

U.S. Elder Care Is in a Fragile State

by Marc DeFrancis

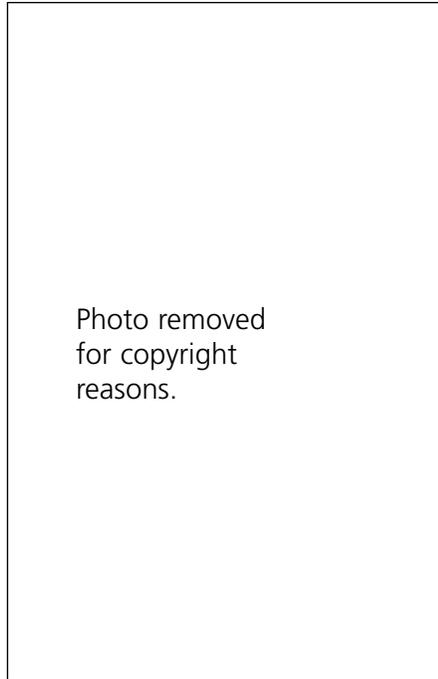


Photo removed
for copyright
reasons.

*Therapist with woman at Kramm
Nursing Home, Milton, Penn.*

This article is the first in a two-part series on the demographic and policy dimensions of the nursing shortage in the United States.

Elder care in the United States is in critical condition. Over the last few years, nursing homes have become plagued with bankruptcies and stressed by understaffing, and the direct-care workers that these institutions and home-care agencies depend on have been going on strike or quitting in droves. With baby boomers approaching retirement age, the implications of this breakdown are sobering.

During the last three years, three of the nation's four largest for-profit nursing-home chains entered Chapter 11 bankruptcy. According to Steven Dawson, president of the Paraprofessional Healthcare Institute, this situation stems from the homes' inability to cope with changes in reimbursements from federally financed Medicare, which subsidizes long-term care. "They are beginning to climb back out of that crisis," Dawson said, "but it's not over yet."

Few elderly citizens can expect Medicare or private insurance to cover the costs of their care, so it is not surprising that two out of three nursing-home residents rely on Medicaid to do the job. As a result, Medicaid, which was designed only as a safety-net program for the poor, is being stretched to the limit.

Continued on page 2

Human Trafficking Exposed

by Melanie Orhant

The woman, a 27-year-old psychologist and social worker from Ukraine, traveled to Israel believing she was being hired as a company representative. On arrival there, her belongings were taken from her, and she was driven to an apartment where she was held for two months and forced to work as a prostitute.

Trafficking of people like the Ukrainian woman, whose plight was documented in a 2000 report by Amnesty International, involves moving men, women, and children from one place to another and placing them in conditions of forced labor. The practice includes forced prostitution, domestic servitude, unsafe agricultural labor, sweatshop labor, construction or restaurant work, and various forms of modern-day slavery. This global violation of human rights occurs within countries and across borders, regions, and continents.

Because trafficking is illegal, it is difficult to find reliable estimates of the problem. However, those involved in combating

Continued on page 4

INSIDE THIS ISSUE

<i>Jobs Needed for a Billion-Plus Youth</i>	3
<i>Speaking Graphically: Science Scores of U.S. Students, by Race/Ethnicity</i>	7
<i>Spotlight Statistic: AIDS Increases Child Mortality Rates</i>	7
<i>Web Sitings</i>	8

Hourly Wages for Nurse Aides and Fast-Food Cooks, Selected States, 1999

	Nurse Aide	Fast-Food Cook
Louisiana	\$6.53	\$5.96
Virginia	\$7.67	\$6.26
California	\$8.93	\$6.86
Connecticut	\$11.32	\$7.14
Average All States	\$8.59	\$6.54

Source: U.S. General Accounting Office, "Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides Is a Growing Concern," GAO-01-750T (May 17, 2001).

In addition to relying on Medicare and Medicaid, long-term care relies on health paraprofessionals—the direct-care workers—who typically earn poverty-level wages (see table). These people are the eyes and ears (and often the hands and legs) of elderly patients, the workers who quite literally do the heavy lifting to enable frail and often disoriented patients to get through each day (the figure below highlights the racial and ethnic composition of the direct-care workforce, compared with all service workers). Across the country, 2.1 million of these workers are employed in institutional care settings and through home-care agencies. As the baby-boom generation ages, the need for these workers, who now account for 38 percent of nursing-home employees and 50 percent of employees in home health care, will continue to expand. The U.S. Bureau of Labor Statistics recently projected a 58 percent rise in demand for home-care aides from 1998 to 2008.

In the past, finding low-skilled, female workers to fill these jobs (86 percent of the positions today are filled by women) was easy. But the aging of baby boomers has also meant that the ratio of workers (women of prime working age, 25 to 54) to older people needing care has fallen; over the next 30 years it is projected to be cut in half. The opening up of less stressful low-wage work options during the recent "full employment economy," coupled with that aging trend, has made direct-care workers much harder to find and even harder to keep. Providers have begun pleading with state authorities to raise the Medicaid reimbursement levels so that they can more easily raise the wages they pay.

Nursing homes' financial and personnel difficulties have hurt the quality of care. The vast majority of nursing homes are certified by the Health Care Financing Administration (HCFA—now renamed the Centers for Medicare & Medicaid Services) so that they can qualify for Medicaid reimbursements. Among homes that

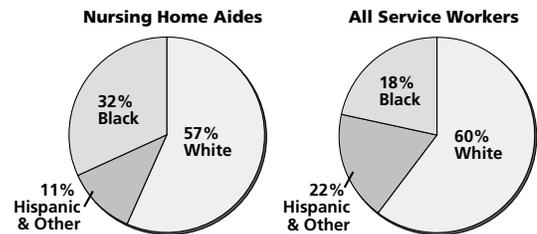
are certified, each year for the past seven years up to 60 percent failed to pass the agency's minimum health and safety standards. Labor groups and regulatory agencies alike attribute a large part of the poor quality to understaffing.

Labor Shortage or Labor Flight?

Because direct-care jobs are still generally filled by younger (under 45) women, it would seem a natural solution to recruit new workers from the ranks of post-welfare mothers. But, HCFA's own bare-bones requirement of two weeks of pre-employment training for direct-care aides runs afoul of Congress' 1996 welfare reform measures, whose "work first" provisions discourage pre-employment training for welfare leavers.

Moreover, the current staffing shortages, which are prevalent in professional nursing as well, outpace anything that can be explained by demographic trends alone. At nursing homes, average annual turnover of direct-care workers is very high, estimated from 40 percent to as high as 100 percent. Besides being bad news for quality care—bad for continuity, training, and morale—this instability is also expensive for providers.

Racial/Ethnic Profile of Nurse Aides at Nursing Homes vs. All Service Workers



Source: U.S. General Accounting Office, "Nursing Workforce: Recruitment and Retention of Nurses and Nurse Aides Is a Growing Concern," GAO-01-750T (May 17, 2001).

Why are these employees quitting? In addition to wages that are only slightly higher than the average for fast-food workers, the General Accounting Office reports that roughly a third of all direct-care employees—whether in nursing homes or in home care—have no health coverage. These women also endure one of the highest rates of on-the-job injury in the country, one and a half times higher than that for construction workers. Steven Dawson points to disrespectful treatment as a significant cause as well. "Focus groups among these workers all show the same thing," he said. "They complain that they're treated as if they were invisible, at best, by nurse supervisors and other managers."

The last few years have not brought entirely bad news for direct-care workers. Pressure from

Continued on page 3

Jobs Needed for a Billion-Plus Youth

by Allison Tarmann

They have grown up poor, surrounded by violence, disease, and stifling social customs. They have never gone to school, or have dropped out, or have finished without learning much of practical use. They are members of the largest-ever generation of youth—1 billion plus—living mainly in less developed countries. And too many of them lack the education, skills, and opportunities necessary to become economically productive and to avoid unwanted child-bearing that will restart a cycle of deprivation.

To help them make their way, community leaders around the world have established “linked” programs that impart reproductive health information and services along with job skills and training. Because of the reproductive health focus and because girls tend to have less school-based education and training than boys, most of these programs target young women. Thousands of youth now have schooling, job training, and control over their reproductive health thanks to these programs.

Good intentions and common sense guide these grassroots initiatives, but that goes only so far. Recent research by the International Center for Research on Women (ICRW), complete with

case studies and data from three countries, shows that many such programs need better strategies, better management, and more resources to continue and especially to meet rising demand.

Colombia

In the department (state) of Antioquia in Colombia (home to Medellin), violence has disrupted agriculture, discouraged outside investment, and accelerated migration toward urban areas with no surplus of jobs. Squeezed financially, the government in 1993 slashed funding for social programs, including health. In response, a group of nurses founded Empresa Cooperativa de Servicios en Salud y Educación (ECOSESA), which offers job training in health care to some 400 young people (16 to 25 years old) each year. Ninety-five percent of trainees are women, mostly poor. Graduates of the training, which is funded through user fees, complete unpaid internships in local hospitals, after which 50 percent are hired permanently. The training covers the study of reproductive health topics, which in addition to preparing the trainees to render services to others, advances the young people’s own understanding and influences their sexual behavior.

Continued on page 6

Organizing for Change *Continued from page 2*

consumer and labor groups, as well as industry lobbying, has so far led 19 states to pass legislation upgrading direct-care wages through “pass-throughs” that earmark Medicaid funds for this purpose. For their part, direct-care workers and nurses alike have begun organizing in ever-larger numbers, leading a new wave of union growth and bargaining victories.

Last spring, a dramatic month-long walkout by nursing-home workers throughout Connecticut demonstrated their willingness to risk their jobs for improved state policies, although in the end it did not produce long-term changes.

Also last spring, approximately 22,000 home-care workers in Los Angeles County who work at least 112 hours per month were declared eligible to receive health and dental benefits under the

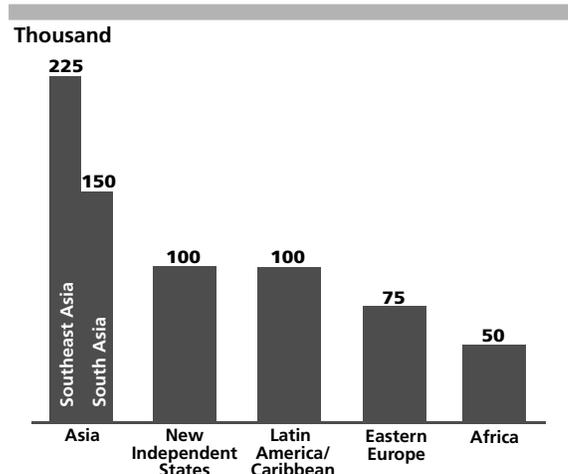
county’s community health plan. This radical improvement in their status came after more than 10 years of labor negotiations.

With a recession now official, according to the National Bureau of Economic Research, it is uncertain whether that kind of success can be replicated across the country, whether by labor action or state initiative. Equally unclear is how soon federal lawmakers will be willing to enact more comprehensive changes. But it is certain that the current problems will not go away of their own accord. ■

WebExtra!

For references on elder care, see the Web version of this article. Go to www.prb.org and click on “Older Population,” one of the topics on PRB’s home page.

Estimates of People Trafficked per Year, by Region



Source: Congressional Research Service, "Trafficking in Women and Children: The U.S. and International Response," 98-649 C (May 10, 2000).

trafficking agree that it is a large and growing practice. According to the Congressional Research Service (CRS) and the U.S. State Department, 700,000 to 2 million people, the majority of them women and children, are trafficked each year across international borders. Thirty-five percent are under the age of 18. The figure above provides estimates of the number of people trafficked by region; the destinations of trafficked individuals are large cities, vacation or tourist areas, or military bases in Asia, the Middle East, Western Europe, and North America.

Motive and Methods

Trafficking has turned into a big business: According to CRS, trafficking in people represents the third-largest source of profits for organized crime after drugs and guns, generating billions of dollars each year. Organized crime

Melanie Orhant has been active in the antitrafficking movement for 10 years. She is a law student at American University, Washington College of Law.

groups operating within and across borders often run trafficking networks. But traffickers can also be friends, family members, or neighbors.

Having lured their victims with the promise of employment or—as is often the case with children—adoption, traffickers typically maintain subservience through debt-bondage, passport confiscation, physical and psychological abuse, rape, torture, threats of arrest and deportation, and threats to the trafficked person's family. Victims often find themselves cut off from the outside world. They are often unable to speak the local language and fearful of police, who they believe might send them home to face residual smuggling debt, public humiliation, and further victimization.

International Response

With passage of global antitrafficking legislation, the *UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime*, adopted by the UN General Assembly in November 2000, trafficking is increasingly being recognized as a serious international problem. As of December 2001, according to the UN, 100 countries had signed the protocol; 20 additional signatures were needed for it to enter into force.

Combating trafficking involves national and international cooperation among nongovernmental organizations; social agencies; and judicial, law enforcement, and migration authorities. Together these groups can limit the ability of traffickers to operate freely and can provide options to potential victims to prevent them from being trafficked. They can also influence legislation, policies, and programs to enable governments to penalize traffickers and to aid victims. ■

For More Information:

A longer version of this article appears on the PRB website: www.prb.org.

Webwise

www.prb.org • www.ameristat.org • www.popnet.org • www.measurecommunication.org

The following were posted recently on the PRB network of websites:

Healthy People Need Healthy Forests—Population and Deforestation

Deforestation worldwide continues at a net rate of 9.4 million hectares a year, posing a serious threat to human communities and natural ecosystems. This *Emerging Policy Issues in Population, Health, and the Environment*

brief examines how deforestation threatens human and ecological health and highlights the underlying causes of deforestation, including human population dynamics. (www.measurecommunication.org)

Population Trends and Challenges in the Middle East and North Africa

Over the past 50 years, the Middle East and North Africa region (MENA)

experienced higher population growth than any other world region. With this growth have come the most severe water shortages and the highest unemployment rates anywhere. This policy brief describes the enormous challenges MENA governments face in providing their citizens' basic needs—adequate housing, sanitation, health care, education, and jobs—as well as in reducing economic inequality and conflict. (www.prb.org)

Premarital HIV Testing for Muslims in Malaysia

HIV testing has been imposed in Johor, Malaysia, at the behest of the state's Islamic Council. In November 2001, the council issued a *fatwa* or religious decree imposing HIV testing on Muslims seeking to marry. It is widely reported that Johor accounted for one-fifth of the country's new HIV infections in 2000, and most of those infected are Muslims. The purpose of the decree is to prevent transmission to children.

The World Health Organization representative in Malaysia publicly objected, saying testing should concentrate on high-risk populations, such as sex workers and drug users. The news service Agence France-Presse reported that a national women's organization urged the government to spend money instead on safe-sex education programs in schools.

Malaysia recently released results from its 2000 Census showing that Muslims constitute 60 percent of the country's population. This percentage was up slightly from just under 59 percent in 1991, the last time a census was conducted. The census results are on the Web at: www.statistics.gov.my/English/pressdemo.htm.

Guatemala Introduces Reproductive Health Law

In October 2001, Guatemalan President Alfonso Portillo signed into law that country's first official reproductive health policy. According to the U.S. Agency for International Development/Guatemala, the law calls on the Ministry of Health and the Ministry of Education to provide reproductive health services and education, and institutionalizes the reproductive health program that the Ministry of Health began in early 2001 with substantial financial assistance from foreign donors.

The law also focuses on youth. It mandates instruction on population and sex education in schools and prohibits the expulsion of pregnant adolescents. It further directs the Ministry of Health to

give information, counseling, and integrated reproductive health services to the adolescent population.

The Catholic church opposed the legislation, originally titled the Population and Development Law, and later named the Social Development Law to avoid controversy. But advocates cited Guatemala's high total fertility rate (on average, women have five children each) and its maternal mortality ratio (the second highest in Latin America) as evidence that the country's women need means to delay and space births. Abortion remains illegal in Guatemala.

Guatemala has the lowest level of contraceptive use in Latin America. Thirty-one percent of women of reproductive age who are in union use modern methods of contraception.

'Banning Condoms Kills'

With blunt messages like this one splashed on billboards, subway and bus shelter posters, and in prominent newspapers around the world, Catholics for a Free Choice (CFFC) has launched a global campaign to end the Catholic bishops' ban on condoms.

According to CFFC, an independent nonprofit organization based in Washington, D.C., the more than 4,000 Catholic bishops worldwide actively lobby governments and the United Nations to restrict access to condoms. The bishops also undermine public health policy on HIV/AIDS, claims CFFC, by delivering unscientific public messages about the virus. The South African Catholic Bishops Conference, for example, released a statement condemning the promotion of condoms as immoral and alleging that condoms cause rather than prevent AIDS.

Messages such as these have prompted key figures such as UNAIDS director Peter Piot to speak out in opposition. Piot said, "When priests preach against using contraception, they are committing a serious mistake which is costing human lives. We do not ask the church to promote contraception, but merely to stop banning its use." CFFC has targeted its cam-

campaign in countries with large Catholic populations and severe AIDS crises, such as Chile, Kenya, Mexico, the Philippines, South Africa, and Zimbabwe. For more information, visit the campaign website: www.condoms4life.org.

Children in Post-Soviet Poverty

Transition from Soviet rule and central planning to independence and open markets has brought economic hardship for the Commonwealth of Independent States and for countries in central and Eastern Europe—especially for children. According to a recent UNICEF report, 18 million children and young people in the region (17 percent of the region's under-18 population) are living in poverty, subsisting on just over \$2 per day. And a growing number of children are placed in institutions or put up for adoption due to economic and health conditions.

A Decade of Transition finds:

- The number of children in the region in 1999 (108 million) was 13 percent lower than in 1989, and the number of children under age 5 fell 36 percent, from 36 million to 23 million, over the 10-year period. The decline was due to a sharp drop in births.
- Despite the drop in the number of babies born, the number of children in out-of-home care (such children are known as "social orphans") rose by 150,000 to approximately 1.5 million. The increase in institutional care reflects weaker family ties, lower household income, poorer access to health care and education, and higher rates of adult mortality.
- Increases in institutionalization have occurred simultaneously with increases in adoption. In Latvia, for example, the rate of adoption rose 39 percent over the 10-year period, while the number of children in infant homes rose 80 percent.

The report can be downloaded from the website of the UNICEF Innocenti Research Centre: www.unicef-icdc.org. ■

Photo removed for copyright reasons.

Success Story

Nineteen-year-old Sapna dreamed of becoming a teacher but was forced to drop out of school after eighth class (age 14) to work in the fields and to care for her younger siblings.

Then in 1996 a village center for girls sponsored by the nongovernmental organization BGMS opened in her village. With support from center staff, she persuaded her reluctant parents to let her enroll. She learned basic vocational skills, and she attended family life

education classes. Her confidence grew, and after passing board examinations, she was able to resume her education and complete 12th class (high school).

She took advanced training at the BGMS campus and then opened a center of her own in a village near her home. Now Sapna also teaches at the school in her village. She has become a teacher and a community worker and is a role model for young women.

Kenya

In Kenya, economic contraction and AIDS have flooded the labor market with laid-off civil servants and with teenagers serving as heads of household due to the absence or illness of parents. West of Nairobi, a community-based group, the Teenage Mothers and Girls Association of Kenya (TEMAK), assists unwed mothers and female dropouts—many of whom have HIV. Forty trainees at a time learn tailoring, hairdressing, typing, or computer literacy. At the same time, they receive reproductive health information and education, counseling, testing for HIV, treatment for skin infections, free condoms, and access to clinical services through referrals. TEMAK provides on-site day care and early education for trainees' children. Volunteers from domestic and international organizations help TEMAK run activities, and funds from international donors supplement the income TEMAK makes from the sales of participants' crafts and from course fees.

India

In many parts of India, girls are thought of as belonging to another family because they marry—usually very early—and go to live with their husbands' families. Because of this pattern, families tend not to invest much in girls and often send them to work full time after primary school. (Other factors enter in, too: Schools are often far from home and of poor quality, and parents are reluctant to send their daughters to school once they start menstruating and are at risk for getting pregnant.)

Bhartiya Grameen Mahila Sangh (BGMS), a nongovernmental organization in the north-central Indian state of Madhya Pradesh, runs programs related to literacy, health, entrepreneurship, and community development. The organization's original goal—to raise awareness

and build leadership among poor rural women—has broadened to include adolescents. Key features of programming include girls' forums (discussion groups), peer educators, vocational and residential training, and the training of other nongovernmental organizations. Some 5,000 youth ages 12 to 25 have benefited from the training over the last nine years (see "Success Story"). BGMS receives funding from several international and national organizations, and through public contributions.

Program Objectives

ICRW's research, which provides insights into model characteristics and recommendations for channeling internal and donor resources, stresses the need for programs to:

- Tailor programming to local conditions (cuts in social spending and violence), needs (high prevalence of AIDS), and customs (early marriage and low status of women).
- Deliver both livelihood and health services well. The hook or promise of acquiring marketable skills should not be used only as a means to reproductive health education; both aspects need to be done right and done well to ensure program sustainability and good relations with the community.
- Go beyond just providing skills and instruction by helping trainees apply their newfound knowledge. Do market research to ensure that there is adequate demand for the skills taught (markets for hairdressers, for instance, may quickly become saturated); help with job searching and job placement; and provide access to reproductive health supplies and services.
- Allow participants to earn income during training, and—if trainees are parents—provide child care.
- Monitor and assess achievements and progress.

Communities understand the importance of young people having the means to make a living. Indeed, this is the preoccupying concern for most. But as promising as community programs are, they cannot stay in business or reach enough youth without growing and acquiring more resources. Operating on a greater scale with government and donor support, these demand-driven programs could, experts believe, be extraordinarily successful. ■

For More Information:

The recently published ICRW report, *Making It Work: Linking Youth Reproductive Health and Livelihoods*, by Simel Eşim, Anju Malhotra, Sanyukta Mathur, Guadalupe Duron, and Charlotte Johnson-Welch, will soon be available on the ICRW website: www.icrw.org.

Editor

Allison Tarmann

Demographic Editors

Carl Haub and Kelvin Pollard

Director of Communications

Ellen Carnevale

Design and Production

Heather Lilley and Tara Hall

Circulation Director

Jacki Majewski

Population Today is published 8 times a year by the Population Reference Bureau (PRB). PRB is the leader in providing timely, objective information on U.S. and international population trends and their implications. PRB informs policymakers, educators, the media, and concerned citizens working in the public interest around the world through a broad range of activities including publications, information services, seminars and workshops, and technical support. PRB is a nonprofit, nonadvocacy organization. The views and opinions of *Population Today's* contributors do not necessarily reflect those of PRB.

Contact Information

PRB, 1875 Connecticut Ave., NW,
Suite 520, Washington, DC 20009-5728
Phone: 202/483-1100
Fax: 202/328-3937
E-mail: poptoday@prb.org
Website: www.prb.org

• For address change, please send current PRB address label and new address; allow 8 weeks.

• For reprint permission, write to Permissions at PRB. Material may be reproduced free of charge for classroom or noncommercial use; credit *Population Today*, Population Reference Bureau.

©2002 by Population Reference Bureau
ISSN 0749-2448

PRB Membership

In addition to **Population Today**, PRB members receive annually four **Population Bulletins**, the **World Population Data Sheet**, and **PRB Reports on America**.

Individual	\$49
Educator*	\$39
Student/People 65+*	\$34
Library/nonprofit organizations	\$64
Other organizations	\$225

Note: Members with addresses outside the United States should add \$15 for international postage and handling.

* Educators, students, and people over 65 should send supporting documentation.



Printed on recycled paper

Numbers You Can Use

Latest data and estimates

Speaking Graphically

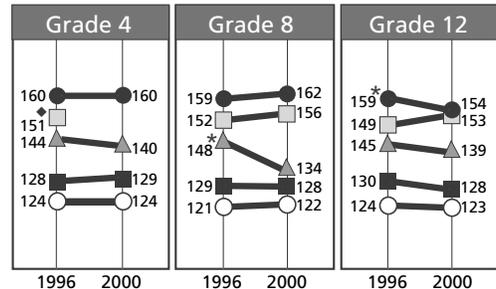
Science Scores of U.S. Students, by Race/Ethnicity

Results from the 2000 National Assessment of Educational Progress (NAEP) science assessment, released by the National Center for Education Statistics (NCES) in November 2001, show stable scores for fourth- and eighth-graders and a decline in performance among 12th-graders.

White 12th-graders, although they continued to have a higher average score than other racial/ethnic subgroups in the same grade, registered a statistically significant decline in scores, as did American Indian eighth-graders.

Factors associated with higher scores among eighth-graders included studying earth science, biology, chemistry, or physics rather than life science; and having a teacher who majored in science education. Among fourth-graders, the use of computers to play learning games was associated with higher scores.

Average scores on a 300-point scale



● White □ Asian/Pacific Islander
▲ American Indian ○ Black ■ Hispanic

* Significantly different from 2000.

◆ Special analyses raised concern about the accuracy and precision of national Grade 4 Asian/Pacific Islander results in 2000. As a result, they are omitted here.

Source: NCES, NAEP, 1996 and 2000 Science Assessments (<http://nces.ed.gov/nationsreportcard/>, accessed Nov. 25, 2001).

World Population

As of Jan. 2002 6,179,000,000
Annual growth 83,000,000

Source: Extrapolated from the mid-2001 population on PRB's 2001 *World Population Data Sheet*.

Population of the United States

As of Dec. 10, 2001 285,699,109

Source: U.S. Census Bureau (www.census.gov).

U.S. Vital Stats

12 Months Ending With January

	Number		Rate	
	2001	2000	2001	2000
Live births	4,091,000	3,974,000	14.9	14.5
Fertility rate	—	—	68.0	66.0
Deaths	2,388,000	2,404,000	8.7	8.8
Infant deaths	27,200	27,900	6.6	7.0
Natural increase	1,703,000	1,570,000	6.2	5.7
Marriages	2,332,000	2,376,000	8.5	8.7
Divorces	—	—	4.1	4.1

Note: Fertility rate is given per 1,000 women ages 15-44; infant deaths per 1,000 live births; other rates per 1,000 population. Number of divorces not available.

Source: National Center for Health Statistics, *National Vital Statistics Reports* 50, no. 1 (www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_01.pdf, accessed Dec. 10, 2001).

Spotlight Statistic

AIDS Increases Child Mortality Rates

Child mortality rates are rising as more infants are born with HIV in countries badly affected by the epidemic.

Percent of Deaths Among Children Under Age 5 Due to AIDS

Country	Percent
Bahamas	60%
Zimbabwe	70%

Source: UNAIDS, *AIDS Epidemic Update*, December 2001 (www.unaids.org/epidemic_update/report_dec01/index.html, accessed Dec. 10, 2001).

TransMONEE Database (UNICEF)

www.unicef-icdc.org/documentation/transmonee.html

TransMONEE is a public-use database available on the website of the UNICEF Innocenti Research Centre. The database contains socioeconomic indicators for central and Eastern Europe and the Commonwealth of Independent States: Albania, Armenia, Azerbaijan, Belarus, Bosnia-Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Macedonia, Moldova, Poland, Romania, Russia, Slovakia, Slovenia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan, and Yugoslavia.

State Innovations in Family Planning Services Project Agency

www.sifpsa.org

This website, part of a family planning project implemented in the Indian state of Uttar Pradesh, is a joint endeavor of the Government of India and the U.S. Agency for International Development. The project's major components are contraceptive social marketing, and research and evaluation. The

website provides information on the population policy of Uttar Pradesh; population data on the new state of Uttaranchal; a downloadable version of the project newsletter; ordering information for books and journals; and abstracts of studies and papers.

School District Demographics (National Center for Education Statistics)

www.nces.ed.gov/surveys/sdds/c2000.asp

Census 2000 data by school district are available through the School District Demographics system on the website of the National Center for Education Statistics. The system provides the total population and racial and ethnic makeup of each district, along with the number of students, teachers, and schools per district. Users can generate comparisons of districts within and across states.

Egypt Population Research Center

<http://egyptpop.cjb.net>

This center conducts interdisciplinary research and serves as an information center on population and development in Egypt and the

Arab world. It offers training programs for Egyptian and Arab professionals in applied population research. The center's website contains technical papers, training information, and links to additional demographic resources.

National Statistical Office of Malawi

www.nso.malawi.net/

This website provides a wealth of socioeconomic data for the country, including statistics from the Demographic and Health Survey 2000, the 1998 Census, and the 1998 Integrated Household Survey.

Center for Migration Studies of New York

www.cmsny.org/

The Center for Migration Studies of New York (CMS) publishes *International Migration Review* and *Migration World*; a newsletter; and various books and papers on migration, refugees, and ethnic groups. Its website features access to the searchable CMS library and archives, as well as information on current projects and services and links to additional resource sites. ■

— Prepared by Zuali H. Malsawma,
PRB librarian



Population Reference Bureau
1875 Connecticut Ave., NW, Suite 520
Washington, DC 20009-5728

Nonprofit
US Postage
PAID
Wash., DC
Permit 6137