., Dickson, N.P., Paul, C., & Skegg, D.C.G. (1996). HIV/AIDS in New Zealand: An epidemic in decline? *AIDS*, 10, 1273-1278.
- Sorenson, J.L., London, J., & Morales, E.S. (1991). Group counseling to prevent AIDS. In J.L. Sorenson, L.A. Wermuth, D.R. Gibson, K.-H. Choi, J.R. Guydish, & S.L. Batki (Eds.), *Preventing AIDS in drug users and their sexual partners* (pp. 99-115). New York: Guilford.
- Stryker, J., Coates, T.J., DeCarlo, P., et al. (1995). Prevention of HIV infection: Looking back, looking ahead. *JAMA*, 273, 1143-1148.
- Stryker, J., Samuels, S.E., & Smith, M.D. (1994). Condom availability in schools: The need for improved program evaluations. *American Journal of Public Health*, 84, 1901-1906.
- Susser, M. (1995). Editorial: The tribulation of trials--intervention in communities. *American Journal of Public Health*, 85, 156-158.
- Sweat, M., & Dennison, J. (1995). Reducing HIV incidence in developing countries with structural and environmental interventions. *AIDS*, 9 (Suppl. A), S251-257.

- Tawil, O., Verster, A., & O'Reilly, K.R. (1995). Enabling approaches for HIV/AIDS prevention: Can we modify the environment and minimize the risk? *AIDS*, 9, 1299-1306.
- Valdiserri, R.O., Aultman, T.V., & Curran, J.W. (1995). Community planning: A national strategy to improve HIV prevention programs. *Journal of Community Health*, 20, 87-100.
- Valleroy, L.A., Weinstein, B., Jones, T.S., et al. (1995). Impact of increased legal access to needles and syringes on community pharmacies' needle and syringe sales--Connecticut, 1992-1993. *Journal of Acquired Immune Deficiency Syndrome*, 10, 73-81.
- Van der Stratten, A., Vittinghoff, E., Glass, S., Quan, J., & Padian, N. (1996, November). *Sexual risk behavior with primary and non-primary partners among heterosexuals in HIV-discordant couples*. Vancouver: Poster presented at the XI International Conference on AIDS.
- Wiebel, W.W. (1988). Combining ethnographic and epidemiologic methods in targeted AIDS interventions: The Chicago model. In R.J. Battjes & R.W. Pickens (Eds.), *Needle sharing among intravenous drug users: National and international perspectives* (pp. 137-150). Washington, DC: US Government Printing Office.
- Wiebel, W.W., Jimenez, A., Johnson, W., Ouellet, L., Jovanovic, B., Lampinen, T., Murray, J., & O'Brien, M.U. (1996). Risk behavior and HIV serocoincidence among out-of-treatment injection drug users: A four-year prospective study. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 12, 282-289.

Behavioral and Social Approaches to Prevent STDs in Adolescents

**Thomas J. Coates Ph.D.
University of California, San Francisco**

**Ralph DiClemente Ph.D.
University of Alabama, Birmingham**

**Brian Flay Ph.D.
University of Illinois, Chicago**

**Douglas Kirby Ph.D.
ETR Associates, Santa Cruz**

**Werasit Sittitrai Ph.D.
UNAIDS, Geneva**

STDs, including HIV, are preventable diseases. We know how these diseases are transmitted. Such knowledge is a critical component in our defense against these diseases, but as we all sadly know, such knowledge is not sufficient protection and does not equal prevention for individuals or for populations. Many personal, social, and health problems in the world would be averted if individuals and societies were able to translate knowledge into action.

STDs are simultaneously diseases and phenomena. When viewed as diseases, it is not hard to wonder why knowledge and personal responsibility are not sufficient to prevent their spread. After all, people will want to avoid harm to themselves and will certainly want to avoid hurting others. When viewed as phenomena, STDs point to many things that are wrong with the societies in which they occur. They point to our failure to prepare young people either to delay sexual intercourse or to use condoms, and our reluctance to admit to and accept sexual diversity, to identify people with STDs and treat them, to manage complex health and social problems responsibly, to deal with difficult issues such as gender and racial inequality, and to care about improving the conditions of poor people and the poor countries of the world.

This perspective recognizes that STDs are caused, as are most health problems, by processes not only at the individual but also at societal levels. Sweat and Dennison (1995) identified four levels of causation and we have added a fifth. This expanded model conceptualizes personal and social processes influencing behavior and offers a starting point for considering strategies at various levels for reducing transmission of STDs, including HIV infection. Each level refers to specific determinants of risky behavior, as well as to a variety of strategies for changing high-risk behavior.

The five levels of causation and change are: (1) The Individual; (2) Dyadic/Familial; (3) Environmental; (4) Legal/Policy; and (5) Superstructural. Table 1 presents hypothesized mechanisms of action, while Table 2 presents potential change strategies.

We address each of these levels in turn, discuss psychological and social processes at each level, and provide examples of interventions appropriate to that level.

Tables 1 and 2 go about here

INDIVIDUALS

The Individual Level works on the individual by interventions that provide knowledge, or attempt to alter beliefs, attitudes, perceived norms, motivation, skills, or biological states related to high-risk activities thereby altering intrapsychic factors. Interventions at the individual level also attempt to assist individuals in reducing high-risk activities.

Examples abound of individual and small-group strategies aimed at modifying individual level variables to modify high-risk sexual and injection behaviors to reduce HIV transmission.

An intervention study conducted recently among commercial sex workers in India demonstrates both the potential and the limits of individual level interventions. Strictly speaking, this study did not focus on adolescents, but it demonstrates that interventions at the individual level are necessary but probably not sufficient to provide protection to significant portions of the population.

HIV is spreading rapidly in India, with high rates of infection among female commercial sex workers. Bhawe et al., (1995) developed an innovative intervention to reduce new infections among commercial sex workers in the red light areas of Bombay. Prostitution in India is illegal. The brothels contain 100-150 women, and the women are virtually captive once they are sold into prostitution. Their access to medical care is limited. Two relatively comparable houses were chosen in which to conduct an evaluation of the intervention using a quasi-experimental design. The quasi-experimental design was chosen in this case because a design using randomization of individuals would have been subject to contamination across treatment conditions. The intervention consisted of a six-month program using educational videos, small group discussions, and pictorial educational methods to address theoretically important or relevant variables, found through focus groups and baseline interviews, to be related to high-risk behavior. Three hundred thirty-four commercial sex workers received the experimental intervention and 207 commercial sex workers received the control intervention. The results were remarkable: The one-year seroconversion rates in the intervention versus the control group were 6% versus 15% for HIV, 8% versus 21% for syphilis, and 4% versus 11% for hepatitis B surface antigen (all $p < .01$).

Certainly, the seroconversion rates in the intervention group were dramatically below that of the control group, but no one can be satisfied as long as 6% of any group was still seroconverting.

Interventions at the dyadic/familial level attempt to modify pressure and support for condom use with the couple and family. Interventions at this level also refer to the family unit and the ways in which the family unit can facilitate health enhancing behaviors.

We are aware of few studies (none among adolescents although the need is obvious) conducted with couples as the unit of intervention and analysis. The need is obvious both from studies in the US and abroad. Even though adolescent romantic/intimate relationships are often of short duration, it is well established that risk increases as the relationship persists. Data from the National AIDS Behavioral Surveys show that a minority of individuals who report sex with multiple partners in the previous year use condoms with primary partners 50% or more of the time. The rates are only slightly higher for condom use with secondary partners. Couples counseling, perhaps combined with counseling and testing, is one viable approach to a dyadic level intervention. One study carried out in Rwanda among a cohort of child-bearing women showed that while the prevalence of HIV infection was 32%, it was 25% among the majority of women who reported only one lifetime partner. Women exposed to HIV counseling and testing showed increases in reported condom use (Allen et al., 1992). Only 7% of the women had used condoms before the study and after one year of follow-up, 16% of HIV- and 35% of HIV+ women reported using condoms. Among a subsample of women whose partners volunteered to be tested, condom use rates were even higher (23% and 55% among HIV- and HIV+ women, respectively). HIV seroconversion rates decreased to 1.8 per 100/py of observation in HIV- women whose partners were tested, but not in the women whose partners were not tested. In another analysis of this study, marked increases in reported condom use were noted among discordant couples (57% of discordant couples were using condoms at the 1-year follow-up). Intensive and repeated counseling also led to large increases in reported condom use (from less than 5% ever use to 71% regular use) and abstinence (from 0 to 28%) among couples found to be discordant in a research project in Zaire. Based on these promising findings, AIDSCAP/Family Health International and the UNAIDS program, in collaboration with the Center for AIDS Prevention Studies at UCSF are currently conducting a randomized clinical trial in four countries (Tanzania, Kenya,

Trinidad, Indonesia) to determine the impact of counseling and testing on both couples and individuals (see De Zoysa et al., 1995).

Interventions at the Environmental Level attempt to modify social norms, resources, opportunities, and barriers to preventive practices in the community. Examples of change strategies include peer education outreach activities, community define, mass media, condom marketing, syringe exchange, and drug, STD, and HIV treatment. Condom social marketing involves strategies for improving the distribution of condoms, the accessibility of condoms (through competitive pricing and alternative outlets), and for increasing the desirability of condoms through aggressive social marketing. Condom social marketing has been an essential component of HIV preventive interventions for developing countries, and their success highlights one situation in which controlled trials are not necessary to demonstrate efficacy.

Interventions at the Legal and Policy levels aim to discourage or encourage (with penalty or benefit provided by laws, regulations and incentives) risk behaviors or preventive activities. Examples from other fields of disease prevention have documented the potency of changes at this level. Taxing cigarettes to reduce consumption, outlawing smoking in workplaces, requiring head protection for motorcycle riders, fluoridating water to reduce cavities, reduction of insurance premiums for non-smokers, and increasing penalties for driving while under the influence of alcohol have all had documentable and important impact on risk behaviors and disease prevention.

Examples of legal/policy level changes include widespread advertisement of condoms (including venues likely to reach adolescents), laws regarding providing HIV education in schools, practice of prevention in adolescent medicine, or school clinics, etc.

Finally, interventions at the Superstructural Level attempt to identify and change socioeconomic and cultural systems and structures which facilitate STD/HIV transmission. Examples include sex phobia, homophobia, racism, acceptance of social and economic inequality, and sexism. Change strategies at the superstructural level include social movements, changes in constitutions of governments (e.g., the Constitution of South Africa outlaws discrimination based on sexual orientation, legislative changes, and revolutions. Such changes take a long time and their modification is not easy; nonetheless, consideration of possibilities should be undertaken in a comprehensive HIV prevention strategy.

Programs Aimed at the Level of the Individual

School-Based Programs *[Insert Kirby Modifications Here]*

Sex, STD and HIV education programs have been implemented in a variety of settings. The most common setting for programs for school-aged youth is, of course, schools. After all, an estimated 98% of young people between the ages of 5 and 17 are enrolled in schools (Office of National AIDS Policy, 1996), and schools are designed to provide information to young people.

Table 3 goes about here

Table 3 provides general conclusions from this body of work. Before examining the impact of these programs, two considerations should be recognized. First, these programs face a daunting challenge. A large number of forces encourage youth to engage in sexual activity, including sex without use of male condoms, e.g., changing hormones, emotional and physical needs and desires, desires to be adult and to take risks, ambivalence about becoming pregnant or having a child, peer pressures, and the omnipresent inaccurate portrayal of sex in the media. Thus, it may not be reasonable to expect that relatively short educational programs can overcome all these other factors and have a very dramatic impact upon sexual risk-taking behavior.

Second, it should be remembered that most kinds of educational instruction are evaluated by assessing the impact of instruction upon knowledge, not upon behavior outside of school. For example, history or civics classes are not evaluated by measuring their impact upon voting, breaking fewer laws or becoming better citizens more generally. In contrast, when researchers evaluate the impact of sex or HIV instruction upon sexual or contraceptive behavior, they use change of sexual or contraceptive behavior as the outcome measures, not information about same. Nevertheless, because of the need to identify programs that reduce sexual risk-taking behavior, these criteria are standard outcomes in research studies and in this review.

There are close to 50 published studies which have used experimental or quasi-experimental designs to examine the behavioral impact of curriculum-based school and community education programs designed specifically to reduce sexual risk-taking behavior among young adults. For statistical reasons, it was difficult, if not impossible, for most of these studies to measure the impact of programs upon actual HIV rates or other STD rates. However, it was possible to measure the impact upon behaviors which are logically related to HIV and STD rates: age of initiation of intercourse, frequency of sexual activity, number of sexual partners, and condom use.

Abstinence-Only Programs. Abstinence-only programs focus upon the importance of abstinence from sexual intercourse, typically abstinence until marriage. Either these programs do not discuss contraception or they briefly discuss contraceptive failure to provide complete protection against pregnancy and STDs. Typically, these programs are implemented in middle school or the first years of high school. Despite these common qualities, abstinence-only programs are quite heterogeneous, varying in terms of their values (postponing sex versus abstinence until marriage), their length (five sessions versus two years), and the number and type of components (instruction versus other kinds of youth activities).

Five published studies have measured the impact of abstinence programs upon the initiation of sex (Christopher and Roosa, 1990; Jorgensen, Potts and Camp, 1993; Kirby et al., 1995; Roosa and Christopher, 1990; St. Pierre et al., 1995). None found both a consistent and significant impact upon delaying the onset of intercourse, and at least one study provided strong evidence that the program did not delay the onset of intercourse. This last study evaluated a program entitled "Postponing Sexual Involvement", a five-session curriculum which was implemented among thousands of middle school youth in California (Kirby et al., 1995). Despite a rigorous evaluation design and large sample sizes, that study found that the curriculum did not affect the initiation of intercourse, the frequency of sex, the number of sexual partners, use of condoms or use of other forms of contraception. Similarly, the other five studies also failed to find a significant impact upon behavior. However, all of them had important methodological limitations that could have obscured program impact.

Thus, given the heterogeneity of abstinence-only programs and the limitations of existing studies, it is not currently known whether abstinence-only programs delay the onset of intercourse.

Sex and HIV Education Programs. These programs differ from the abstinence programs in that they discuss both condoms and other methods of contraception as methods of providing protection against STDs or pregnancy. This group includes a wide variety of programs, ranging from sex or AIDS education programs taught on high school or university campuses to programs taught in homeless shelters and detention centers. They reflect the considerable creativity and differing perspectives of these agencies.

The studies of these programs strongly support the conclusion that sexuality and HIV education curricula do not increase sexual intercourse, either by hastening the onset of intercourse, increasing the frequency of intercourse, or increasing the number of sexual partners. Of the 16 evaluations of middle school, high school, or community sexuality or HIV education programs that measured the impact of the programs upon the initiation of intercourse, none found that their respective programs significantly hastened the onset of intercourse (Eisen, Zellman & McAlister, 1990; Ekstrand et al., 1996; Howard and McCabe, 1990; Jemmott, Jemmott & Fong, 1992; Kipke, Boyer and Hein, 1993; Kirby, 1984; Kirby et al., 1991; Kirby et al., 1997; Levy et al., 1995; Main et

al., 1994; Nicholson & Postrado, 1991; St. Lawrence et al., 1995; Thomas et al., 1992; Walter & Vaughn, 1993; Warren and King, 1994). Similarly, none of the 11 studies which examined the impact of programs upon the frequency of intercourse found a significant increase (Howard & McCabe, 1990; Jemmott, Jemmott & Fong, 1992; Kirby, 1985; Kirby et al., 1991; Kirby et al., 1997; Levy et al., 1995; Main et al., 1994; Moberg and Piper, 1990; Smith, 1994; St. Lawrence et al., 1995; Walker & Vilella-Velez, 1992), and none of the seven studies that examined impact upon number of sexual partners found a significant increase (Jemmott, Jemmott & Fong, 1992; Kipke, Boyer & Hein, 1993; Kirby et al., 1997; Levy et al., 1995; Main et al., 1994; St. Lawrence et al., 1995; Walter & Vaughn, 1993). Thus, these data clearly demonstrate that sex and HIV education programs do not significantly increase sexual activity as some people have feared. Furthermore, studies indicate that some, but not all, sex or HIV/AIDS education programs reduced sexual risk-taking behavior, either by delaying the onset of intercourse, reducing the frequency of intercourse, or reducing the number of sexual partners.

These studies suggest that some, but not all, of the programs increased condom use or contraceptive use more generally. Four of the eight studies that examined program impact upon condom use found that the programs did increase some measure of condom use (Jemmott, Jemmott, & Fong, 1992; Kipke, Boyer & Hein, 1993; Kirby et al., 1997; Levy et al., 1995; Main et al., 1994; St. Lawrence et al., 1995; Walter & Vaughn, 1993; Warren and King, 1994). Similarly, four of the ten studies that examined program impact upon the use of contraception more generally found significant positive results (Eisen, Zellman & McAlister, 1990; Howard & McCabe, 1990; Kirby, 1984; Kirby et al., 1991; Kirby et al., 1997; Nicholson & Postrado, 1991; Schinke et al., 1981; Smith, 1994; Thomas et al., 1992; Walker and Vilella-Velez, 1992). In combination, these results are quite positive, indicating that some sex and HIV education programs can significantly increase condom or contraceptive use, while other programs do not.

There are at least seven sex or HIV education programs which have particularly strong evidence indicating positive change in behavior. They include "Be a Responsible Teen" which delayed the onset of intercourse, reduced the frequency of intercourse and the number of sexual partners, and increased use of condoms (St. Lawrence et al., 1995); "Be Proud, Be Responsible" which reduced the number of sexual partners, the frequency of sex and the frequency of sex without condoms (Jemmott, Jemmott, Fong, 1992); "Focus on Kids" which increased condom use (Stanton et al., 1996); "Get Real about AIDS" which reduced the number of sexual partners and increased condom use (Main et al., 1994); "Reducing the Risk" which delayed the onset of intercourse (Kirby et al., 1991); and "Safer Choices" which increased condom use and decreased the frequency of unprotected sex school wide (Coyle et al., 1997). In addition to these five curricula for teenagers, evaluations of two college HIV prevention programs have provided credible evidence that they reduced unprotected sex by increasing condom use (Basen-Engquist, 1994; Fisher et al., 1996), and an evaluation of a community program for young African-American women provided evidence that it increased condom use (DiClemente & Wingood, 1995). The common characteristics of these programs are discussed further below.

School Condom-Availability Programs

Given the threat of AIDS, as well as the threat of other STDs and pregnancy, more than 400 schools in the United States have begun making condoms available through school

counselors, nurses, teachers, vending machines, or baskets (Kirby and Brown, 1996). The number of condoms obtained by students from schools varies greatly from program to program; in some schools students obtain very few condoms from the school, while in other schools, they obtain large numbers (Kirby & Brown, 1996). In general, students in smaller alternative schools obtain many more condoms per student than students in larger schools or students in mainstream schools. In addition, when schools make condoms available in baskets (a barrier free method), students obtain many more condoms than when they must obtain condoms from school personnel. Finally, if schools have health centers, students obtain many more condoms than when schools do not have these centers.

Thus far, three studies have presented results on the effects upon behavior of school condom availability. The first study evaluated the effects of making condoms available through vending machines in five Seattle schools without school-based clinics and through vending machines and baskets in five additional Seattle schools with pre-existing school-based clinics. Survey data were collected from school-wide samples of students both before condoms were made available and again two years later and after condoms were made available. In neither group of schools did either sexual activity or use of condoms during last intercourse increase (Kirby et al., 1997). Notably, these schools had a strong educational intervention, but because it existed prior to the baseline data collection, the effect of the educational component was not measured.

The second study evaluated the New York HIV prevention program. The school district implemented a comprehensive AIDS prevention program in the city high schools. It included additional instruction about AIDS, school-wide activities, and condom availability. Analyses comparing students in New York schools with a matched sample from Chicago schools revealed that students in the New York schools were not more likely to have initiated intercourse, but were more likely to have used a condom the last time they had sex. These results were encouraging, but it is not known whether the difference between the two groups of students was due to the HIV education program, to condom availability specifically, or to other differences between the students or their communities (Guttmacher et al., 1997).

A third study measured the impact of making condoms available in baskets in nine Philadelphia schools (Furstenberg et al., 1997). Students in those schools could receive reproductive health information, condoms and general health referrals. Both before and after the centers were opened, youths were randomly selected for personal interviews from census tracts surrounding these nine schools and other comparison schools. Results revealed that in the schools with centers, changes over time in four measures of sexual behavior or condom use were not significantly different from the changes over time in the schools without centers. However, the authors noted that there were non-significant differences in the trends over time in the desired directions (i.e., students in schools with centers reduced their sexual activity and increased their condom use more than students in schools without centers). Relatively small samples may have limited the ability to detect programmatically meaningful results.

School-Based Health Centers

School-based health centers are clinics located on schools and offer services to students in their respective schools. All of these clinics provide basic primary health care services; some of them dispense contraceptives. When school-based clinics are

well staffed and well run and dispense condoms and other contraceptives, they have many of the characteristics of ideal reproductive health programs. School-based clinics do provide condoms or other forms of contraception to substantial percentages of sexually experienced youth. For example, in a study of four clinics that provided prescriptions or actually dispensed contraceptives, the proportion of sexually experienced females who obtained contraceptives through the clinic varied from 23% to 40% (Kirby, Waszak & Ziegler, 1991).

Six studies have examined the impact of these health centers (Edwards, et al., 1980; Kirby, Waszak and Ziegler, 1991; Kirby et al., 1993; Kisker, Brown and Hill, 1994; Newcomer and Duggan, 1996; Zabin et al., 1988). Four of these studies examined programs in three or more schools. The outcomes they measured and their quasi-experimental designs varied considerably. In general, the quasi-experimental designs were not strong. Consequently, inferences should be drawn cautiously from these studies. In addition, these studies measured population effects. That is, they measured the effects upon the entire school population and not just upon those students who actually used the clinics for family planning services.

Although the results of different studies did vary, in general, the weight of the evidence from these studies indicates that providing condoms and other forms of contraception through school-based clinics did not significantly hasten the onset of intercourse, increase the frequency of intercourse, increase use of condoms, increase use of other forms of contraception, or decrease pregnancy rates or birth rates. Instead, there was a large substitution effect. That is, students who obtained condoms or other forms of contraception from the clinics would have obtained them elsewhere had the clinics not provided contraception.

In sum, these data on school-based clinics, in combination with the data on school-condom availability programs, suggest that simply reducing barriers to condoms by making them available in more convenient locations, or making them free of charge, does not significantly increase their use.

Interventions for Adolescents in High-Risk Settings

A substantial proportion of adolescents engage in STD/HIV-associated risk behaviors and initiate sexual activity at earlier developmental periods (Aral & Holmes, 1990). Adolescents, however, are not a homogeneous population. Of particular concern are adolescents seeking health care at adolescent-designated clinics, other clinical treatment settings (obstetrics clinic, STD clinic, family health center, drug treatment clinics) or other youth-serving agencies (e.g., runaway and homeless shelters and youth detention facilities). These youth often have a markedly higher prevalence of sexual and drug-related risk behaviors and are, therefore, at greater risk of STD/HIV infection.

Clinical settings and youth-serving agencies represent opportunity sites for accessing high-risk youth and implementing behavior change interventions as one component of a multicomponent STD/HIV strategy (Darrow & Siegel, 1990). In particular, clinical interactions provide an opportunity to assess the adolescents' sexual and drug risk behaviors, evaluate their physical and psychological maturation and implement developmentally-appropriate STD/HIV intervention programs designed to promote the adoption and maintenance of preventive practices (DiClemente & Brown, 1994). There are, however, surprisingly few STD/HIV prevention interventions evaluated in clinical environments.

An overarching assessment of clinic-based STD/HIV prevention interventions may be misleading. Reviewing the literature has identified a clear delineation separating programs that are more efficacious from those that are less efficacious based on the design characteristics of these programs (D'Angelo & DiClemente, 1996; Wingood & DiClemente, 1996; Choi & Coates, 1994; Kalichman, Carey & Johnson, 1996; Fisher & Fisher, 1992; Stanton et al., 1996). Specifically, non-theoretic interventions are less likely to demonstrate programmatic efficacy and, of those non-theoretic programs that report efficacy, they are more likely to have observed smaller programmatic effects, relative to interventions that are derived from and based on well-developed psychosocial theories of behavior and behavior change.

Differentiating Non-theoretic from Theory-based Interventions. Non-theory-based behavior change interventions are characterized by brief, usually single-session treatments, commonly administered by clinic staff. These interventions focus, to a large extent, on communicating STD/HIV preventive knowledge about risk and protective behaviors using didactic strategies such as individual counseling or video presentations. In general, non-theoretic interventions are designed and implemented

into the clinical environment. Therefore, non-theoretic interventions mirror, more closely, standard clinical practice and conform to the time constraints inherent in clinical settings.

Theory-based interventions, on the other hand, usually use multi-component approaches for modifying risk behaviors. These interventions, in general, are often group-based and focus not only on didactic or counseling intervention strategies, but on other interactive learning techniques that emphasize social competency and technical competency skills training, focus on modifying perceived peer normative beliefs, enhancing individuals self-efficacy to perform newly learned behaviors and creating a social environment supportive and reinforcing new behavior patterns. To accomplish this broader range of activities, these interventions are often administered by trained health educators and usually require multiple intervention exposures.

Non-theoretic interventions: An illustrative study. An example of a non-theoretic clinical intervention is that conducted by Mansfield and her colleagues (1993). This study evaluated the effects of physician's assessment of adolescent's risk behaviors and counseling about HIV risks and prevention in an inner-city hospital-based adolescent clinic. Ninety adolescents (mean age 17.6 years) seeking care were randomly assigned to one of two groups: a standard care group in which physicians interviewed adolescents about high-risk behaviors related to HIV disease and a counseling group in which physicians provided discussion of HIV risks and prevention. At follow-up approximately two months after baseline assessments and randomization, 32% and 18%, respectively, of the standard care and counseling group reported less sexual activity. Consistent use of condoms also significantly increased among adolescents in both groups; standard care. Use of condoms at last intercourse increased in the counseling group from 37% to 42% ($p=.03$). Overall, while STD/HIV-

preventive behavioral changes were reported for both treatment conditions, there was no clear advantage for the counseling condition relative to standard care condition.

Social Cognitive Theory: the predominant theoretic model underlying skills-based clinical STD/HIV intervention programs. Social Cognitive Theory (SCT) has been widely used to guide the development and implementation of clinic-based STD/HIV behavior change interventions as well as a host of interventions targeting other risk populations and intervention venues (Bandura, 1994). Social Cognitive Theory is a social psychological theory that examines social, environmental and behavioral influences on an individual's behavior. Social Cognitive Theory emphasizes observation, modeling, behavioral rehearsal, outcome expectancies, self-efficacy beliefs and social reinforcement as critical constructs associated with the adoption of preventive behaviors. While Social Cognitive Theory is a complex theory with many constructs, STD/HIV prevention interventions generally target four interactive determinants of behavior: (1) knowledge (provision of accurate information to enhance awareness and knowledge of risks associated with specific risk-producing and risk-reduction practices); (2) skills (development of social and technical competency skills and behavioral self-management techniques); (3) self efficacy (enhanced sense of self-efficacy, that is, the confidence to utilize newly learned risk-reduction skills in risky situations) and, (4) support (creating social supports and reinforcements to facilitate the adoption and maintenance of STD/HIV-preventive behaviors). Thus, Social Cognitive Theory integrates information, attitudinal change to enhance motivation, development and reinforcement of risk-reduction behavioral skills and self-efficacy as necessary components for achieving successful adoption of preventive practices.

Theory-based STD/HIV prevention programs: An illustrative study. Theory-based STD/HIV prevention interventions, in general, are more effective at promoting the

adoption and maintenance of risk-reduction practices; particularly condom use during sexual intercourse. One exemplary theory-based intervention focused on reducing sexual risk behaviors among single, pregnant young women (Hobfoll et al., 1994). Women ranged in age from 16-29 years, with a mean age of 21, the majority of whom were either African-American or Caucasian, recruited from inner-city obstetrics clinics. Women were randomly assigned to one of three intervention conditions: (1) a four-session risk-reduction condition (n=68) based on Social Cognitive Theory and the Theory of Conservation of Resources; (2) a health promotion condition (n=77); and (3) a control condition (n=61). Women randomized to the four-session intervention received education, assertiveness skills, negotiation skills, planning skills and relapse prevention skills. Peer leaders used role play exercises to enhance participant's proficiency to utilize these newly learned skills, create positive expectations of success, develop problem-solving strategies and enhance their sense of vulnerability to infection. Results indicate that women in the theory-based skills training condition, compared to those in the control condition, over a six-month follow-up period, had significantly higher scores for safer sex knowledge ($P<.05$), engaged in more discussions with sex partners about HIV ($P<.05$), were more likely to purchase condoms ($P<.05$) and, most important, increased spermicide and condom use ($P<.05$).

STD/HIV prevention for adolescents accessing youth-serving agencies. Another opportunity site for implementing STD/HIV prevention interventions that access high-risk and hard-to-reach adolescents is at youth-serving agencies such as homeless shelters and juvenile detention facilities. Adolescents entering these sites usually have a higher prevalence of STD/HIV-associated sexual and drug-related risk behaviors and higher rates of STDs and HIV infection relative to other adolescent subgroups. While these sites clearly represent logical prevention venues, there are few studies evaluating behavior change interventions in these settings, even fewer than in clinical settings.

An exemplary STD/HIV prevention intervention was conducted by Rotheram-Borus and her associates with high-risk runaway and homeless adolescents (1991; 1994). Over a two-year period (from 1988 to 1990), consecutive recruitment of adolescents at two residential shelters in New York City (one designated the nonintervention site and the other the intervention site) resulted in 79 and 188 runaways available for enrollment in the program at the intervention and nonintervention sites, respectively. After attrition, the final sample was comprised of 78 adolescents in the intervention condition and 67 adolescents in the nonintervention condition.

Runaways participating in the risk-reduction program were exposed to a multiple session intervention administered by skilled trainers. The program addressed the following: general knowledge about HIV/AIDS, coping skills, access to health care and other resources, and individual barriers to use of male condoms and other safer sex practices. General HIV knowledge was addressed by having adolescents participate in video and art workshops and view commercial AIDS/HIV commercial videos. Coping skills training addressed runaways' (unrealistic) expectations regarding emotional and behavioral responses in high-risk situations. Additional medical and mental health care and other resources were made available to address specific individual health concerns. Individual barriers to adopting and maintaining safer sex practices were reviewed in private counseling sessions. Participants in the nonintervention condition were exposed to individual counseling from staff; but this counseling did not specifically address HIV prevention. Condoms were available and staff members discussed condom use, on an unsystematic basis.

Runaways in the risk-reduction program demonstrated a significant and dramatic increase in consistent condom use and less frequently reported engaging in a high-risk

pattern of HIV-associated behaviors over six months. A high-risk pattern of sexual behavior was defined as consistent condom use occurring in fewer than 50% of sexual encounters, 10 or more sexual encounters, and/or three or more sexual partners. A greater proportion of adolescents (22%) in the control group reported this high-risk pattern of sexual behavior compared to those adolescents (9%) who received between 10 and 14 intervention sessions and those (0%) who received 15 or more intervention sessions. Reports of consistent condom use increased from about 32% of runaways at initiation of the project to 62% six months after receiving more than 15 intervention sessions. A two-year follow-up of the same sample continued to show significant reductions in risk acts among those who received the intervention.

STD/HIV prevention for incarcerated adolescents. Only one study has evaluated an intensive STD/HIV prevention program for incarcerated male adolescent drug users (Magura, Kang and Shapiro, 1994). In this study, adolescents 16-19 years of age, received either a group-oriented HIV prevention program based on Problem-Solving Therapy or served as wait-list controls because they were discharged or transferred before they could be offered the intervention. The intervention was administered by a male counselor in a small group format consisting of twice-weekly, one-hour sessions focusing on health education issues relevant to male adolescent drug users, with emphasis on HIV.

Behavioral outcomes were assessed at five-month follow-up after release from the detention facility through personal interviews. Statistical analyses, adjusting for baseline scores, showed that adolescents participating in the prevention intervention, compared to the wait-list control group, were significantly more likely to increase their use of condoms during vaginal and anal intercourse ($P=.02$ and $P=.04$; respectively),

to demonstrate increased positive attitudes towards acceptability of condom use ($P=.05$) and decrease high-risk sexual partnerships ($P=.06$).

State of the science for reducing STD/HIV behaviors among high-risk

adolescents. The findings corroborate existing research which indicates that, in general, behavioral interventions that are theory-driven, emphasize motivational factors, provide skills training and attempt to modify peer norms are more effective at promoting the adoption of STD/HIV-preventive behaviors than those which do not incorporate these characteristics (Kalichman, Carey & Johnson, 1996; Kelly & Murphy, 1992; Fisher & Fisher, 1992; Coates, 1990; Choi & Coates, 1994; Wingood & DiClemente; D'Angelo & DiClemente, 1996). The findings from both, prevention intervention studies implemented in clinical settings and from studies implemented in youth-serving agency settings, are promising. Overall, the findings suggest that behavior change, even for high-risk/hard-to-access adolescents, is attainable. Significant reductions in adolescents' risk behaviors over a brief period, usually a six-months, and less often, over an extended follow-up period have been observed. Thus, while much more remains to be learned, these findings are encouraging and suggest key intervention constructs which may enhance the efficacy of the next generation of prevention interventions.

Characteristics of Effective Programs

Effective programs share nine characteristics, which may be linked to their success, while the ineffective programs may lack one or more of these characteristics.

1. *Effective programs focused clearly on reducing one or more sexual behaviors that lead to HIV/STD infection or unintended pregnancy. There*

are two aspects to this characteristic. First, these programs focused narrowly upon a small number of specific behavioral goals, such as delaying the initiation of intercourse or using condoms; relatively little time was spent addressing other sexuality issues, such as gender roles, dating, and parenthood. Second, these programs gave a clear message by continually reinforcing a clear stance on these behaviors. They did not simply lay out the pros and cons of different sexual choices and implicitly let the students decide which was right for them; rather most knowledge, most activities, most values and most skills were directed toward convincing the students that either avoiding sex or using condoms was the right choice.

2. *The behavioral goals, teaching methods, and materials were appropriate to the age, sexual experience, and culture of the students.* For example, programs for younger youth, few of whom had engaged in intercourse, focused upon delaying the onset of intercourse. Programs designed for high school students, some of whom had engaged in intercourse, emphasized that students should avoid unprotected intercourse, either by not having sex or by using male condoms or spermicides if they did have sex. And programs for college students or for higher-risk youth, many of whom were already sexually active, emphasized the importance of using male condoms and avoiding high-risk situations. Some of the curricula, e.g., *Be a Responsible Teen*, *Be Proud*, *Be Responsible*, and the program by DiClemente and Wingood were designed for African-Americans and emphasized statistics, values, and approaches that were tailored to them.

3. *Effective programs were based upon theoretical approaches that have been demonstrated to be effective in influencing other health-risk behaviors, e.g., social cognitive theory (Bandura, 1986), social influence theory (McGuire, 1972), social inoculation theory (Homans, 1965), cognitive behavioral theory (Bandura, 1986; Schinke, 1981a), and the theory of reasoned action (Fishbein & Ajzen, 1975). These theories address many of the individual sexual antecedents of sexual risk-taking behavior that have been identified. These programs strive to go beyond the cognitive level; they focus on recognizing social influences, changing individual values, changing group norms, and building assertiveness skills.*
4. *Effective programs lasted a sufficient length of time to adequately complete the activities described below. Shorter programs appeared to have less effect, while longer programs provided the opportunity to complete more activities and were more effective. Effective programs tended to fall into two categories, those that lasted 10 or more hours, and those that lasted a smaller number of hours, but that implemented the curriculum in small group settings with a leader for each group. This may have enabled them to involve the participants more completely, to tailor the material to each group, and to cover more material and more concerns more quickly in each group.*
5. *Effective programs employed a variety of teaching methods designed to involve the participants and have them personalize the information. Instructors reached participants through active learning methods of instruction, not through didactic instruction. Participants were involved in*

numerous experiential classroom and homework activities: small group discussions, games or simulations, brainstorming, role-playing, written rehearsal, verbal feedback and coaching, locating condoms and spermicides in local drugstores, visiting or telephoning family planning clinics, and interviewing parents. In addition to these experiential activities, a few effective curricula used peer educators or videos with characters (either real or acted) who resembled the students and with whom the students could identify. All of these activities helped the participants personalize the information.

6. *Effective programs provided basic, accurate information about the risks of intercourse without condoms and methods of avoiding it.* Although increasing knowledge was not the primary goal of these programs, effective programs provided basic information that students needed to assess risks and sex without condoms. Typically, this information was not unnecessarily detailed or comprehensive. For example, the curricula did not provide detailed information about all methods of contraception or different types of STD. Instead, they emphasized the basic facts needed to make behaviorally relevant decisions.
7. *Effective programs included activities that address social pressures on sexual behaviors.* This took several forms. For example, several curricula discussed situations that might lead to sex. Most of the curricula discussed "lines" that are typically used to get someone to have sex, and some discussed social barriers to using condoms (e.g., embarrassment about buying condoms) and how to overcome those barriers.

8. *Effective programs provided modeling and practice of communication, negotiation, and refusal skills.* Typically, the programs provided information about the skills, modeled effective use of the skills, and then provided some type of skill rehearsal and practice (e.g., verbal role-playing or written practice). There were, however, significant variations in the quality of and amount of time devoted to skill practice.
9. *Effective programs selected teachers or peers who believed in the program they were implementing and then provided training for those individuals.* The training ranged from approximately six hours to three days. In general, the training was designed to give teachers and peers information on the programs as well as practice using the teaching strategies included in the curricula (e.g., conducting role plays, leading group discussions, etc.).

Interventions Aimed At Couples and Families

We are aware of no studies focused on adolescent couples, even though such interventions might be important because of the tendency of adolescents to engage in serial monogamy and to discard use of condoms with increased length of relationships. With regard to families, in the United States, many parents believe, and society more generally believes, that parents should be the primary sex educators of their children (Gordon & Dickman, 1977; Koblinsky & Atkinson, 1982). Even adolescents have expressed the desire for their parents to be their primary educators (Davis & Harris, 1986; Fisher, 1986; Gordon, 1983). The perceived benefits of greater parent-child communication about sex are many. For example, adults (and some professionals in

the field) believe that greater parent-child communication will increase adolescent knowledge about sexuality, cause parents to be more open with their own children, and increase their children's understanding and acceptance of their parents' attitudes and values about sexuality, and that all of these developments, in turn, will delay the adolescent's onset of sexual intercourse and increase their contraceptive use thereafter.

Although there have been improvements in recent years in the United States, parents and their children often feel discomfort discussing sexual topics with each other, and consequently, parents and their children have remarkably few conversations about different sexual topics (Finkel & Finkel, 1975; Fox, 1979; Rothenberg, 1980). In comparison with mothers, fathers are especially unlikely to communicate with their adolescent children about sex (Jaccard & Dittus, 1993; Noller & Callan, 1990; Nolin & Peterson, 1992; Miller et al., 1995; Russo, 1991; Weis et al., 1974). To alleviate this problem of too little parent/child communication, many short educational programs have been designed to increase parent/child communication about sexual topics. These include programs for parents only, programs for parents and their children together, homework assignments in classroom sex education classes requiring communication with parents, and video programs with written materials to be completed in the home. With remarkable consistency, studies of these programs indicate that in the short term, these programs do increase parent/child communication about sex and comfort with that communication (Carton & Carton, 1971; Goodman & Goodman, 1976; Hambrick, 1985; Kirby, 1984). One program attempted to reach parents in their homes through video materials and increased knowledge and family problem-solving skills (Winett et al., 1992). However, the positive effects of all of these programs dissipated with time, typically within six months.

While parent-child communication is important, it may not in and of itself lead to adolescents' use of contraceptives or other protection during intercourse. Most studies have found no relationship between parent/child communication and either initiation of sexual intercourse or use of contraception (Casper, 1990; Fisher, 1993; Furstenberg et al., 1984; Kasnter, 1984; Newcomer & Udry, 1985), a few have found that greater parent/child communication was associated with earlier onset of intercourse (Galvotti & Lovick, 1989; Miller et al., 1987) and a few studies have found that greater parent/child communication was associated with either later onset of intercourse (Leland & Barth, 1993; Furstenberg, 1976) or greater use of contraception (Casper, 1990). At best there are complex relationships indicating that greater parent/child communication has a positive effect upon sexual or contraceptive behavior among only certain groups of parents and children. For example, if the mother does the communicating, if the mother holds conservative beliefs regarding teens having sex, if the adolescent is female, and if the communication takes place early enough, then greater parent-child communication may lead to a delay in intercourse (Jaccard, Dittus & Gordon, 1996). This suggests that what matters is not only that communication takes place, but also what kinds of communications take place.

Only two studies have examined the actual effects of these programs upon adolescent sexual behavior. The first of these was implemented by Girls Incorporated (formerly Girls Clubs) and included five two-hour sessions for mothers and their daughters (Nicholson & Postrado, 1991). Although the program group was much less likely to initiate intercourse, the result was not quite statistically significant. The second program included a well-designed video and written materials to be viewed at home (Miller et al., 1993). It also increased parent/child communication, but failed to delay the onset of intercourse, in part, because very few youth in the control group initiated sex in the very

conservative community where the study took place. Clearly, this is an area in need of extensive research and something that should be supported in future work.

Interventions Aimed At the Community

All of the interventions discussed so far in this chapter are designed to reach individuals in certain locations. In a real sense, the people targeted are "captured" audiences. The next sections deal with interventions designed to reach people not included in such settings or large population groups. Table 4 provides general conclusions from this body of work.

Table 4 goes about here

Outreach Projects

Outreach projects are designed to reach those who are not in settings (i.e., schools) where they can be reached easily or those who will not come in to participate in specialized risk reduction interventions, or whose behavioral patterns put them at higher than average risk of exposure to HIV infection. Examples include youth who are runaways, gays and lesbians, incarcerated, or homeless. Outreach projects use several approaches to reach these groups -- small group education/training to train staff or opinion leaders, peer networking, and small media (posters, pamphlets, key chains, tee shirts, etc.). A very successful approach is for specially trained staff or "opinion leaders" to canvas communities to find high-risk youth and then provide them with information and relevant materials (e.g., condoms).

One such approach has been developed by Dr. Jeffrey Kelly and colleagues at the Medical College of Wisconsin (Kelly, St. Lawrence, Diaz, et al., 1991; Kelly, St. Lawrence, Stevenson et al., 1992). The approach involves selection of popular opinion leaders from the relevant target group, who are then specially trained in approaches for peer education, and who then go out and "spread the word" among their peer group. In four 90-minute sessions, the opinion leaders are trained: (1) to correct others' misperceptions concerning AIDS risk, (2) to recommend to peers the strategies needed to implement risk reduction (e.g., keeping condoms nearby if sexually active, avoiding sex when intoxicated, negotiating safety commitment in advance with a potential sexual partner, and assertively refusing unsafe sex coercions), and (3) to personally endorse benefits, importance, and social acceptability of making precautionary behavioral changes. (Kelly et al., 1992, p1484). Each opinion leader is then contracted to have a certain number of conversations with peers. A special logo (traffic light) that appears on a small button worn by the opinion leaders, as well as on posters in strategic locations, aids in stimulating conversations. Thus, the approach incorporates the strategic use of "small media" or "environmental media"(Blair, 1995; Freeborn & Polen, 1995).

Mass Media

The mass media (radio, television, mass mailings, newspapers and magazines) have the potential to reach the whole population or large targeted subpopulations (e.g., gay men, adolescents). Thus, they are an ideal channel for reaching people to: (1) promote or provide information, to increase awareness, improve knowledge, change beliefs and attitudes, and (2) promote and demonstrate desired behaviors, or promote materials (e.g., condoms) that increase the likelihood of the desired behaviors. Much is known about how to use mass media to effectively alter health related knowledge, attitudes, norms and behaviors of whole populations (Backer, Rogers & Sopory, 1992;

Flay, 1987a; Flay & Burton, 1990; McGuire, 1984). First, as with any educational program, the message must be tailored for the target audience, be easily understood by them, and be acceptable to them. This requires extensive focus group research and process evaluation (Flay, 1987b; Worden et al., 1988). Second, the message must reach the target audience. This means using appropriate channels at appropriate times. For example, selected radio stations reach more adolescents than most television (with the possible exception of MTV). However, purchased times during popular television shows can reach adolescents (e.g., Worden et al., 1988). Third, campaigns must motivate interpersonal discussion among the target audience. This is similar to having opinion leaders engage in discussion with peers in the community outreach programs discussed earlier. Such discussion serves an important norm-setting function without which attitudinal or behavioral changes are less likely, and any changes brought about by media messages will not last. Fourth, simultaneous structural or other changes in the social environment are usually necessary for behavior change to occur and be maintained. Such changes may take the form of enhanced availability of condoms, or increased mention of safe sex in news, entertainment and other media outlets.

A few targeted campaigns regarding adolescent STDs or AIDS have been evaluated. Kirby, Harvey, Claussenius & Novar (1989) evaluated a direct mailing campaign. In a strong experimental design, they found improved knowledge, no change in attitudes, and 7% of the intervention group (9% of those who read the pamphlet) ordered condoms (compared to 1% in the control group). A multi-media campaign in Scotland (Hastings, Eadie & Scott, 1990) resulted in improved perceptions about AIDS. Inconsistencies between different phases of the campaign led to some confusion. A campaign by the Dutch Foundation for STDs in the Netherlands (de Vroome, Sandfort,

de Vries, et al., 1991) improved knowledge/beliefs, increased intentions to use condoms, and increased condom use in the 6 months before the posttest survey.

Successful multi-year mass media campaigns have been reported from Switzerland (DuboisArber, Lehmann, Hausser, et al., 1988) and Thailand (Hananberg, Rojanapithayakorn, Kunasol & Sokal, 1994). The better designed and more comprehensive the campaign, the better the results. The Thailand case also provides an example where simultaneous structural changes included sanctions against commercial sex establishments where condoms were not used consistently.

Interventions Aimed At Multiple Levels

Social Marketing

The most comprehensive campaigns involve the systematic application of all of the above steps in the use of multiple channels, combined with community outreach and the use of small media -- called social marketing (Lefebvre & Flora, 1988). The Academy for Educational Development's AIDSCOM project, and Population Services International's Project ACTION are each good examples of social marketing campaigns that have been developed and implemented in multiple countries, including Mexico (Ramah & Cassidy, 1992), Zaire (Convisser, 1991) and the USA (Blair, 1995). In each case, both safer sex and condoms were promoted. Project ACTION, for example, includes an intensive community mobilization campaign, a motivational media campaign, a condom vending operation, peer skills building workshops, and outcome evaluation. These projects have reported positive outcomes. For example, the project in Oregon reported improved attitudes toward condom use to reduce STDs, and teen comfort with condoms; increased perception of peer support for using condoms, especially with new/casual partners; improved self-efficacy regarding obtaining and

using condoms; reduced adolescent sexuality (or delayed initiation), and increased condom use with new/casual partners (but not necessarily with main/steady partners). The project in Zaire reported improved knowledge about transmission and prevention methods, increased abstinence and mutual fidelity, and increased use of condoms.

Community Organizing

Young Gay Men. Researchers at the Center for AIDS Prevention Studies at UCSF (Kegeles, Hays & Coates, 1996) enhanced the approach, developed originally by Kegeles et al., (1992), by having opinion leaders run the project, by having the initial group of opinion leaders recruit other opinion leaders, and so on, thus setting up a self-perpetuating process for changing community norms. They also used an enhanced publicity campaign, using small media (as discussed above) to "spread awareness of the program and establish its legitimacy, invite young men to become involved, and provide a continual reminder of the norm for safer sex. (Kegeles et al., 1996, p 1131)." In addition, they hosted a wide variety of social events at a project facility to attract younger gay men. The approach has successfully increased condom use and decreased the proportion of men with more than one partner among gay men in several cities. The approach effectively influences community-level change through a process of informal communication and modeling by peers with interpersonal networks.

The median age of men in the Kegeles study was about 23, compared to about 30 in the Kelly et al., studies. Given the success of the Kegeles study, and the demonstrated effectiveness of peer leaders in school-based studies of smoking and drug abuse prevention, the approach is likely to also work with adolescents (Tobler, 1986; Rickert, Jay & Gottlieb, 1991). To date, one study tested a program of a similar nature for Latino adolescents. Researchers at the new England Research Institutes in

Massachusetts (Sellers, McGraw and McKinley, 1994; McGraw, Smith, Crawford, Costa & McKinley, under review) used specially trained opinion leaders to conduct workshops in schools, community organizations and centers promoting the use of condoms; group discussion in the homes of youth; presentations at large community events; and door-to-door and street corner canvassing (including distribution of a kit that provided condoms and pamphlets on how to use them). Condoms were freely available at the project office and at all intervention activities. The use of condoms was also promoted through radio and television public service announcements, posters in local businesses and public transit facilities, and a quarterly newsletter. Like the earlier studies with young adults, this program increased the likelihood of condom use; it also lowered the rate of HIV risk. Importantly, it did not increase levels of sexual activity; indeed, it delayed the initiation of first sexual activity and the likelihood of multiple partners by girls. A similar project targeting young females in Texas (Santelli et al., 1995) with street outreach and small media materials, reported increased social norms in favor of HIV-prevention behaviors and increased condom use.

What's Next?

This chapter focuses more on HIV than other STDs. This reflects the fact that there are far more studies of HIV prevention programs than of STD education programs. The differences between HIV and the other STDs are important. Most STDs are curable if diagnosed in time and their transmission can be effectively reduced when STDs are treated promptly. Thus, any discussion of STD prevention must include a discussion of effective STD treatment for adolescents. This was not within the purview of this chapter, but barriers to and motivators for treatment of STDs, and increasingly HIV, should be a cornerstone of prevention.

The developmental perspective needs to be taken into account more completely when considering the development of HIV prevention programs. Obviously, there are tremendous differences between people aged 20 and people aged 13. The latter are just beginning their sexual careers; their self-identities are being created; they biologically have less ability to think abstractly and to think as clearly about the future; their sexual activity is sporadic; often they have not accepted the fact that they are sexual; typically they are not in a position, either financially or emotionally, to take care of an unintended child. Discussion of effective programs must take into account these developmental differences and provide evaluations of developmentally appropriate interventions.

Third, we have focused our discussion on HIV and STD's and have not included discussions of pregnancy prevention. A clear challenge for the future must involve strategies for motivating multi-method protections so that adolescents can be protected from STD's, HIV, and unwanted pregnancy.

To produce more definitive conclusions about the efficacy of behavioral interventions that prevent STDs, the research community needs to:

Improve the quality and rigor of research by using experimental designs with random assignment (when appropriate to the research question), obtaining large sample sizes, tracking youth for at least a year and preferably longer, measuring actual sexual and condom behavior, conducting proper statistical analyses, and reporting results regardless of whether they are positive or negative. Whenever possible, these evaluations should be completed by independent parties.

Identify programs with positive behavioral results and re-evaluate them in different communities and with different program and research teams.

Design and evaluate programs for gay youth. Throughout the United States, there are very few high school programs for male youth who engage in sex with other males, and the behavioral impact of the few existing programs has never been carefully evaluated. Given that such youth are at particularly high-risk of contracting STDs and HIV infection, the dearth of such programs and the absence of any studies is appalling and should be remedied.

Conduct research to improve our understanding of how to replicate *with fidelity* those programs which are found to be effective in two or more studies.

Conduct research on outreach approaches to adolescents.

Use scientific strategies to evaluate the applicability of social marketing strategies for changing sexual behaviors of adolescents.

The Future: Multi-Level Interventions?

Adolescents are sexual, pathogens are pervasive, and unwanted pregnancy occurs all too frequently among adolescents. This review had demonstrated the advances that have been made in attempting to enhance the sexual safety of adolescents.

Simultaneously, it shows all too clearly the difficulties in bringing about lasting changes in a way that has public health impact.

Having an impact on the sexual health of adolescents requires a carefully articulated long lasting strategy that uses combinations of well validated techniques, each employed for what it can accomplish best. Interventions that combine strategies aimed at individuals, with programs at schools, and with programs in the community and with the media may be needed to achieve public health impact. Clearly, individual level interventions with adolescents with difficult lives can be effective in reducing sexual risk. Classroom-based programs may be effective in imparting information and favorable attitudes and, under certain circumstances and with the right program, in improving behavioral outcomes. Community and marketing strategies can also have an impact.

However, none of these, in and of themselves, will have the level or extent of impact desirable and necessary for the effect that must be achieved. Needed are programs which combine the best features of the various levels of intervention in a cohesive and mutually reinforcing way and research which can demonstrate the impact of such articulated programs in reducing STDs and pregnancy among adolescents.

Public health leaders have advocated community organizing as an approach to HIV prevention (Bailey, 1991; Valdiserri, Aultman & Curran, 1995). CDC has funded programs (\$190 million in 1994) to develop and implement innovative strategies by city/state public health agencies, community-based organizations, and STD/AIDS service organizations. Essential components of a comprehensive STD/HIV prevention program include: (1) participatory community planning; (2) epidemiological and behavioral surveillance and research; (3) STD counseling, testing, treatment, referral, and partner notification; (4) individual-level health education, risk-reduction and maintenance interventions; (5) group-level health education, risk-reduction and maintenance interventions; (6) community level interventions seeking to change attitudes, norms, and practices, through health communications, social marketing, and

community mobilization; (7) public information programs for the general public to dispel transmission myths, support volunteerism, and reduce HIV discrimination; (8) STD prevention capacity building activities such as governmental and nongovernmental public health infrastructure development, quality assurance systems, and technical assistance delivery/capability; and (9) evaluation and research activities to conduct formative, process, and outcome evaluations and to assess cost-effectiveness and cost-benefit. (Vladiszerri et al., p. 97, Table 3). This comprehensive approach has not yet been fully applied to adolescent STD prevention (or even HIV prevention) in any city or state; however, full implementation, especially including approaches of proven effectiveness in components 4-7, should prove very effective.

We have highlighted in this review what is known about effective HIV prevention programs and have attempted to provide a balanced view of their efficacy. Not discussed, but deserving equal attention, are the barriers to implementation of effective programs and attitudes in society which make it difficult to implement programs that would protect adolescents against STDs and HIV. Further analysis and study of strategies for modifying policy and legal barriers, as well as pervasive attitudes in society which inhibit useful discussion of sexual issues should be a top priority for future research.

TABLE 1

Levels of Causation and Change Determinants of STD Transmission

Level	Definition	E
Individual	how environment is experienced and acted upon by individuals; individual biological states	Knowledge, risk efficacy, levels o biological deterr behavior, etc.
Dyadic/Familial	how couples interact and negotiate sexual behavior; how families communicate about sexual issues	implicit and exp power and sexu
Environmental	social norms, resources, and opportunities, disease prevalence	assess to condo care behavior a
Legal/Policy	laws and policies	discriminatory p policies regardin regarding acces planning care fo
Super structural	macrosocial and political arrangements	poverty, rac

Adapted from Sweat and Dennison, AIDS, 1995.

TABLE 2

Levels of Causation and Change Change Mechanisms with Intervention Examples

Level	Change Mechanism	E
Individual	educational, motivational appeals, skills-building, counseling	drug and alcohol
Dyadic/Familial	skills-building within couples or families	couples or family testing
Environmental	Community organization and mobilization	peer outreach, community mobilization, condom distribution, drug on demand
Legal/Policy	legislation and policy reform	anonymous test and family planning adolescents
Super structural	social movements, sound economic policies	movements and programs, anti-drug programs, education programs

Adapted from Sweat and Dennison, AIDS, 1995.

Table 3

Conclusions about Abstinence, Sex Education and HIV Education Programs and School Condom Availability Programs

Thus far, no abstinence-only education program has been found to delay the onset of intercourse, but very few such programs have been well evaluated, and thus there is little evidence to determine whether or not abstinence programs can delay intercourse.

Sexuality and HIV education programs that include discussion of condoms and contraception do not increase sexual intercourse, either by hastening the onset of intercourse, increasing the frequency of intercourse, or increasing the number of sexual partners.

Some programs have not measurably reduced unprotected sexual intercourse, either by delaying the onset of intercourse, reducing the frequency of intercourse, or increasing use of condoms.

Several studies with credible evidence found positive effects upon delay in the initiation of intercourse, frequency of intercourse, number of sexual partners, or use of condoms. However, few studies measured and found significant long-term effects.

These educational programs are not a complete solution to reducing unprotected sexual intercourse: Some program participants continued to engage in unprotected intercourse; rarely were long-term effects demonstrated; and never were positive changes in pregnancy rates demonstrated.

Nevertheless, some of these programs did have modest behavioral effect, and they can be an effective component in larger, more comprehensive HIV prevention initiatives.

In general, given the relatively wide availability of condoms in most communities, providing condoms in schools does not appear to markedly increase their use.

Table 4

What is known about outreach, media, and community organization approaches?

Outreach projects that utilize properly trained opinion leaders are very effective with adult gay men, and probably also with adolescents.

Mass media on its own is most effective for raising awareness and improving knowledge.

Sustained attitude changes require interpersonal interaction and acceptance by the community.

Behavioral change requires that desired behaviors be modeled, social norms be changed and shown to be acceptable.

Behavioral change is enhanced by supportive structural changes that increase the ease of access to critical materials (like condoms) or impose sanctions against those not complying.

Designing effective media programs requires careful development, piloting and formative research.

Combining mass media with community outreach and the use of environmental media increases the likelihood of success, and seems to enhance the level of effectiveness.

The social marketing approach combines the above two recommendations -- and social marketing campaigns seem to have the most consistent success rates.

- Aral, S.O. & Holmes, K.K. (1990). Epidemiology of sexual behavior and sexually transmitted diseases. In K. K. Holmes, P-A. Mardh, P.F. Sparling, P.J. Wiesner, W. Cates, S.M. Lemon, & W.E. Stamm (Eds.). *Sexually Transmitted Diseases*, (2nd ed). New York, NY: McGraw Hill; 19-42.
- Backer, T.E., Rogers, E.M., & Sopory, P. (1992). *Designing Health Communication Campaigns: What Works?* New York, NY: Sage Publications.
- Bailey, M.E. (1991). Community-based Organizations and CDC as partners in HIV education and prevention. *Public Health Reports*, 106(6), 702-708.
- Bandura, A. (1994). Social cognitive theory and exercise of control over HIV infection. In R.J. DiClemente & J. Peterson (Eds.). *Preventing AIDS: Theories and methods of behavioral interventions*. New York, NY: Plenum Publishing Corp.; 25-59.
- Blair, J. (1995). PSI/Project ACTION: *Impact on Teen Risk Reduction*. Population Services International. Washington, DC.
- Carton, J. & Carton, J. Evaluation of a sex education program for children and their parents: Attitude and interactional changes. *The Family Coordinator*, 377-386, Oct. 1971.
- Casper, L.M. Does family interaction prevent adolescent pregnancy? *Family Planning Perspectives*, 22: 109-114, 1990.
- Choi, K-H. & Coates, T.J. (1994). Prevention of HIV infection. *AIDS*, 8, 1371-1389.
- Clark, L., Brasseux, C., Richmond, D., Getson, P., D'Angelo, L. (In press). Are adolescents accurate in reporting condom use and frequency of sexually transmitted diseases? *Journal of Adolescent Health*.
- Cohen, D., Dent, C., & MacKinnon, D. (1991). Condom skills education and sexually transmitted disease reinfection. *Journal of Sex Research*, 28, 139-144.
- Convisser, J. (1992). *The Zaire Mass Media Project: A model AIDS prevention communications and motivation project*. Populations Services International Special Report #1. Washington, DC.
- D'Angelo, L. & DiClemente, R.J. (1996). Sexually transmitted diseases and Human Immunodeficiency Virus infection among adolescents. In R.J. DiClemente, W. Hansen, L. Ponton (Eds.). *Handbook of adolescent risk behavior*. New York, NY: Plenum Publishing Corp.; 333-368.
- Darrow, W.W. & Siegel, K. (1990). Preventive health behavior and STD. In K.K. Holmes, P-A. Mardh, P.F. Sparling, P.J. Wiesner, W. Cates, S.M. Lemon & W.E. Stamm (Eds.). *Sexually Transmitted Diseases*, (2nd ed). New York, NY: McGraw Hill, 1990; 85-92.
- Davis, S.M. & Harris, M.B. Sexual knowledge, sexual interests, and sources of sexual information of rural and urban adolescents from three cultures. *Adolescence*: 17(66):471-492, 1986.

De Vroome, E.M., Sandfort, T.G., de Vries, K.J., Paalman, M.E., & Tielman, R.A. (1991). Evaluation of a safe sex campaign regarding AIDS and other sexually transmitted diseases among young people in the Netherlands. *Health Education Research: Theory & Practice*, 6(3), 317-325.

DiClemente, R.J. & Brown, L.K. (1994). Expanding the pediatrician's role in HIV prevention for adolescents. *Clinical Pediatrics*, 32, 1-6.

Dubois-Arber, F., Lehmann, P., Hausser, D., Gutzwiller, F., & Zimmermann, E. (1988). *Evaluation of the Swiss preventive campaigns against AIDS*. Institut Universitaire de Medicine Sociale et Preventive Lausanne.

Finkel, M.L. & Finkel, D.J. Sexual and contraceptive knowledge, attitudes and behavior of male adolescents. *Family Planning Perspectives*, 7:256-260, 1975.

Fisher, J.D. & Fisher, W.A. (1992). Changing AIDS-risk behavior. *Psychological Bulletin*, 111, 455-474.

Fisher, T.D. An exploratory study of parent-child communication about sex and the sexual attitudes of early, middle, and late adolescents. *The Journal of Genetic Psychology*, 147(4):543-557, 1986.

Fisher, T.D. A comparison of various measures of family sexual communication: Psychometric properties, validity, and behavioral correlates. *The Journal of Sex Research*, 30(3): 229- 238, 1993.

Flay, B.R. (1987a). Mass media and smoking cessation: A critical review. *American Journal of Public Health*, 77(2), 153-160.

Flay, B.R. (1987b). Evaluation of the development, dissemination and effectiveness of mass media health programming. *Health Education Research*, 2(2), 123- 130.

Flay, B.R. & Burton, D. (1990). Effective mass communication campaigns for public health. In C. Atkin & L. Wallack (Eds.), *Mass communication for public health*. Newberry Park, CA: Sage.

Fox, G.L. The family's influence on adolescent sexual behavior. *Children Today*, 2136, May- June, 1979.

Freeborn, D. & Polen, M. (1995). Draft: Outcome Evaluation of Project ACTION. Kaiser Permanente Center for Health Research, Portland, Oregon.

Furstenberg, F.F. *Unplanned Parenthood: The Social Consequences of Teenage Childbearing*. New York: Free Press, 1976.

Furstenberg, F.F., Herceg-Baron, R., Shea, J., & Webb, D. Family communication and teenagers' contraceptive use. *Family Planning Perspectives*, 16:163, 1984.

Galvotti, C. & Lovick, S. School-based clinic use and other factors affecting adolescent contraceptive behavior. *Journal of Adolescent Health Care*, 10:506-512, 1989.

Goodman, B. & Goodman, N. Effects of parent orientation meetings on parent-child communication about sexuality and family life. *The Family Coordinator*, 25(3):285-290, 1976.

Gordon, S. *The Sexual Adolescent: Communicating with Teenagers about Sex*. North Scituate, MA: Duxbury, 1983.

Gordon, S. & Dickman, I.R. *Sex Education: The Parent's Role*. New York: Public Affairs Committee, 1977.

Hambrick, M.H. Parent-adolescent FLE: An evaluation of five approaches. *Family Life Educator*, 4(1): 12-15, 1985.

Hanenberg, R.S., Rojanapithayakorn, W., Kunasol, P., & Sokal, D.C. (1994). Impact of Thailand's HIV-control programme as indicated by the decline of sexually transmitted diseases. *The Lancet*, 344, 243-245.

Hastings, G.B., Eadie, D.R., & Scott, A.C. (1990). Two years of AIDS publicity: A review of progress in Scotland. *Health Education Research: Theory & Practice*, 5(1), 1725.

Jaccard, J. & Dittus, P. Parent-adolescent communication about premarital pregnancy. *Families in Society*, 74(6):329-343, 1993.

Jaccard, J., Dittus, P.J., & Gordon, V.V. Maternal correlates of adolescent sexual and contraceptive behavior. *Family Planning Perspectives*, 28(4):159-165, 1996.

Kalichman, S.C., Carey, M.P., & Johnson, B.T. (1996). Prevention of sexually transmitted HIV infection: A meta-analytic review of the behavioral outcome literature. *Annals of Behavioral Medicine*, 18, 6-15.

Kastner, L.S. Ecological factors predicting adolescent contraceptive use: Implications for intervention. *Journal of Adolescent Health Care*, 5(2):79-86, 1984.

Kegeles, S.M., Hays, R.B., & Coates, T.J. (1996). The Mpowerment Project: A community-level HIV prevention intervention for young gay men. *American Journal of Public Health*, 86(8), 1129-1136.

Kelly, J.A., St. Lawrence, J.S., Stevenson, L.Y., Hauth, A.C., Kalichman, S.C., Diaz, Y.E., Brasfield, T.L., Koob, J.J., & Morgan, M.G. (1992). Community AIDS/HIV risk reduction: The effects of endorsements by popular people in three cities. *American Journal of Public Health*, 82(11), 1483-1489.

Kelly, J.A., St. Lawrence, J.S., Diaz, Y.E., Stevenson, L.Y., Hauth, A.C., Brasfield, T.L., Kalichman, S.C., Smith, J.E., & Andrew, M.E. (1991). HIV risk behavior reduction following intervention with key opinion leaders of population: An experimental analysis. *American Journal of Public Health*, 81(2), 168-171.

Kelly, J.A. & Murphy, D.A. (1992). Psychological interventions with AIDS and HIV: Prevention and treatment. *Journal of Consulting Clinical Psychology*, 60, 576-585.

Kirby, D., Harvey, P.D., Claussenius, D., & Novar, M. (1989). A direct mailing to teenage males about condom use: Its impact on knowledge, attitudes and sexual behavior. *Family Planning Perspectives*, 21(1), 12-18.

Kirby, D. *Sexuality Education: An Evaluation of Programs and Their Effects*. Santa Cruz, California: ETR/Network Publications, 1984.

- Koblinsky, S. & Atkinson, J. Parental plans for children's sex education. *Family Relations*, 31:29-35, 1982.
- Lefebvre, C., & Flora, J. (1988). Social marketing and public health intervention. *Health Education Quarterly*, 15, 229-315.
- Leland, N.L. & Barth, R.P. Characteristics of adolescents who have attempted to avoid HIV and who have communicated with parents about sex. *Journal of Adolescent Research*, 8(1):58-76, 1993.
- Magura, S., Kang, S.-Y., & Shapiro, J.L. (1994). Outcomes of intensive AIDS education for male adolescent drug users in jail. *Journal of Adolescent Health*, 15, 457-463.
- Mansfield, C.J., Conroy, M.E., Emans, S.J., & Woods, E.R. (1993). A pilot study of AIDS education and counseling of high-risk adolescents in an office setting. *Journal of Adolescent Health*, 14, 115-119.
- McGraw, S.A., Smith, K.W., Crawford, S.L., Costa, L.A., & McKinlay, J.B. (Under Review). The effectiveness of a community-based AIDS prevention program for inner-city Latino youth.
- McGuire, W.J. (1984). Public communications as a strategy for inducing health promoting behavior change. *Preventive Medicine*, 13(3), 299-319.
- Milburn, K. (1995). A critical review of peer education with young people with special reference to sexual health. *Health Education Research: Theory & Practice*, 10(4), 407-420.
- Miller, B.C., Norton, M.C., Dyk, P.A.H., McCoy, J.K. & Olson, T.D. Parent-teen communication and closeness as correlates of adolescent sexual behavior. Unpublished manuscript, Utah State University, Department of Family and Human Development, Logan, Utah, 1987.
- Miller, B.C., Norton, M.C., Jenson, G.O., Lee, T.R., Christopherson, C., & King, P.K. Impact evaluation of Facts and feelings: A home-based video sex education curriculum. *Family Relations*, 42: 392-400, 1993.
- Miller, B.C., King, P.K., Jenson, G.O., Lee, Norton, M.C., & Christopherson, C. Parentteen sexual communication, values, and adolescent sexual behavior. Unpublished manuscript, Utah State University, 1995.
- Newcomer, S.F. & Udry, J.R. Parent-child communication and adolescent sexual behavior. *Family Planning Perspectives*, 17(4):169-174, 1985.
- Nicholson, H.J. & Postrado, L.T. Girls Incorporated Preventing Adolescent Pregnancy: A Program Development and Research Project. New York: Girls Incorporated. 1991.
- Nolin, M.J. & Peterson, K.K. Gender difference in parent-child communication about sexuality: An exploratory study. *Journal of Adolescent Research*, 7:59-79, 1992.
- Noller, P. & Callan, V.J. Adolescents' perceptions of the nature of their communication with parents. *Journal of Youth and Adolescence*, 19:349-362, 1990.

- Oakley, A., Fullerton, D., & Holland, J. (1995). Behavioral interventions for HIV/AIDS prevention. *AIDS*, 9, 479-486.
- Oakley, A., Fullerton, D., Holland, J., Arnold, S., France-Dawson, M., Kelley, P., & McGrellis, S. (1995). Sexual health interventions for young people: a methodological review. *British Medical Journal*, 310, 158-162.
- Peterson, J. & DiClemente, R.J. (1994). Lessons learned from behavioral interventions: Caveats, gaps and implications. In R.J. DiClemente & J. Peterson (Eds.). *Preventing AIDS: Theories and methods of behavioral interventions*. New York, NY: Plenum Publishing Corp.; 319-322.
- Ramah, M., & Cassidy, C.M. (1992). *Social Marketing and the Prevention of AIDS*. AIDSCOM Academy for Educational Development Occasional Paper. Washington, DC.
- Rickert, V.I., Jay, M.S., & Gottlieb, A. (1991). Effects of a peer-counseled AIDS education program on knowledge, attitudes, and satisfaction of adolescents. *Journal of Adolescent Health*, 12, 38-43.
- Rotheram-Borus, M.J., Koopman, C., Haignere, C., & Davies, M. (1991). Reducing HIV sexual risk behaviors among runaway adolescents. *Journal of the American Medical Association*, 266, 1237-1241.
- Rotheram-Borus, M.J., Feldman, J., Rosario, M., & Dunne, E. Preventing HIV among runaways: Victims and victimization. In R.J. DiClemente & J. Peterson (Eds.). *Preventing AIDS: Theories and methods of behavioral interventions*. New York, NY: Plenum Publishing Corp.; 175-188.
- Rothenberg, P.B. Communication about sex and birth control between mothers and their adolescent children. *Journal of Population: Behavioral, Social and Environmental Issues*, 3:35-50, 1980.
- Russo, T.S. *Factors influencing parents to discuss general and specific sexuality with their adolescent children*. Dissertation. Kansas State University, 1991.
- Stanton, B., Kim, N., Galbraith, J., & Parrott, M. (1996). Design issues addressed in published evaluations of adolescent HIV-risk reduction interventions: A review. *Journal of Adolescent Health*, 18, 387-396.
- Santelli, J.S., Celentano, D.D., Rozsenich, C., Crump, A.D., Davis, M.V., Polacsek, M., Augustyn, M., Rolf, J., McAlister, A.L., & Burwell, L. (1995). Interim outcomes for a community-based program to prevent prenatal HIV transmission. *AIDS Education and Prevention*, 7(3), 210-220.
- Sellers, D.E., McGraw, S.A., & McKinlay, J.B. (1994). Does the promotion and distribution of condoms increase teen sexual activity? Evidence from an HIV prevention program for Latino youth. *American Journal of Public Health*, 84(12), 1952-1959.
- Tobler, N.S. (1986). Meta-analysis of 143 adolescent drug prevention programs. Quantitative outcome results of program participants compared to a control or comparison group. *Drug Issues*, 16, 537-567.
- Udry, J.R., et al. (1972). Can mass media advertising increase contraceptive use? *Family Planning Perspectives*, 4, 37.

Valdiserri, R.O. Aultman, T.V., & Curran, J.W. (1995). Community planning: A national strategy to improve HIV prevention programs. *Journal of Community Health*, 20(2), 87

Weis, E. et al. Communication and population socialization among youth: communication behavior and family planning information. Paper presented at the Population Association of American Annual Meeting, New York City, 1974.

Winett, R.A., Anderson, E.S, Moore, J.F., Sikkema, K.J., Hook, R.J., Webster, D.A., Taylor, C.D., Dalton, J.E., Ollendick, T.H., & Eisler, R.M. Family/media approach to HIV prevention: Results with a home-based, parent-teen video program. *Health Psychology*, 11(3):203-206, 1992.

Wingood, G.M. & DiClemente, R.J. (1996). HIV sexual risk reduction interventions for women: A review. *American Journal of Preventive Medicine*, 12, 209-217.

Worden, J.K., Flynn, B.S., Geller, B.M., Chen, M., Shelton, L.G., Secker-Walker, R.H., Solomon, D.S., Solomon, L.J., Couchey, S., & Costanza, M.C. (1988). Development of a smoking prevention mass media program using diagnostic and formative research. *Preventive Medicine*, 17(5), 531-558.

Zenilman, J.M., Weisman, C.S., Rompalo, A.M., Elish, N., Upchurch, D.M., Hook, E.W., & Celentano, D. (1995). Condom use to prevent incident STDs: The validity of self-reported condom use. *Sexually Transmitted Diseases*, 22, 15-21.