Withdrawal/Redaction Sheet
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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Devorah Adler to Karin Kullman re: real people (5 pages)	10/20/1999	P6/b(6)
002. bio	re: personal medical (5 pages)	n.d.	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Devorah Adler
OA/Box Number: 20465

FOLDER TITLE:
SOTU [State of the Union]

2012-0463-S
rc825

RESTRICTION CODES

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

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]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).
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Freedom of Information Act - [5 U.S.C. 552(b)]

b(1) National security classified information [(b)(1) of the FOIA]
b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
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b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

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DRAFT

BACKGROUND ON THE UNINSURED

* 43.7 million Americans are uninsured -- an increase of 1.7 million from 1996 and nearly 5 million from 1992.

* The uninsured are four times more likely to not receive needed health care, have hospitalization rates for preventable conditions that are 50 to 75 percent higher, and place growing uncompensated care burdens on the nation's providers.

CHILDREN:

* **Insurance coverage is the major determinant of whether children have access to health care**. 37 percent of uninsured children never see a doctor during the year, more than 2.25 times the rate for insured children. (Families USA, 1997) Children under the age of five go without routine preventive health care services at three times the rate of insured children. (Families USA, 1997)

* Even the majority of children, who are generally healthy (70 percent or 50 million) need immunizations, regular preventive care, and professional treatment for acute illnesses or injuries. Twenty percent of children (14 million) have chronic problems including persistent ear infections, respiratory allergies, asthma, eczema, and skin allergies. Ten percent of children (7 million) have one or more severe chronic conditions such as congenital heart defects, neural tube defects, diabetes, sickle cell disease, or HIV. (National Academy of Sciences, 1998)

* **Compared with children who have insurance coverage, uninsured children have many unmet health care needs.** They are more likely to be sick as newborns, less likely to be immunized as preschoolers, less likely to receive medical treatment when they are injured, and less likely to receive treatment for illnesses such as acute or recurrent ear infections, asthma, and tooth decay. (National Academy of Sciences, 1998) Uninsured children are also more likely to be hospitalized for conditions that could have been managed with appropriate outpatient care than insured children. (GAO, 1998)

* **The CHIP program is the largest children's health coverage expansion since the enactment of Medicaid.** CHIP provides $24 billion over 5 years to help states offer affordable health insurance to millions of uninsured en in working families that make too much for Medicaid but too little to afford private coverage. 45 States and the District of Columbia have had their CHIP plans approved. When these plans are fully implemented, approximately 2.5 uninsured million children will receive health insurance coverage. (We expect that many will go back and expand further. Those efforts plus outreach will get us up to five million uninsured children).

* Now we must finish the job by assuring that these programs meet the needs of our children. The President is proposing new policies that will help more children health care coverage they need including: allowing states to use a portion of their CHIP funding for specific outreach activities (e.g., outstationing eligibility workers in sites where families are/conducting media campaigns)*, allowing qualified immigrant children who are presently ineligible for benefits because of residency requirements to receive the important health care offered by Medicaid and CHIP, and providing States the option to continue Medicaid coverage for foster care children until they are 23**.

Children's Health Outreach*

* There are 4.7 million children who are eligible for Medicaid but unenrolled. (MEPS, 1998). There will likely be millions more children who are eligible for the new children's health program that are not enrolled. The President and First Lady have launched a historic nationwide children's health outreach program to sign up the kids who are eligible but not enrolled, including involving private businesses (e.g grocery stores, pharmacies) and directing the Federal programs that serve these same children (Head Start etc) to initiate an historic effort to sign up children.

Health Care Needs of Foster Children (this is big FLOTUS issue)**

Youth in foster care experience far more health problems than other adolescents. (Muskie School of Public Service, December 1997)

- Approximately 47% of children transitioning out of foster care have mental health problems that require access to mental health services. Psychological distress is higher in foster care youth than in the general population. (Courtney, 1995)

- Thirty percent of children leaving foster care did not have adequate access to health care services when needed. (Muskie School of Public Service, December 1997).

Saturday at 5pm / first SOTU draft by Th.

RESEARCH AND ANECDOTES NEEDED

Including real people, success stories, facts.

Deadline: Saturday, January 8, 5pm

Economy

Domestic

Incomes up – what that means for average families
Birth and rise of new industries – and predictions for the new century
Statistics re: modern American affluence, eg, # of home computers, homes with two TVs, microwaves, vacation homes
Minimum wage – in real terms
20 million jobs: types/ people who have new jobs because of our efforts
Digital Divide – stats. How many connected/ demographics; race.
Examples of startup businesses that have grown
Homeownership; min wage
Raising min wage -- how many impacted
New markets related facts/ eitc
Equal pay stats
Lifted out of poverty by EITC since 1993
Have bought first home since 1993
Impact of deficit reduction on average family. and lower interest rates, impact on working families.
In past 7 years we have freed up X billion for productive investment -- and lower interest rates have put x dollars in the pockets of working families.
How much money available thanks to EZ, community reinvestment act.

International
Pace of trade around the world
% of US economy on trade
Trade/ globalization: ie: in 1970, trade accounted for 10 percent of America's economy. today, Trade accounts for about 1/4 of America's economy.

Technology/ Medicine/ Biotech
Genome
Diseases conquered
Projections on gains
Children covered thanks to our policies
Life expectancy, etc.
Tobacco stats
Cigarettes -- how many killed

immunizations
asthma
children's health & indicators

Environment
Lands legacy – acres we've protected
Clean air policies – in real terms
How much land we saved over last 6 years (compared to Roosevelt);

Social Security/ Medicare/ elderly
How many people would have lost health care if stayed on path w/ Medicare
MC trust fund going out —

Crime
Stats re: guns, Brady
Prison reform
Drugs – impact of our programs
Guns -- how many people accidentally killed
Prison: stay clean, stay out. facts -- success stories.
ESL
Crime/ cops, enforcement
School violence – stats, examples, progress
How people victims hate crime
Crime stats: murder rate, guns out hand criminals, drug use, etc. Examples of successful communities.

Community/ Service
Philanthropy – examples of individuals
faith-based organizations
Americorps – numbers and alumni. Specific efforts.
child care tax credit
Deadbeat dads – stats
Welfare to Work – case #s

Education
After school programs – examples of success; stats. How many kids gone into afterschool
Schools wired – how long until we reach our goal
Teachers: teacher quality: accountability. examples, success stories, stats
School construction facts. Studies, examples, successes
How many people: ave cheaper student loans; benefited from hope scholarships;
Low income students w/ college -- how earning potential impacted by college degree

Health
Prescription drugs -- how many affected: how cheap drugs are across the border
Have been helped by FMLA §
New treatments, ooh ah Cancer

percentage of the workforce covered

LTC COVERAGE

ERRORS
GENETIC DISCR.

I. Accomplishments of Biomedical Research

* In the 19th century, scientists discovered the first X-ray, learned to mass produce aspirin, and discovered that disease -- and even life itself -- occurs at the cellular level.

* In the last few decades, smallpox has been eradicated from the world and polio from this hemisphere.

* Because of improvements in vaccines in the last fifty years, diseases such as measles, mumps, and whooping coughs are no longer common diseases of childhood.

* Deaths from heart disease have been cut in half in the last couple decades.

* Transplantation of kidney, heart, lung, and liver extends the life of those who only two decades ago would have had no hope.

* New surgical techniques and medical devices such as pacemakers and artificial joints, save lives and greatly enhance the quality of life for many others.

* New advances in drugs mean that those who suffer from mental illnesses, such as depression and schizophrenia can now lead productive lives.

* For the first time cancer death rates are down. We have made particular progress on childhood cancers, where survival rates are now up to 70 percent. And scientists are making progress in identifying drugs, such as Tamixifin that can prevent breast cancer.

II. Diseases Where Are Most Likely To Make Great Progress

* We will soon be able to better understand methods for accurately measuring blood glucose levels and improving metabolic control will enable doctors to prevent the debilitating and devastating nerve, kidney, and eye complications of diabetes

* We will make enormous strides on a number of aging diseases, such as Alzheimer's disease, stroke, and osteoporosis. We will better understand how to identify these diseases much earlier, who is at risk and why, enabling us to develop more targeted, effective interventions. This progress is particularly important as baby boomers become older, dramatically increasing the number of individuals at risk for this disease.

* We are also learning much more about a number of degenerative diseases, such as muscular dystrophy, Parkinson's disease, and Lou Gehrig's disease. We now understand how proteins destroy cells which will allow us to develop better medications and give us the potential to identify these diseases quicker so we can act before damage occurs.

* We will have soon have effective vaccines for infectious diseases such as tuberculosis, AIDS, and malaria. Earlier this year, the President posed a challenge to scientists to

develop an AIDS vaccine in the next decade -- and we are even closer on a tuberculosis and malaria vaccine. Tuberculosis and malaria are currently the leading killers worldwide, although AIDS is soon expected to overtake them.

Progress in Genetics

* In the 1980's it took scientists nine years, to isolate the gene causing cystic fibrosis. Last year, the gene responsible for Parkinson's disease was isolated in only nine days. Understanding the genetic code could lead to prevention and early treatment for many diseases --and a whole new way of understanding disease.

* Just a few months ago researchers discovered a genetic mutation that doubles one's risk of getting colon cancer, and a few years ago scientists uncovered genes for Alzheimer's as well as BRCA1 and BRCA2 -- two genes that indicate an increased possibility for breast cancer.

* Just a few years ago, scientists were only able to isolate a few genes per year. Human genome maps and technologies are now making the search for genes easier. The number of genes isolated now doubles every year -- in 1996 21 disease genes were isolated using genome maps. Among them are genes that contribute significantly to human diseases, including several cancers, kidney diseases, and diabetes.

* Scientists predict that soon they will be able to analyze an individual's genetic makeup almost instantly -- revealing one's predisposition to disease, reaction to drugs, and susceptibility to certain environmental exposures. This will provide new ways to conquer many of our most perplexing diseases.

More NIH Information

* In the last few decades, smallpox has been eradicated from the world and polio from this hemisphere. **The President can challenge/announce that we are now on track to eradicate polio worldwide by year 2000.**

* We are making historic strides in understanding the process of aging. Since the begining of this century, life expectancy has increased from 50 years to 76 years -- a larger increase in life expectancy than in the rest of time (ck). Today's elderly are expected to live more than 20 percent longer than even the elderly in the early 1960s

* Progress in medical research and improvements in nutrition and health have led to a dramatic decline in disability rates. There are 1.4 million less older people with disabilities today than there would have been under the 1982 rates (about a 15 percent decrease). We are learning more about treatments that will lead to even further declines.

* We are making new strides in understanding the biology and genetics of aging which will help us develop interventions that delay the onset of aging symptoms. We have identified the first genes for aging diseases, such as Alzheimers, that are enabling us to make breakthroughs to understand how the brain degenerates and develop new therapies to prevent or delay this process.

* Since the President took office, researchers have identified the first genes related to cancer, such as prostate cancer and breast cancer, and new knowledge about genetics and the structure of tumors may enable scientists to pinpoint more effective treatments for prostate, breast, and ovarian cancer. For the first time cancer death rates are down. We have made particular progress on childhood cancers, where survival rates are now up to 70 percent.

* This year we began the first new clinical trials on drug treatments to prevent and reduce the risk of cancer.

BACKGROUND ON PROBLEMS AND POLICIES ON LONG TERM CARE

GENERAL BACKGROUND ON OLDER AMERICANS

Today's elderly are healthier than ever before.

* **Today's elderly.** About 34.3 million Americans are age 65 years or older. Of them, 4 million are over the age of 85 and 386,000 are age 95 or older. About 60 percent of the elderly and over 70 percent of the people age 85 and older are women (U.S. Census, 1998).

* **Life expectancy is longer**. Today's elderly are expected to live more than 20 percent longer than the elderly in the early 1960s (NCHS, 1998). Since 1940, life expectancy at birth has increased from 63 years old to 76 years old (CDC, 11/10/98).

* **Today's older Americans are healthier than ever before.**
  -- It appears that chronic illness among the elderly has declined -- 1.2 million fewer elderly are disabled than would have been if trends had continued (Manton, 1996).
  -- The proportion of the elderly reporting fair to poor health status declined by nearly 10 percent since 1987 (NCHS, 1998). Hypertension among the elderly has dropped by about 20 percent among the elderly since the early 1960s (NCHS, 1998).

However, even while the proportion of elderly with health problems declines, the sheer number of elderly is skyrocketing.

* **In the year 2000, older people will outnumber children in the world for the first time in history.** (Secretary Shalala, on the announcement of 1999 International Year of Older Persons, 10/19/98) [note: not true in US]

* **The number of elderly will double by 2030.** The number of people age 65 years or older will double by 2030 (from 34.3 to 69.4 million). This is an increase from 13 percent of the general population to 20 percent of all Americans. The number of people 85 years or older will grow even faster (from 4.0 to 8.4 million) (U.S. Census, 1998).

* **Although getting healthier, the elderly are less healthy than younger people**.

  - About 55 percent of elderly women have arthritis, compared to 40 percent of elderly men and 23 percent of people ages 45 to 64. Over half of all people age 75 or older have arthritis (NCHS, 10/98).

- Of the elderly, about 13 percent have diabetes (22 percent of elderly African Americans), over 30 percent have heart disease (nearly half of all people with heart disease), 40 percent have high blood pressure (NCHS, 10/98).

- Nearly three-fourths of all deaths in 1996 occurred among the elderly (CDC, 11/10/98).

- **The number of seniors with chronic diseases is expected to increase by 100 percent over the next several decades** (HHS Fact Sheet, 10/14/98).

BACKGROUND ON LONG-TERM CARE NEEDS

* **What is "long-term care."** People with chronic illness or disability not only need regular health care services, but often require assistance in managing their health conditions and performing basic tasks such as eating, bathing and leaving their homes to go to the doctor.

  - "Formal" long-term care is paid long-term care services provided by health providers. It mostly consists of nursing home care and home health care.

  - "Informal" long-term is less skilled, unpaid care provided by people other than health providers -- family or friends. It consists of activities such as assistance with changing feeding tubes or monitoring medications, and providing help in dressing or going to the doctor.

* **What causes the need for long-term care**. A wide range of diseases and disabilities can result in long-term care needs. As such, people are classified as having long-term care needs if their chronic illness or disability results in limitations in their activities (e.g., eating, toileting, transferring, bathing, dressing, and continence management). Conditions that typically require long-term care include: diabetes, heart disease, arthritis, Alzheimer's disease and other dementias.

WHO NEEDS LONG TERM CARE

* **Millions of Americans of all ages have long-term care needs**. Nearly 2 million Americans live in nursing homes and another 4 million Americans live in the community but have health problems that would qualify them for nursing home care (need assistance to perform at least 3 of 6 basic activities of daily living). (ASPE, 1998)

  - About two-thirds of people with long-term care needs are elderly.

  - Nearly half of all people age 85 and older need assistance with everyday activities.

  - Almost 1 million elderly people are severely cognitively impaired because they

have Alzheimer's disease or another form of dementia (HHS, 1998).

* **Older women are more likely to have long-term care needs**. Women are 50 to 75 percent more likely to need long-term care, even after controlling for the larger number of elderly women, (HHS, 1998)

HOME & COMMUNITY-BASED LONG-TERM CARE

Three-quarters of the elderly with long-term care needs live in the community

* Over 70 percent of the elderly with long-term care needs lives with a spouse or other adult. Over 95 percent of them receive unpaid help from their spouse, son, daughter or other adult. Of these people receiving informal long-term care, only 40 percent also receive some paid health (e.g., Medicare home health visit) (ASPE, 1998).

* About 30 percent of the elderly with long-term care needs live alone. These elderly are much more likely to rely on paid assistance (60 percent versus one-third of those living with a spouse and other adult) (ASPE, 1998).

A large network of family and friends provides informal long-term care for people with long-term care needs at all ages.

* **Over 52 million Americans -- one in three -- voluntarily provide unpaid informal long term care each year to one or more ill or disabled family members or friends.** (HHS, 1998)

* **Families and friends provide a major amount of long-term care.**
  - 38 percent of informal caregiving is provided by adult children for their parents.
  - 11 percent is provided by spouses, usually among elderly couples.
  - 7 percent is provided by parents to significantly disabled children.
  - 20 percent is provided to other relatives (e.g., grandparents, aunts or uncles).
  - 24 percent is provided to friends or neighbors.

* **Most informal caregivers are women**. Women are nearly 30 percent more likely to be informal caregivres. Women provide about 50 percent more hours of informal care per week than their male counterparts. Black women are more likely to provide informal care than white women. (HHS, 1998)

* **The majority of informal caregivers work** (65 percent). Women who work full time provide an average of 11 hours of long-term care a week. (HHS, 1998)

People caring for <u>elderly</u> relatives or friends provide more, intense assistance.

* **Over 7 million Americans provide nearly 30 hours per week of assistance to elderly people with long-term care needs.** Typically, more than one relatives or friends help to care for these people (HHS, 1998).

* **Over two-thirds of primary caregivers live in the same house**. The majority of caregivers for the elderly with long-term care needs are spouses (40 percent) or adult children (36 percent) (HHS, 1998).

* **Caregiving often conflicts with work**. Two-thirds of working caregivers report experiencing conflicts that cause them to rearrange their work schedules, work fewer hours, or take an unpaid leave of absence from work (HHS, 1998).

* **Primary caregivers for the elderly are themselves older.** Their average age is 60 years old, and half are older than 65. About one third described their own health as "fair to poor." (HHS, 1998) This presents problems since informal caregiving often requires physical work like heavy lifting, frequent bedding changes, dressing and bathing (Feinberg, 1997).

* **Caregivers often have emotional as well as physical strains.** One study found that 68 percent of caregivers experienced depression (Feinberg, 1997). Women tend to experience higher levels of stress, even when controlling for their disproportionate caregiving role (Rose-Rego et al., 1998).

    - **Especially true for families caring for people with Alzheimer's disease**. Such caregivers experienced greater time demands, family conflict, strain, mental and physical problems, and financial hardship (Ory et al., 1998).

* **Despite the strain, nearly 70 percent of caregivers use positive words when describing how they felt about their role** (NAC/AARP, 1997).

* **Over 40 percent of family caregivers have household incomes less than $30,000 per year** (NAC/AARP, 1997).

* **Over 40 percent of people caring for elderly relatives also care for children under 18** (NAC/AARP, 1997).

* **Minority families tend to provide more informal care.** Controlling for level of disability, non-Caucasian caregivers provided more care than Caucasian caregivers (Tennstedt & Chang, 1998). The actual number of caregivers in minority families is higher than the number of caregivers in non-minority families, due in part, to the involvement of modified extended families (Chatters et al., 1998, 1986; Miller et al., 1994; Hatch, 1991; and Cox and Monk, 1990).

NURSING HOME CARE

* About 1.6 million older Americans and people with disabilities receive care in approximately 16,700 nursing homes. (HCF, 1998)

* 75 percent of nursing home residents are women. (NCHS, 1998).

* What worries people the most about growing old is having to live in a nursing home. Alliance of Aging Research.

* Nearly one in three seriously ill patients reported that they would rather die than end up in a nursing home.

WHO PAYS FOR LONG-TERM CARE

Total spending on long-term care

* **Direct medical costs for persons with chronic conditions** represent nearly 70 percent of national expenditures on health care. (HHS Fact Sheet, 10/14/98)

    - **Nursing home care**: Nursing home costs average over $46,000 per year. (Wiener & Stevenson, 1998)

* However, a large amount of long-term care, provided by family and friends, is uncounted. (Need stat on $$ for the health care system -- it is hundreds of billions each year that it would cost our health care system to provide the functions that family caregivers needs)

* **Few beneficiaries realize that Medicare does not pay for long-term care.** Although 63 percent of Medicare beneficiaries recognize that they are not covered for prescription drugs, only 44 percent of beneficiaries know that Medicare does not pay for long-term nursing home care. (Kaiser Family Foundation, 1998)

Medicaid

* **Medicaid is the largest insurer of long-term care in the nation**. It pays for two-thirds of nursing home residents, and 15 percent of home health care. However, it is a payer of last resort, covering the poor or those made poor by high health care costs. As with Medicare, Medicaid is unlikely to increase its coverage of long-term care since it already consumes a third of all Medicaid expenditures.

Private long-term care insurance

* **Little private insurance for long-term care.** Only 6 percent of the elderly and a very small percent of baby boomers have private long-term care insurance. This is because few businesses offer long-term care policies, they remain expensive, and few people recognize the need for this insurance.

* **Not the only answer.** Even if every baby boomer who could afford private insurance purchased it, less than one-third of long-term care costs would be paid for by private insurance in 2030.

Out-of-pocket spending on long-term care

* **Most long-term care costs are paid for out of pocket, by families.** About $25 billion was paid out-of-pocket on formal nursing home and about $6 billion on home health care in 1996. Long-term care expenditures account for nearly half (44 percent) of all out-of-pocket health expenditures for Medicare beneficiaries.

LONG TERM CARE AND OTHER AGING/HEALTH POLICY

- **Long-term care tax credit**. This proposal would for the first time give people with three or more limitations in activities of daily living (ADL) or their caregivers a tax credit of $1,000 to help pay for formal or informal long-term care. About 2 million people would benefit including over one million older Americans; over 500,000 people with disabilities, and approximately 250,000 children. This initiative also recognizes the invaluable, time, effort and caring of spouses and relatives make to housing, feeding and attending to the long-term care needs of these relatives with chronic illness as taxpayers who house a relative with long-term care needs can also receive this tax credit.

- **Family Caregiver Support Program.** This proposal creates a new national Family Caregiving Support Program to support Americans who care for chronically ill or disabled family member or friends. It would enable states to create "one-stop-shops" that provide critical information and counseling as well as respite services and adult day care. Approximately 250,000 families would benefit from caregiver counseling and other services that provide information about and assistance in receiving services critical to the task of providing personal assistance to a friend or relative. More than 76,000 will benefit from respite care provided at home, in an adult day care center, or over the weekend in a residential setting. (Investment: $140 million in 2000)

* **Educating Medicare beneficiaries about long term care options.** Medicare

beneficiaries are often unaware of the fact that Medicare does not provide long term care services and have little information about the long term care options that best meet their needs. This proposal provides funds to HCF to launch a national education campaign to educate all of the 39 million Medicare beneficiaries about long term care options. (Investment: $25 million)

- **Offering private long-term care insurance to Federal employees.** Since expanding Federal programs alone cannot address the next century's long-term care needs, the Federal government -- as the nation's largest employer -- could serve as a model employer by promoting high-quality private long-term care insurance policies to its employees. OPM estimates about 300,000 participants would benefit from this program. (Investment: small administrative expenses)

- **Nursing home quality initiative.** This initiative would strengthen States nursing home enforcement tools and increase Federal oversight of nursing home quality and safety standards to assure that the 2 million Americans in nursing homes receive high quality care. [We also are considering creating a commission to examine ways to improve the quality of housing -- whether in nursing homes, assisted living arrnagements or other housing situations for the elderly and people with disabilities. (Investment: $116.5 million)]

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Teen Smoking Fact Sheet

Teen Smoking is a Major Problem in this Country

* 4.5 million children ages 12-17 are current smokers.[1]

* Every day, more than 3000 young people become regular smokers in this country,[2] and 1000 will die prematurely from smoking-related diseases as a result.[3]

* In 1996, 66 percent of the 1.8 million Americans who became regular smokers were under the age of 18 (1.2 million).[4]

* Almost 90 percent of adult smokers began at or before age 18.[5]

Tobacco Use by Teens is On the Rise

* Cigarettes: Smoking among high-school seniors is at a 19-year high -- 36.9 percent and since 1991, past-month smoking has increased by 35 percent among eighth graders and 43 percent among tenth graders.[6] Daily smoking among high school seniors dropped slightly between 1997 and 1998, from 24.6 to 22.4 percent.[7]

* Smoking rates among high school students rose by nearly a third between 1991 and 1997, from 27.5 percent to 36.4 percent.
  * Cigarette smoking was highest among white students (39.7 percent), rising by 28 percent from 1991 (30.9 percent).
  * While the level of cigarette smoking among African-American students was lower than for white students, the rate increased by 80 percent between 1991 and 1997 for African-American students (from 12.6 percent to 22.7 percent).
  * Smoking among Hispanic students rose 34 percent, from 25.3 percent in 1991 to 39.7 percent in 1997.[8]

* Between 1988 and 1996, the number of children who became regular smokers increased by 73 percent, and this increase resulted in 1.5 million more children becoming regular smokers over the eight year period.[9]

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[1] "National Household Survey on Drug Abuse: Population Estimates 1997", Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

[2] "Incidence of Initiation of Cigarette Smoking -- United States, 1965-1996", *Mortality and Morbidity Weekly Report*, vol. 47, no. 39, Centers for Disease Control and Prevention, October 9, 1998.

[3] John Pierce, et al., "Trends in Cigarette Smoking in the United States, Projections to the Year 2000", *Journal of the American Medical Association*, vol. 261, pp. 61-65, 1989.

[4] "Incidence of Initiation of Cigarette Smoking -- United States, 1965-1996".

[5] "Preventing Tobacco Use Among Young People--A Report of the Surgeon General, 1994", Centers for Disease Control and Prevention.

[6] Monitoring the Future Study, University of Michigan, 1997.

[7] Monitoring the Future Study, University of Michigan, 1998.

[8] "Tobacco Use Among High School Students -- United States, 1997", *Morbidity and Mortality Weekly Report*, vol. 47, no. 12, Centers for Disease Control and Prevention, April 3, 1998.

[9] "Incidence of Initiation of Cigarette Smoking -- United States, 1965-1996".

* Cigars: One in five high school students (22 percent) smoked cigars within the past month. 31.2 percent of male high school students smoked cigars within the past month, compared with 10.8 percent of female students.[10]

* Smokeless Tobacco: Almost one in ten (9.3 percent) of high school students used smokeless tobacco within the past month. White male students were significantly more likely to use smokeless tobacco products than any other group of high school students (20.6 percent).[11]

* Tobacco Products: Overall, 42.7% of high school students used tobacco products in the previous month (cigarettes, cigars, or smokeless tobacco) -- this represents nearly half of male high school students (48.2 percent) and more than a third of female students (36 percent).[12]

Many Teens are Addicted to Tobacco[13]

* Teenagers find it difficult to quit smoking -- 86 percent of teens who smoke daily and try to quit are unsuccessful.

* Teenagers underestimate the addictiveness of nicotine -- 75 percent of daily smokers who expect to quit are still smoking five years later.

* Casual smokers become hooked -- 42 percent of young people who smoke as few as three cigarettes per month go on to become regular smokers.

Teen Smoking is Associated with Other High-Risk Behaviors

* Adolescents (ages 12-17) who are current smokers are 12 times as likely to use illicit drugs and 23 times as likely to drink heavily as non-smoking youths.[14] Seventy-four percent of youths who had smoked marijuana in their lifetime tried cigarettes first.[15] Smoking is associated with a host of other risk behaviors, such as fighting and engaging in unprotected sex.[16]

December 18, 1998

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[10] "Tobacco Use Among High School Students -- United States, 1997".

[11] "Tobacco Use Among High School Students -- United States, 1997".

[12] "Tobacco Use Among High School Students -- United States, 1997".

[13] "Selected Cigarette Smoking Initiation and Quitting Behaviors Among High School Students -- United States, 1997", *Morbidity and Mortality Weekly Report*, vol. 47, no. 19, Centers for Disease Control and Prevention, May 22, 1998.

[14] "National Household Survey on Drug Abuse: Population Estimates 1997", Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

[15] "National Household Survey on Drug Abuse: Population Estimates 1995", Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

[16] "Preventing Tobacco Use Among Young People--A Report of the Surgeon General, 1994".

Joshua S. Gottheimer
12/29/98 06:59:47 PM

Record Type: Record

To: Sarah A. Bianchi/OVP@OVP

cc:
Subject:

Health

[Sarah Bianchi]

#s re: health insurance coverage in past decade
#s re: children's health care (under '97 budget)

Stuff on strides in medicine, biomedicine, etc. diseases conquered, life expectancy--
- in past year
- over past 6 years

THIS IS KEY - projections of gains on diseases

LONG-TERM CARE INITIATIVE

- **Long-term care tax credit**. (new tax policy) This proposal would give people with three or more limitations in activities of daily living (ADL) or their caregivers a tax credit of up to $1,000 to help pay for formal or informal long-term care. About 2.3 million people would benefit, half of whom are elderly. (Cost: About $6.5 billion over 5 years)

- **Offering private long-term care insurance to Federal employees.** (new discretionary policy) Under this proposal, OPM would offer its employees the choice of buying differing types of policies and use its market leverage to extract better prices for these policies. There would be no Federal contribution for this coverage. OPM estimates about 300,000 participants. (Cost: Small administrative costs)

* **Educating Medicare beneficiaries about long term care options.** (new discretionary policy) This proposal provides funds to HCFA to use the Medicare+Choice marketing materials to educate all of the 38 million Medicare beneficiaries about long term care options outside of the Medicare program. This proposal is supported by the insurance industry as well as DLC, as they believe this proposal is necessary to assure beneficiaries have the information they need to understand their options. (Cost: WH Target $10 million.)

- **Family Caregiver Support Program.** (new discretionary policy) This proposal creates a new national program through the Administration on Aging to support Americans who care for chronically ill or disabled family member or friends. It provides State grants for "one-stop-shop" access point to provide services, such as information and counseling as well as respite services and adult day care. Approximately 250,000 families would benefit from caregiver counseling and other services that provide information about and assistance in receiving services critical to the task of providing personal assistance to a friend or relative. Another 76,760 families will benefit from respite care provided at home, in an adult day care center, or over the weekend in a residential setting. Funding of this proposal is necessary to obtain broad based validation from the advocacy community for our entire long term care package. (Cost: Original HHS cost estimate: $150 million; OMB passback: $10 million; WH Target: no less than +$125 million)

- **Nursing home quality initiative.** (New mandatory and discretionary policy) This initiative provides mandatory and discretionary funds to HCFA to help States strengthen nursing home enforcement tools and increase Federal oversight of nursing home quality and safety standards. Funding will be provided for new enforcement provisions and increased surveys of repeat offenders and improve surveyor training. (Cost: Original HHS cost estimate: $153 million; OMB passback: +$107 million; WH Target: additional +$12.5 million)

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DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. email	Devorah Adler to Karin Kullman re: real people (5 pages)	10/20/1999	P6/b(6)

COLLECTION:
Clinton Presidential Records
Domestic Policy Council
Devorah Adler
OA/Box Number: 20465

FOLDER TITLE:
SOTU [State of the Union]

2012-0463-S
rc825

RESTRICTION CODES

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P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
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002. bio	re: personal medical (5 pages)	n.d.	P6/b(6)

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Devorah Adler
OA/Box Number: 20465

FOLDER TITLE:
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RESTRICTION CODES

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