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Cleveland Trip 1996-Cancelled

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Patricia S. Fleming
Director
Office of National AIDS Policy
750 17th Street, N.W.
Washington, D.C. 20503

Cancelled.
Cleveland

NOTE TO PATSY

FROM: RICHARD

SUBJECT: Cleveland Issue

The attached letter was recently sent to Secretary Shalala by the Urban League of Greater Cleveland. The Urban League will be represented at the regional briefing Tuesday afternoon so this issue may come up.

According to the CDC, the gist of the issue is that ASMB decided to limit bidding on the contract for the National AIDS Clearinghouse to small businesses. This decision is under review so you and Helene should not comment on it in detail other than to say "it is under review."

Urban League of Greater Cleveland

"Over 75 Years of Community Service."

1255 Euclid Avenue, Suite 205
Cleveland, Ohio 44115
(216) 622-0999 • Fax 622-0997

July 15, 1996

The Honorable Donna E. Shalala
Secretary, Department of Health & Human Services
Office of the Secretary
200 Independence Avenue, SW
Washington, D.C. 20201-0004

Dear Madame Secretary:

We understand that your office has reversed the decision by the Centers for Disease Control and Prevention (CDC) to allow open competition for the contract to operate the CDC/National Center for HIV, STD and TB Prevention Information Services. We understand that you have directed CDC to restrict competition to small businesses.

We strongly urge you to reconsider this decision.

This new contract is an expansion of the services of the CDC National AIDS Clearinghouse, a project that has been providing prevention information and technical assistance to the AIDS community for the last 9 years. Because the only known way to stop the spread of HIV infection is through prevention education, the HIV/AIDS and allied communities that we serve need and are entitled to the best AIDS information services obtainable. While the spread of the epidemic has slowed in some communities, others are just beginning to appreciate the devastation that HIV and AIDS can cause in their homes and communities. CDC statistics indicate what many of us have witnessed: In this second decade of the AIDS epidemic, populations that have historically struggled against poverty, illegal drugs, and substandard health care are the same ones experiencing a dramatic increase in HIV infection.

These groups, along with all other Americans, deserve to have desperately needed AIDS information services continue uninterrupted and with the highest quality of service and efficiency. We understand that CDC determined in an extensive market survey that no small businesses were qualified to operate the new information service. Yet HHS overruled CDC, directing the agency to restrict competition for this project to small businesses only. Why should our community have to settle for an unqualified contractor? Competition for this extremely important project should

not be restricted at all. **A full and open competition will allow the government to choose the best contractor at the best price. Our constituency needs and merits nothing less.**

Thank you for giving this important matter your consideration.

Respectfully,

Lynn Harvey-Akan
HIV/AIDS Media Specialist

Israel Diaz
Community Intervention Project Coordinator

cc: The Honorable William J. Clinton
Patricia Fleming, Director, White House Office of AIDS Policy
David Satcher, M.D., Center for Disease Control
Helene Gayle, M.D., Center for Disease Control
Honorable Senator Mike DeWine, (R-OH)
Honorable Congressman Louis Stokes (D-OH)

THE WHITE HOUSE

WASHINGTON

The Office of National AIDS Policy

and

The Presidential Advisory Council on HIV and AIDS

Invite You to

**A special breakfast briefing for philanthropic leadership,
following up on The White House Conference on HIV and AIDS**

featuring a conversation with

Health and Human Services Secretary Donna E. Shalala

and

National AIDS Policy Director Patricia S. Fleming

**Tuesday, July 23, 1996
8:00 a.m. - 9:00 a.m.**

**Eaton Corporation
Executive Dining Room, 26th Floor
1111 Superior Avenue
Cleveland, Ohio**

**R.S.V.P. by July 18 to
Alida Sharp
The George Gund Foundation
(216) 241-2114, ext. 27**

This briefing is co-sponsored by Funders Concerned About AIDS, the National AIDS Fund, and is made possible, in part, by a grant from the Council of Fashion Designers of America-Vogue Initiative/New York City AIDS Fund of The New York Community Trust

This breakfast is hosted by the Board of Cuyahoga County Commissioners, The Cleveland Foundation, The George Gund Foundation, United Way Services and Eaton Corporation

THE WHITE HOUSE

WASHINGTON

The Office of National AIDS Policy

and

The Presidential Advisory Council on HIV and AIDS

Invite You to

A Special Briefing By

Patricia S. Fleming
Director
Office of National AIDS Policy

Tuesday, July 23, 1996
3:00 p.m. to 4:30 p.m.

The Health Museum
Sears Auditorium
8911 Euclid Avenue
Cleveland, Ohio

This meeting is co-sponsored by Funders Concerned About AIDS and the National AIDS Fund, and is made possible, in part, by a grant from the Council of Fashion Designers of America-Vogue Initiative/New York City AIDS Fund of The New York Community Trust

This meeting is hosted by the AIDS Funding Collaborative

DONNA SHALALA INTRO

AS U.S. SECRETARY OF HEALTH AND HUMAN SERVICES, DONNA E. SHALALA HAD REFOCUSED AND RE-ENERGIZED THE U.S. GOVERNMENT'S RESPONSE TO THE GLOBAL AIDS PANDEMIC.

SINCE HER APPOINTMENT BY PRESIDENT CLINTON IN 1993, SHE HAS BROUGHT NEW STRATEGIES, WORLD-CLASS LEADERSHIP AND SUBSTANTIAL NEW RESOURCES TO THE WAR AGAINST AIDS -- AND SHE HAS DONE SO ACROSS THE BOARD: IN RESEARCH, TREATMENT AND PREVENTION.

DR. SHALALA HEADED THE LARGEST PUBLIC RESEARCH UNIVERSITY -- THE UNIVERSITY OF WISCONSIN AT MADISON -- BEFORE HER APPOINTMENT.

SHE HAS BEEN A VIGOROUS DEFENDER OF THE

SCIENTIFIC LEADERSHIP OF THE NATIONAL INSTITUTES OF HEALTH'S NEWLY STRENGTHENED OFFICE OF AIDS RESEARCH AND, ON THE GLOBAL FRONT, A STRONG SUPPORTER OF THE WORK OF U.N. AIDS.

PERHAPS MOST SIGNIFICANTLY, SHE HAS INSISTED THAT EVERY BRANCH OF HER DEPARTMENT WORK IN PARTNERSHIP WITH THOSE AFFECTED BY THE PANDEMIC.

IT'S MY PLEASURE TO PRESENT SECRETARY SHALALA....

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HIV/AIDS: A Call for Leadership

Executive Summary/Action Plan · Spring 1994

Cleveland/Cuyahoga County, Ohio

OVERVIEW OF THE AIDS FUNDING COLLABORATIVE

The AIDS Funding Collaborative (AFC) was established in 1995 and grew from one of the recommendations of the Citizens Committee which called for a method of allocating and distributing community based funding for AIDS/HIV from local governments and the private sector. The AFC was convened by The Cleveland Foundation, the George Gund Foundation, United Way Services, and the Board of Cuyahoga County Commissioners. Its purpose is to support implementation of the recommendations of the Citizens Committee on AIDS/HIV.

The AFC has sixteen members comprised of representatives of the convening organizations, the corporate community at large, and the leadership of the Citizens Committee on AIDS/HIV. It is charged with approving and allocating grant awards and is guided in its decision-making by the recommendations of the Citizens Committee. The Collaborative's priorities include increased leadership from all sectors of the community; and education, prevention, and services for people living with AIDS and HIV.

The convenors of the Collaborative provide funding support for the AFC. This support totaled approximately $525,000 the first year of which $150,000 was contributed by the Board of Cuyahoga County Commissioners; $75,000 from United Way Services; $145,000 from the George Gund Foundation; $125,000 from the Cleveland Foundation; and $30,000 from the National AIDS Fund (NAF). During 1995, the first round of funding was completed totaling $435,854 in the areas of youth education and prevention, mental health counseling, housing, development of a health care tracking and case management system, and a syringe exchange program. Approximately $400,000 has been committed by the convenors for a second round of funding during 1996.

The AIDS Funding Collaborative is a unique private/public AIDS/HIV funding partnership. To-date, no similar AIDS/HIV funding partnership has been identified anywhere else in the country.

M E M O R A N D U M

DATE: July 11, 1996

TO: Daniel Montoya

FROM: Marci Bernstein Lu, Program Assistant

RE: AIDS Briefing, Cleveland

Additional Local Issues

I attended a meeting of the North Coast HIV/AIDS Coalition this morning to update members on the White House Briefing on AIDS. Several issues of local concern were discussed that you may wish to note in your briefing materials. They are:

- Understanding and advocacy around managed care, particularly Medicaid HMO plans.
- The high cost of medications; access to medications
- Low level of funding from the city/lack of support
- Desire for flexibility with Ryan White funding, particularly the need for Ryan White funding to cover funeral expenses
- Mental health needs
- Access to substance abuse treatment
- Increased education/outreach
- Need for continuing education for professional HIV/AIDS educators

Additionally, local organizations have been pleased with the service of CDC's AIDS Clearing House and therefore are concerned that the GAO will decide on July 31, 1996 to close the contract bidding to small businesses only. The organizations believe that a small business cannot adequately handle the volume of requests; they fear long delays.

Town Meeting Moderators

The two moderators at the afternoon regional briefing will be Nicki Antonio, Interim Chair of the North Coast HIV/AIDS Coalition, and Israel Diaz, Community Intervention Coordinator, Urban League of Greater Cleveland (Mr. Diaz is bilingual, in case Spanish translation is needed).

CLEVELAND

The Free Medical Clinic of Greater Cleveland opened the Syringe Exchange Program in November, 1995, as an outreach effort to reduce the spread of HIV. This program, the first such effort in the state of Ohio, is based upon a harm reduction model that encourages individuals to take positive steps in the direction of reducing self risk and promoting personal health through the exchange used syringes for clean syringes on a one for one basis. The program, approved by the City of Cleveland, Department of Public Health, began with two outreach sites, one on each side of the city in areas where intravenous drug use was known to be high. Each site is visited at least three times a week for two hour blocks of time by the Free Clinic van. In the Spring, two additional sites were added, including a site at the Free Clinic agency location. The sites and times are widely advertised. In addition to the exchange of syringes, much health related and drug treatment information is disseminated, both in written form and through one to one interaction from the staff and volunteers to program participants and passersby. Other HIV prevention strategies are discussed. Condoms are freely distributed as are bleach kits. Initial funding for the project came from the AIDS Funding Collaborative and has been supplemented as necessary by Free Clinic general operating funds.

There is no pending State legislation that would support such a project.

The Cleveland
Foundation
1422 Euclid Avenue
Suite 1400
Cleveland, OH 44115-2001

A trust for all time supported by and for the people of Greater Cleveland

Fax Cover Sheet

DATE: 7/16/96 PHONE: _____

TO: DANIEL MONTOYA FAX: _____

FROM: MARCI LU PHONE: _____

FAX: _____

RE: CLEVELAND briefing

Number of pages including cover sheet: 3

Message:

Attached are the bios of the 2 moderators for the briefing at the Health Museum. They will meet us at 4:30 at the Health Museum, Monday, July 22, for a walk-through.

Biography:

Isrnel Diaz, HIV/AIDS Community Intervention Coordinator, City of Cleveland, Cleveland, Ohio

Israel Diaz is the HIV/AIDS Community Intervention Coordinator for the City of Cleveland. Housed at the Urban League of Greater Cleveland, in this capacity, Mr. Diaz is responsible for involving minority communities in the HIV/AIDS community planning process. In addition, he provides technical assistance to community-based AIDS service organizations.

He serves as a board member of Midwest Hispanic AIDS Coalition (MHAC), a six (6) state organization headquartered in Chicago, Illinois, and is a representative to the State of Ohio HIV/AIDS Advisory Committee of the Ohio Department of Health.

Previously, Mr. Diaz spent five (5) years as the Hispanic Services Coordinator at the AIDS Taskforce of Greater Cleveland, Cleveland, Ohio.

###

Women's Center of Greater Cleveland

Women helping women and their families to prevent, face and overcome crises by using effective strategies for change.

4828 Lorain Avenue, Cleveland, Ohio 44102
(216) 651-1450 FAX: (216) 651-4351

Bio

Nickie Antonio is the Interim Chair for the North Coast HIV/AIDS Coalition. As the Executive Director of the Women's Center of Greater Cleveland, she has been an advocate and activist in the fight against AIDS for the past six years, emphasizing the plight of women and children.

Financial Support comes from: Benjamin S. Carson Family Foundation, The Cleveland Foundation, General Board of Global Ministries - The United Methodist Church, The George Gund Foundation, The Ohio Department of Alcohol and Drug Addiction Services, The Thomas White Foundation, United Methodist Council on Missions, United Parcel Service Foundation, White Consolidated Industries, Women's Community Foundation, "run,Jane,run", community businesses, local churches, residents, individual and anonymous donors.
An Equal Opportunity Service Provider and Employer

Member of United Way Services Community Shares

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Itinerary

Divider Title: _____

TRIP TO CLEVELAND, OHIO
SCHEDULE FOR THE DIRECTOR
FOR
TUESDAY, JULY 23, 1996

Advance: **Daniel Montoya, Pager: 800-792-1473**
Staff: **Richard Sorian**
Weather: **Chance of Rain, Temp, 80-85 degress**
Hotel: **Sheraton Hotel**
777 St. Clair Avenue, Cleveland, Ohio 44114
Phone: 216/771-7600 Fax: 216/566-0736
(Confirmation: Fleming/11024; Sorian/11028; Montoya/11030; O'Neill/11033; Gayle/11034; Fogel 3073- Cancellation policy by 7/22, 6pm)

Monday, July 22, 1996

DCM Schedule:

1:25pm Depart BWI en route to Cleveland, Ohio on Continental Flight #1263, Seat 23C

2:33pm Arrive Cleveland
Pick-up: Marci B. Lu at Baggage area

3:00pm Advance sites MetroHealth
Contact: Cecelia Huffman, 216/778-5798
(Meet Chip Malin, HHS)

3:30pm Advance Kamana Place
Contact: Louise Valentine, 216/651-6400

4:00pm Advance Eaton Corporation for Philanthropic Breakfast

4:30pm Advance Museum for Regional Briefing

5:00pm Advance SAMM
Contact: Dr. Victoria Cargill, 216/844-6990

RS Schedule:

PF Schedule:

5:55pm Depart WDC en route to Cleveland, Ohio on Continental Flight #573, Seat 11A

7:15pm Arrive Cleveland, Ohio

TRIP TO CLEVELAND, OHIO
SCHEDULE FOR THE DIRECTOR
FOR

TUESDAY, JULY 23, 1996

Advance: **Daniel Montoya, Pager: 800-792-1473**
Staff: **Richard Sorian**
Weather: **Chance of Rain, 80-85 degrees**
Hotel: **Sheraton Hotel**
777 St. Clair Avenue, Cleveland, Ohio, 44114
Phone: 216/771-7600 Fax: 216/566-0736

Tuesday, July 23, 1996

7:30am Depart Hotel en route to Eaton Corporation for Philanthropic Breakfast, 1111 Superior Avenue, Executive Dining Room, 26th Floor (load van with luggage)

8:00am Arrive Eaton Corporation Philanthropic Breakfast
Contact: Marci Bernstein Lu, 216/861-3810, 216/861-3806 fax
Host: Stephen Hardis, CEO, Eaton Corporation (moderator)
Michael White, Mayor, City of Cleveland
Mary O. Boyle, Commissioner, Cuyahoga County
Patsy Fleming, Director, ONAP
Donna Shalala, Secretary, HHS

9:00am End Breakfast

9:05am Depart Breakfast en route to Kamana Place, 7910 Lake Avenue

9:30am Arrive Kamana Place
Contact: Louise Valentine, 216/651-6400, 216/651-6554 fax
Speakers:
Linda Perssee, Board President (introduction)
Patsy Fleming, ONAP, Donna Shalala, HHS
Overview of Kamana Place program:
Louis Valentine, ED
Charlotte Nichols, Manager (tour)
Q&A

10:30am End Kamana Place meeting

10:35am Depart Kamana Place en route MetroHealth Medical Center HIV Clinic, 2500 Metro Health Drive

11:00am Arrive MetroHealth Medical Center HIV Clinic
Contact: Dr. Robert Kalayjian, 216/778-5136, 216/778-3328 fax
Speakers:
Terry White, Welcome
Dr. Robert Kalyjian
Patsy Fleming, ONAP, Donna Shalala, HHS
Donna Fife, Barbara Adams (Eligibility Issues)
Teri Dew, (Family Issues)
Randall Cebul, (ABC Program Experience)
Q&A

12:00pm End MetroHealth Center HIV Clinic

12:05pm Depart MetroHealth Medical Center HIV Clinic to Stopping AIDS is My Mission (Teen Project), 2561 East 59th Street

12:30pm Arrive Stopping AIDS is My Mission
Contact: Dr. Victoria Cargill, 216/844-6990, 216/844-6992 fax; Eileen Korey, 216/844-5027, 216/844-3825 (for paging)
Speakers:
Dr. Victoria Cargill
Patsy Fleming, ONAP, Donna Shalala, HHS
Presentation of Teen Project
Q&A

1:30pm End Stopping AIDS is MY Mission meeting

1:35pm Depart Stopping AIDS is My Mission en route to Lunch at the Health Museum, 8911 Euclid Avenue, 2 private rooms
Contact: Nancy Palamountain, 216/231-5010, 216/231-5129 fax

2:30pm End Lunch

2:35pm Proceed to Sears Auditorium for Regional Briefing
Moderators: Israel Diaz and Nickie Antonio
Mary O. Boyle, Commissioner, Cuyahoga County, AIDS Funding Collaborative (introduction)
Patsy Fleming, Director, ONAP

3:00pm Commence Regional Briefing

4:30pm End Regional Briefing

4:35pm Depart The Health Museum en route to Airport

PF Schedule:

5:15pm Depart Cleveland en route to WDC on Continental Flight #1162, Seat 8A

6:25pm Arrive WDC

RS Schedule:

DCM Schedule:

5:25pm Depart Cleveland en route to BWI on Continental Flight # 234, Seat 16C

6:39pm Arrive BWI

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Kamana Place

Divider Title: _____

PROPOSED SCHEDULE FOR SITE VISIT

by: Secretary of HHS Donna Shalala

TO - **KAMANA PLACE**
(an adult care group home for homeless people living with HIV/AIDS)

operated by: **THE AIDS HOUSING COUNCIL OF GREATER CLEVELAND, INC.**

JULY 23, 1996

9.30am -	Welcome - Introductions Overview of AIDS Housing Council	Linda Persse, Board President
9.50 -	Overview of the Kamana Place Program	Louise Valentine, Executive Dir.
10 -	Conversation Exchange with Residents/Guests/Staff	
10.10	Tour of Facility	Charlotte Nichols,Manager, Kamana
10.30 -	Exit	

INVITED GUESTS

Honorable Michael White	-	Mayor, City of Cleveland *
Councilman Jay Westbrook	-	President, Cleveland City Council Councilman, Ward
Timothy Milena	-	Councilman, Ward 17
Robert Bucklew	-	AIDS Activities Coordinator, City of Cleveland
Robert Staib	-	Director, Department of Health, City of Cleveland
Darlene Bailey	-	Dean, Mandel School of Applied Social Sciences
Victor Grozel	-	Associate Dean, Mandel School of Applied Social Sciences (MSASS)
Karen Kaye	-	Assistant Dean, (MSASS)
David Miller	-	Assistant Professor, (MSASS)
Linda Persse	-	President, AIDS Housing Council (AHC) Trustee Board Assistanct Professor, MSASS
Larry DeRolf	-	AHC Trustee,
Colleen Gallagher	-	Treasurer, AHC, Director Prolife Office, Catholic Diocese of Cleve.
Roger Lynch	-	Vice President, AHC Director of Social Work, St. Augustine Manor Nursing Home
Mickie Prokop	-	Secretary, AHC Systems Analyst, Premier Corporation
Greg Warner	-	AHC Trustee Businessman
Linda Hale	-	AHC Trustee Social Worker, University Hospitals of Cleveland
Robert Kalayjian	-	AHC Trustee Physician, Immunology Clinic, MetroHealth Medical Center
Staff/ Volunteers/ Residents-		AHC

* Invited but may not attend

FUNDING*

The Kamana Place program is funded by public and private foundations, grants, and through the generous donations and fund raising efforts of the community.

ADMISSIONS

Applications may be made by calling:

651-6400

Monday - Friday
8:30 - 4:30

* Sources
HUD : 202
United Way
FRS
Fund RAISing
Donations

AIDS HOUSING COUNCIL
of Greater Cleveland, Inc.

7901 Detroit Avenue
Suite 220
Cleveland, Ohio
(216) 651-5400

AIDS HOUSING COUNCIL
of Greater Cleveland, Inc.

KAMANA PLACE

a caring home when living alone is not enough

BACKGROUND

Kamana Place is owned and operated by the AIDS Housing Council of Greater Cleveland. It was opened in September of 1991 to provide assisted living services and support to persons living with AIDS who can't no longer live alone, or, who are homeless and in need of assistance with day to day activities.

The facility offers single room accommodations for ten people. Rooms are attractive. Kitchen facilities encourage independent use, but the dinner meal is prepared by staff. The home is accessible by wheelchair and there is a stair lift for those living on the second floor.

The philosophy of Kamana Place is to provide a warm, pleasant and caring home for people with AIDS.

SUPPORT SERVICES

Supportive services at Kamana Place include, but are not limited to: case management, meals, personal assistance, recreational activities, art, crisis counseling, message and touch therapies, and transportation. Kamana Place is also for short term, or respite care as space is available.

STAFFING

One of the strongest features of the program is the presence of a house monitor twenty-four hours daily. The house monitor responds to concerns and needs of residents.

VOLUNTEERS

Staffing is augmented by a strong volunteer corps who provide a variety of services including visiting, laundry, transporting, errands, meal preparation and numerous other activities.

ELIGIBILITY

To be considered for admission an applicant must be:

- Diagnosed HIV+ by a licensed physician;
- Able to do most daily living tasks at the time of admission;
- 18 years of age or older;
- Alcohol and chemical dependency free;
- Have a physician to manage medications;
- Able to manage taking medications

Kamana Place has a non-discriminatory policy.

FEES

Service fees are based on thirty percent of net income after allowable expenses.

Kamana - *South American Indian word meaning "Caring"*

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MetroHealth
Medical Center

Divider Title: _____

MetroHealth Medical Center
2500 MetroHealth Drive, Cleveland, Ohio 44109-1998

216 778-7800

Department of Medicine

Robert Kalayjian, M.D.
Division of Infectious Diseases
MetroHealth Medical Ctr.
2500 MetroHealth Dr.
Cleveland, Ohio 44109

Phone: 216-778-5136
Fax: 216-778-3328

July 5, 1996

Daniel Montaya
White House Office of AIDS Policy
750 17th Street, NW Suite 600
Washington, D.C. 20503

Dear Mr. Montaya:

We would be delighted to participate in a site visit with Secretary Shalala, Director Fleming and representatives from HRSA, Ryan White and the CDC. We provide comprehensive primary care for approximately 350 HIV-infected persons. The demographic profile of our patients reflect that of an urban population (see attached patient profile), approximately 40% of whom have AIDS.

MetroHealth Medical Center offers a sliding scale, based upon income, for all medical services provided, and is able to offer discounted medications to patients who meet the lowest income criteria. Despite the availability of these discounts, however, our patients encounter substantial obstacles in obtaining necessary medications.

Only 15% of our patients received Medicare benefits in 1995. Most are ineligible for Medicare by virtue of a lack of work history or due to an insufficient duration of disability. Issues related to Medicaid, on the other hand, are preeminent, especially in our efforts to obtain necessary services and medications for patients that are required to meet a spend-down. For those persons that receive Medicare benefits, eligibility for Medicaid is often complicated by the receipt of Medicare benefits by raising the spend-down , thus making access to medications more difficult.

We have a limited experience with managed care through our involvement in a pilot project by Ohio Medicaid entitled Access to Better Care, and would be prepared to share our experiences with you.

A possible agenda for the proposed site visit might include:

- A representative group of patients that would be prepared to share their experiences, especially as it relates to access to health care and necessary services.
- Presentations by our social work/case managers to describe their efforts in assuring that patients receive necessary medications and services.

- Presentation by our nursing and social work/case managers describing issues related to HIV-infected women and their children, as it relates to access to care, substance abuse, and planning for the eventual custody of their children.
- An overview of our experience with managed care.
- A presentation regarding limitations on home infusion therapy related to Medicare.

Thank you for your interest in our program. I hope that you will find these topics relevant to Secretary Shalala, Director Fleming and the other distinguished members of the group. I will call you on Monday to discuss this further.

Sincerely,

Robert Kalayjian MD

Robert Kalayjian, M.D.

HIV-PATIENT PROFILE, METROHEALTH MEDICAL CTR. 1991-95

	1991	1992	1993	1994	1995	1996*	overall
Outpatient Visits (Total)	541	1365	1819	2418	2339	884	
Outpatient-physician visits			1446	1876	1953	821	
Outpatient-treatment visits			373	542	386	63	
Active patients (seen within 1 yr)		207	246	296	311		
Number of new patients/yr.			129	115	81	43	
Number of hospital admissions/yr.				246	244		
Avg. hospital length of stay	10.73	8.46	8.14	6.57	6.20		
DEMOGRAPHICS							
Transmission Catagories							
Same Sex/Male	42%	42%	45%	41%	40%		42%
IVDU	29%	30%	27%	29%	30%		29%
Heterosexual	14%	15%	17%	16%	15%		16%
Children	5%	3%	3%	2%	3%		3%
Unknown	7%	9%	7%	11%	15%		11%
Race							
Caucasian							43%
African-American							31%
Hispanic							23%
Other							2%
Sex							
Men							81%
Women							19%
Payor Mix							
Medicaid					42%		
Medicare					16%		
Commercial					2%		
Self-Pay					40%		
Disease catagory							
AIDS (1987 CDC definition)							20%
CD4 < 200/µL, without opportunistic infection/malign.							22%
CD4 > 200/µL, < 500/µL							40%
CD4 > 500/µL							19%

* d ugh 4/30/96

DRAFT

Agenda
White House Site Visit
MetroHealth Medical Center
11 a.m., July 23, 1996
Rammelkamp 170

I. **Welcome**
Terry R. White
President and Chief Executive Officer
The MetroHealth System

II. **Overview of Services**
Robert Kalayjian, MD
Division of Infectious Diseases
MetroHealth Medical Center

III. **Discussion With Patients**
Robert Kalayjian, MD, facilitator

IV. **Eligibility/Benefits Issues**
Donna Fife, Barbara Adams
Department of Social Work
MetroHealth Medical Center

V. **Family Issues**
Teri Dew, RN
MetroHealth Medical Center

VI. **The "ABC" Program Experience**
Randall Cebul, MD
Department of Medicine
MetroHealth Medical Center

VII. **Questions and Answers**
Media are invited to address members of the discussion panel

DRAFT

Participants
White House Site Visit
MetroHealth Medical Center
11 a.m., July 23, 1996

1. Terry R. White
   Administration, MetroHealth
2. Clyde L. Nash, MD
   Administration, MetroHealth
3. Robert Kalayjian, MD
   Infectious Diseases, MetroHealth
4. Barb Adams
   Social Work, MetroHealth
5. Donna Fife
   Social Work, MetroHealth
6. Teri Dew, RN
   Nursing, MetroHealth
7. Randall Cebul, MD
   Medicine, MetroHealth
8. Cecelia Huffman
   Communications, MetroHealth
9. Jim Gosky
   Communications, MetroHealth
10. Judith Ross
    Social Work, MetroHealth
11. Janis Faehnrich
    Care Management, MetroHealth
12. Nicola Helm, MD
    Infectious Diseases, MetroHealth
13. Emanuel Wolinsky, MD
    Infectious Diseases, MetroHealth
14. Philip Spagnuolo, MD
    Infectious Disease, MetroHealth
15. Mary Wild, RN
    Care Management, MetroHealth
16. E. Harry Walker, MD
    MetroHealth Clement Center
17. Elizabeth Jones
    MetroHealth Clement Center
18. Diethra Cox, MD
    MetroHealth Clement Center
19. Delores Mitchell
    MetroHealth Clement Center
20. Leonard Weiss, DDS
    Dentistry, MetroHealth
21. Pauline Degenfelder
    Administration, MetroHealth
22. Jay Westbrook
    Cleveland City Council
23. Frank Jackson
    Cleveland City Council
24. Helen Smith
    Cleveland City Council

25. Donna K. Rego
Board of Trustees, MetroHealth

26. Bob Cavano
Board of Trustees, MetroHealth

27. Paul Patton
Administration, MetroHealth

28. Roxia Boykin
Administration, MetroHealth

29. David Miller, MD
Administration, MetroHealth

30. Helene Gayle, MD
National Center for HIV, STD, TB

31. Fred Karnas
Office of HIV/AIDS Housing

32. Joe O'Neil, MD
AIDS Program Office

33. Patricia S. Fleming
Office of National AIDS Policy

34. Donna Shalala
Secretary, U.S. Health/Human Serv.

35. Robert Fogel
Presid. Adv. Council on HIV/AIDS

36. Daniel Montoya
Advance, ONAP

37. Richard Sorian
Public Affairs, ONAP

38. Robert Eckardt
The Cleveland Foundation

39. Terri Kovach
The Cleveland Foundation

40. Marci Bernstein Lu
The Cleveland Foundation

41. Sondra Hardis

42. Richard Duncan
Administration, MetroHealth

43. Jim Quilty, MD
Ctr. for Comm. Health, MetroHealth

44. Barb Riley
Ctr. for Comm. Health, MetroHealth

The MetroHealth System
2500 MetroHealth Drive
Cleveland, Ohio 44109-1998

216 778-7800

Fact Sheet
The MetroHealth System

The MetroHealth System provides quality health care to the residents of Cuyahoga County. It is reflected in the mission statement: "The MetroHealth System commits to leadership in providing outstanding health care services which continually improve the health of the people in our community. We offer an integrated program of services provided through a system which encompasses a partnership between management and physicians and reflects excellence in patient care supported by superior education and research programs. We are committed to responding to community needs, improving the health status of our region, and controlling health care costs. We hold as a core value the provision of service to any resident of Cuyahoga County regardless of ability to pay."

In 1958, the 120-year-old City Hospital of Cleveland was transferred to the county and its name was changed to Cleveland Metropolitan General Hospital. The system included "Metro General," Highland View Hospital (a 186-bed rehabilitation facility), and the county Tuberculosis Clinic. Sunny Acres Skilled Nursing Facility, which served the county since the early 1900s as a tuberculosis hospital, became part of the system in 1972.

In 1983, the system concluded a major 15-year facilities renovation and consolidation program. The $88 million program was financed by levy appropriations passed in 1963, 1966, and 1971. It included modernization of Sunny Acres and construction of the Kenneth W. Clement Center for Family Health Care (1976); relocation and construction of Highland View Hospital at the Metro General site (1978); building of inpatient units (Twin Towers dedicated 1972); and modernization of ambulatory care clinics at Cleveland Metropolitan General/Highland View Hospital. The county tuberculosis control program, operating as a freestanding clinic since 1949, relocated to the hospital campus in 1983.

In 1989, the system's name was changed to clarify, simplify, and unify its facilities. It became The MetroHealth System, consisting of MetroHealth Medical Center, MetroHealth Center for Rehabilitation (formerly Highland View Hospital), MetroHealth Center for Skilled Nursing Care (formerly Sunny Acres Skilled Nursing Facility), MetroHealth Clement Center for Family Care, MetroHealth West Park Medical Building, MetroHealth Brooklyn Medical Group, MetroHealth Southwest Medical Group, Westlake Healthcare Associates, and MetroHealth Asia Plaza Health Care Clinic.

-more-

As part of the system's master facilities plan, the Outpatient Plaza was completed in 1992. The Rehabilitation Pavilion, Women's and Children's Pavilion, Specialty Services Pavilion, and Cancer Care Pavilion make up the Outpatient Plaza. In 1994, MetroHealth opened the state-of-the-art Charles H. Rammelkamp, Jr., M.D., Center for Education and Research.

The hospital system in 1994 was once again awarded a three-year accreditation by the Joint Commission on Accreditation for Hospitals. This accreditation means professional recognition of the faculty's dedication to provide high-quality health care and a commitment to evaluate and improve services. In addition, the MetroHealth Center for Rehabilitation was awarded a three-year accreditation from the Commission of Accreditation of Rehabilitation Facilities (CARF).

The hospital system is governed by a 10-member board of trustees pursuant to Chapter 339 of the Ohio Revised Code. Each trustee is appointed to an uncompensated six-year term. The terms are staggered to allow for board continuity. Trustees can serve more than one term.

Current members of the board are Donna Kelly Rego (Chairperson), William S. Gaskill (Vice Chairperson), Deborah Rocker Klausner (Secretary), Armond D. Arnson, Robert R. Cavano, Polly Clemo, C. J. Fiordalis, John A. Gannon, Gary Oatey, and Charles H. Spain, Jr.

For more information, please contact the Department of Communications at (216) 778-5798.

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6/96

Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Stopping AIDS is
My Mission (SAMM)

Divider Title: _____

UniversityHospitals
ofCleveland

Department of Medicine

Division of General Internal Medicine and Health Care Research

July 8, 1996 (FAX - 202.632.1096)

Mr. Daniel Montoya
Special Assistant to Patricia S. Fleming
Director, Office of National AIDS Policy
The White House
Washington, DC

Dear Mr. Montoya:

Thank you very much for your kind telephone call this morning! It certainly made my day, and the day for all the staff. As I explained to you on the telephone, **SAMM** and **Project SAMM (Stopping AIDS Is My Mission)** have worked tirelessly to provide AIDS education and information for adolescents and young adults of color, particularly those in inner-city neighborhoods. **SAMM** was founded in 1987, after I was ejected from a local high school science class because it was deemed "inappropriate" that I speak about AIDS. At that time, I was single, with a great deal of energy; and hence, worked a second job reading malpractice charts for litigation. The funds which were generated from that practice were used to purchase t-shirts and to begin **SAMM**.

Since that time, **SAMM** has grown to twelve (12) full-time equivalents, and has reached over 30,000 adolescents and young adults. **SAMM** has now also split into two (2) entities: **Project SAMM**, which is our research arm; and **SAMM**, which is our service arm. Both sides conduct AIDS education which is scientifically accurate, but non-judgmental and culturally specific. The difference between the two sides is that one is funded through research dollars -- most recently the National Institutes of Health dollars, and the other side from local donations, state health department grants, and quite frankly, money from my own pocket.

SAMM conducts AIDS education in one of several ways. We have several programs that we conduct under the auspices of **SAMM** and **Project SAMM**. I will briefly outline these below.

Addresses:
University Hospitals of Cleveland
11100 Euclid Avenue
Cleveland, Ohio 44106-6033
(216) 844-7422
FAX (216) 844-3313

Cleveland VAMC
General Internal Medicine 111G (W)
10701 East Boulevard
Cleveland, Ohio 44106
(216) 231-3475
FAX (216) 231-3476

A. AIDS Education in High-Risk Schools

SAMM currently conducts ongoing AIDS education in ten (10) schools in and around the inner-city of Cleveland. All of our school-based programs consist of five (5) modules which build upon each other in a parametal fashion. AIDS: 101 (the basics of AIDS); followed by sexually-transmitted diseases (taught in conjunction with the City Health Department); self-esteem and self-respect; the P.W.A. panel (led and conducted by people within the HIV spectrum); and teaching others (where the students design a simple AIDS outreach project). We have not received any funding to conduct AIDS education in our schools since 1988. We conduct this program by using economies of scale and running it off of some of our other programs, in terms of supplies and staff.

B. AIDS Education - Summer Peer Program. During the summer, **SAMM** recruits peers (young adolescents) from various recreation and community centers, to learn about AIDS and to provide an AIDS education message. Unfortunately, this program was not renewed for funding after 1992; however, we utilized peers from our existing programs during the summer to reach day camps, youth work sites, recreation centers, churches, and many other venues.

C. Ongoing Peer Education: Funded since 1988 by the Ohio Department of Health, **SAMM** recruits teens from its school-based programs, as well as from neighborhood centers, to participate in a 8-week training program, followed by monthly "booster" sessions. To date, we have educated over 150 adolescents in this way, this most recent class consisting of 47. Our adolescents are 100 percent African-American, and 4 percent are youth in sexual minority. After intensive AIDS education, communication skills, presentation education, and sensitization to sexual issues, these youth are then utilized in the community to provide AIDS education messages. Our teens have been featured on ***"Morning Exchange,"*** which is a local, morning talk-show, as well as on several local radio programs where adolescents would call in and ask them questions.

The research side of **SAMM** has currently been funded to conduct two (2) projects. Our Women's Project is one of a five (5) city collaboration, to provide AIDS education and empowerment for women in public housing. In the field since 1993, this project will end in August of 1996. Currently, I am seeking funding from several sources to continue this program. Basically, we have recruited women from public housing to participate in four (4) AIDS education and empowerment sessions, which included AIDS: 101; sexually-transmitted diseases; communication styles; behavioral skills (condom utilization); and review. After completing these sessions, the women are then encouraged to participate in a local women's health council. Women on the council are women who have either been self-nominated, or nominated by their neighbors, as women who are particularly influential, or who are well-respected in the community. These Women's Health Councils have been **extremely** successful in getting out the AIDS message. At one of our housing developments, the women have conducted five (5) community education series including, a Valentine's Day party for adolescents; a safe sex party for mothers; a cook-out to attract both males and females for AIDS education and risk-reduction information; and a development-wide health fair, which recruited agencies from outside of the AIDS arena, including high blood pressure and diabetes. Although the women are paid to attend, many of the Women's Health Council

sessions, not all sessions are paid. I have been impressed by how well this model of taking the information to the community and letting the community develop its own health council has worked. Hence, I am most concerned about securing additional foundation support so that we can make this a transition year. The site of the women's project is also at King-Kennedy, where you will be coming on July 23rd.

D. Neighborhood-Centered AIDS Education: This project is funded by the National Institutes of Nursing Research and has been in the field for the last twenty (20) months. Attached to this, you will find a brief summary of the project, and some of the information we have gleaned to date. We are anticipating getting three (3) manuscripts into the literature by November of this year. We hope that our baseline data manuscript will be in for a review by the end of the summer. The adolescents who are recruited in this project all come from neighborhood centers, which are located in zip codes of the city with rapidly increasing HIV seroprevalence rates. In two (2) of the areas the HIV seroprevalence rate has increased over 350 percent in the past year. As the attachment will reveal, these are adolescents at great risk. Almost 61 percent of our cohort has been sexually active, about 43 of these adolescents have had sexual intercourse before the age of 11, which we consider to be non-consentual. About 10 percent of our adolescents have one child, and two percent have more than one child. Educational attainment was also very low, with 41.7 percent of the adolescents surveyed in the 7th grade or less, despite the fact that the age range goes from 13 to 19. Despite that, we found that condom usage at last intercourse was at a rate of 78 percent, which has been corroborated by our five-city study, where adolescents self-reported condom usage rates were at 80 percent. Also encouraging was that in the majority of these cases, the idea to use condoms was both partners, not just one.

Nevertheless, there is a great deal of work to be done. We are seeing increasing rates of anal intercourse as part of what I presume to be gang "blessings," birth control, and other factors. The majority of the adolescents who respond to having engaged in anal intercourse not only do not use condoms, but are female in gender.

It is my anticipation to have our staff waiting for you at King-Kennedy by 12 o'clock (Noon), in anticipation of your 12:30 p.m. arrival. We have notified Ms. Claire Freeman, the Chief Executive Officer of the Cuyahoga Metropolitan Housing Authority, who operates the King-Kennedy Estates. In addition, we are inviting all of our current, as well as past educated peers to participate in this program, and we hope to have at least 20 adolescents for you to sit down and talk with. I think the teenagers themselves will be able to tell you about our program and sell the program, as well as underscore what their needs are. It is quite poignant to hear their daily struggles with life in the inner-city, it is heartbreaking to hear an adolescent describe his or her fears of living to age 25, and hence, have no time to worry about AIDS.

The staff and I are quite honored to have the privilege of being able to share this time with you. I assure you that we will do everything to make your visit with us enjoyable, and at the same time, provide the information that you need. We anticipate being able to keep our remarks to a very minimum, so that you may have time to hear from our children.

Should you need anything else, please contact me directly at: **(216) 844-6990**; or by pager at: **(216) 844-8879 (24-hours a day on pager 31455)**; or if need be, at my home: **(216) 382-5788**.

Thank you for the privilege of working with you in the battle to fight this most awful infection.

Sincerely yours,

Victoria A. Cargill, M.D., M.S.
Associate Professor of Medicine
Case Western Reserve University School of Medicine

Director, Office of Community Health
University Hospitals of Cleveland

Executive Director & Founder, **SAMM/Project SAMM**

AIDS RISK BEHAVIORS IN ADOLESCENTS

IN CLEVELAND, OHIO

AT BASELINE SURVEY

August 1, 1995 to May 31, 1996

This is a brief synopsis of an AIDS risk-reduction intervention program funded by the National Institutes of Nursing Research. This is a community-centered, AIDS education project, using a model of social networks and community diffusion to enhance the reduction of AIDS risk behaviors. In addition, adolescents who are self-selected from the general population in specifically targeted neighborhood centers are encouraged to participate in one of two programs. In the intervention neighborhood centers, adolescents are encouraged to participate in a six-session, AIDS risk-reduction program. Based upon the information-motivation-behavior model, as explicated by Fisher and Fisher, adolescents are paid Ten Dollars ($10.00) to participate in each session. At the end of the six sessions they not only have had an opportunity to learn about HIV/AIDS, but also sexually-transmitted diseases, communication skills necessary for requesting and obtaining safer behaviors, skills necessary for deflecting drug advances, the impact of drugs and alcohol upon judgment influencing sexual behavior and risk behavior in general. The adolescents are also provided with a review session, during which all the aforementioned topics are reviewed in some detail. At the final session, the adolescents are asked to complete a written, as well as an oral examination, to determine their level of retention of the AIDS and STD information. After completing the intervention, the adolescents are again surveyed at six weeks, six months, and one year after the completion. There is an opportunity for adolescents who have participated in the program to become involved on a regular basis with the AIDS education staff through peer activities and peer co-leadership.

To control for attention, a comparison program is ongoing for those adolescents who participate in neighborhood centers assigned to the comparison condition. In those centers, the adolescents receive monthly sessions regarding matters relevant to life skills: education, personal hygiene, violence, cancer risk-reduction, and other pertinent health behaviors, with the exclusion of sex and sexually-transmitted diseases. As it was felt to be unethical to exclude adolescents in high-risk communities from AIDS information, the comparison centers continue to provide whatever ongoing programmatic HIV/AIDS/STD/sexuality information that they have done prior to the

initiation of the project. At the completion of the study and after obtaining the one year follow-up data, adolescents who have been assigned to a neighborhood center which was in the comparison condition will be eligible to participate in the six session AIDS education, as were their intervention counterparts.

The participating centers are: Lexington-Bell, in Hough; Kathryn R. Tyler, in Glenville; Garden Valley, at East 79th and Kinsman; King-Kennedy, at 55th and South Woodland; the Glenville Y.M.C.A., in Glenville; and Fairfax Recreation Center. What follows is a brief discussion of the data obtained from 398 adolescents on their baseline surveys -- meaning surveys obtained prior to enrollment in either the comparison or intervention condition. The intervention centers include: Garden Valley, King-Kennedy and Fairfax. The comparison centers are: Lexington-Bell, Kathryn R. Tyler, and the Glenville Y.M.C.A.

The total number of adolescents surveyed is 398, with 216 being male (54.3%) and 182 being female (45.7%). This cohort is slightly more heavily weighted in males at baseline; however, at six week and six month surveys, the percentages flip in favor of females. 95 percent, or 378 of the adolescents are African-American.

The first finding was that of 398 adolescents, 36 (or 9 percent) reported that they were not in school in the past spring. Of the 398 adolescents, 20 (or 5 percent) reported that they were not in school this past fall. These data being further explored to identify the age ranges of those adolescents who were not in school, as well as the grade that was last completed. Equally disturbing was the finding that 41.7 percent of the cohort completed grade 7 **or less**. It is worth noting that 41.7 percent exceeds the age appropriate number of adolescents in the overall cohort. In short, our data have captured the high drop-out rates currently existing in the Cleveland Public Schools.

There was significant evidence that social networks were indeed in place. Despite blanketing the respective communities with flyers, only 16 (or 4 percent) of the cohort reported coming in to take the survey because they saw the advertisement. Rather, 109 (27.4%) came in because someone in the neighborhood referred them, or 136 (34.2%) came in because someone in the neighborhood center informed them of the survey. This validates the effectiveness of the social networks that are in place in the community for information transmission.

Although this cohort is between the age of 13 - 19, there is no question that these adolescents are sexually experienced, and some of them have been deprived of their adolescence. Of the 398 respondents, 37 (or 9.3%) already have children, and 7 (or 2%) have more than one child. All of the children were age 6 or less.

Prior work at SAMM et. al., has demonstrated the importance of adolescents having at least one person with whom they can talk to about important matters. In this cohort of 398 adolescents, 381 (or 95.7%) stated they have such a person. Interestingly, 205 (or 51.5%) reported that to be a parent. The second highest number (or 42) reported a friend. The other significant individuals with whom or adolescents could speak was a brother or sister (9%), grandparent (8%), aunt or uncle (6%), a cousin (4%), or other (3%). Only 2 adolescents felt that a physician or healthcare worker was someone who filled that role, and 2 also ascribed this role to their minister or religious leader. **In each case, this was less than 1/2% of the entire cohort.**

Risk behaviors continue to be quite striking in this group, as is the degree to which they have engaged in sexual relations. Of 398 adolescents, 155 (or 38.9%) reported they have never had sexual contact. The remaining 243 (or 61%) have had a sexual contact in the past. What was most disturbing was the reported ages at first intercourse. These reflect what we believe to be past sexual abuse. The age in our sample of first reported sexual contact is as low as age 4, and goes as high as 18. At the age of 4, there was one; age 6, there were 3; age 7, there was 1; age 8, there were 7; age 9, there were 7; age 10, there were 9; age 11, there were 14. Between the ages of 11 and 12, the numbers jump from 14 to 29; and between the ages of 12 to 13, they jump from 29 to 55. Based upon focus group data with adolescents at the Friendly Inn, as well as at Kathryn R. Tyler, prior to the initiation of the study, we have arbitrarily set age 11 as the break-point for the age of consensual sexual intercourse. In terms of the validity of the self-reports of early age at first sexual encounter, when these numbers are cross-referenced against the ages which are reported for first vaginal sex, oral and anal sex, the numbers add. For example, the age of first vaginal intercourse starts as low as 4. There is only one respondent which identifies the route of sexual activity for the adolescent who reported the first sexual experience at age 4. For the adolescent who reported the first sexual experience at age 5, the 5 is reflected on both the anal sex and vaginal sex questions. Hence, we believe that we have identified, inadvertently, a subgroup of adolescents, the total number of whom equals 43, who were sexually abused. This should not be a surprise, given that approximately 10 percent of the children currently engaged or enrolled on Pediatric AIDS Clinical Trials have become infected with HIV through sexual molestation. As these surveys are conducted with a random generated code number, it is impossible to identify which

adolescents have been sexually abused in the past. Unfortunately, thess data were identified after we had completed our AIDS education sessions, so that only in peer meetings will we be able to alert adolescents who whish to disclose to the educator that they may do so. **Should any adolescent report to an AIDS educator or Research Assistant a prior history of sexual abuse, we will report this promptly to every and all authorities.**

Finally, anal intercourse is a risk behavior that continues to be prevalent in African-American adolescents. We initially reported this with the AIDS risk-reduction surveys that were conducted at the MetroHealth Clement Center, and at the ECCO Center in Columbus, OH in 1988. Sixteen (16) of the sexually active adolescents reported a past experience with anal intercourse for a total of 10 percent. In our current study, the cohort of adolescents who report 'yes' to anal intercourse in the past, reported as many as 20 anal sex episodes in the past six months, and 6 anal sex episodes in the past six weeks. Unfortunately, condoms were used only 50 percent of the time during anal intercourse, highlighting the high-risk at which these adolescents continue to be placed. Age at first anal sex, just as age at first vaginal sex, corroborates the very low ages of first sexual encounters. The age at first vaginal sex is reported to be as low as age 4 in this cohort, and the age at first anal sex is reported to be as low as age 5 in this cohort. Age at first oral sex is reported to be as low as age 10.

Other high-risk behaviors include: having sex with someone who had sex with another person (40.1%); having sex with someone who used drugs in the past six months (18%); having sex with someone who used drugs in the past six weeks (7%); having been treated for an STD in the past six months (13%). The encouraging news is that 78.4% used a condom the last time they had sex, and that for the 65% of those who did use a condom at last intercourse, the idea was both persons engaging in the sexual act. This does, indeed, reflect a certain degree of success.

The unanticipated finding was that 25 percent of the cohort who were sexually active reported having stopped having sex to reduce their chance for acquiring HIV infection in the past six months. Of the adolescents who reported seeking HIV testing, which was a total of 88, that reflects 22 percent of the total cohort of adolescents. Of those adolescents who were tested, unfortunately, 1 was identified as positive. However, 206 of the 398 adolescents **at baseline** expressed a desire to be HIV tested.

We will keep you apprised as we go through the rest of the data; however, I think this in and of itself, gives you an excellent snapshot of the risk profile for adolescents located in those neighborhoods with the neighborhood centers as identified. I think it is no surprise that these are the very same neighborhoods that are located in zip codes with dramatic increases in HIV seropositivity rates. What our data reflect is the confluence of a number of factors which impede or diminish the effectiveness of HIV/AIDS, STD and pregnancy prevention strategies: poverty, drugs, community normative standards, and illiteracy. Only by addressing AIDS in the context of all the multiple social problems which impact significantly upon risk behavior and risk profiles can we hope to slow the transmission of HIV infection in the greater Cleveland area.

The Neighborhood-Centered AIDS Education Project Staff:

Victoria A. Cargill, M.D., M.S., Principal Investigator
Richard Gigliotti, Ph.D., Co-Investigator
Richard Stephens, Ph.D., Co-Investigator
Sandra Humphrey, Project Coordinator
Pamela Brackett, Research Assistant - II
Angelina Turnipseed-Hodges, Research Assistant - I

April '96 Volume 4.1

SAMM STREET NEWS

POEMS

AIDS BY DEIDRA NICHOLS

I am AIDS, a deadlly disease. Once you catch me, you wont get rid of me. I'm there in the morning, I'm there in the night. You can't see me - I'm out of sight. I'll stay with you till your dying day. So , now that you know that, stay away.

AIDS by Candice Brown(Mookie)

AIDS is something you gotta be aware
You can't catch it from cutting or doing hair
AIDS is something you mostly get from sex
If you don't want AIDS, I suggest you practice abstinence
AIDS(if you have it), is something to fear
because you know you're going die in about 10 - 15 years
You can also get AIDS from using other people's needles too
If you don't want to catch AIDS, I suggest you do what's best for you
So if you are not abstinent
I hope you are practicing safer sex
There are more diseases out there
If you don't want to catch them - be aware
If you're having sex, I suggest you be safe
You can catch AIDS even if you're gay, white, black, or straight

EDITOR'S NOTE

WELCOME TO OUR FIRST ISSUE OF SAMM STREET NEWS BROUGHT TO YOU BY THE PARTICIPANTS OF THE SAMM PEER ACTIVITY GROUP LOOK FOR SAMM STREET NEWS EVERY OTHER MONTH IN YOUR NEIGHBORHOOD CENTER.

ATTENTION!! AIDS Awareness Week is May 6th - May 12th. Look for SAMM participants to put on a Health Fair open to all.

INSIDE

HEALTH WORD SEARCH

Z	Z	A	V	I	R	U	S	R	T	S	D
Y	T	R	S	S	V	T	C	N	S	A	R
W	A	R	T	S	P	M	A	X	Y	X	U
V	I	M	T	A	O	C	U	E	B	O	G
L	D	O	P	D	I	C	R	S	P	F	S
A	S	T	N	R	J	E	I	E	U	L	T
T	N	O	B	C	T	H	L	F	A	R	X
E	C	U	A	M	F	E	M	A	L	E	W
X	L	A	Q	V	I	H	P	S	M	C	I
P	P	R	O	T	E	C	T	I	O	N	E
Q	W	Q	D	E	S	A	E	S	I	D	Z
S	P	E	R	M	I	C	I	D	E	N	Q

Find the words listed below:

Latex Warts HIV Safe Sex AIDS
Protection Disease Condom
Female Spermicide Lubricant Male
Syphilis Drugs Virus

QUESTIONS & ANSWERS

Q: In what ways can you protect yourself from getting HIV?

A: By not having sex(abstinence) or if you do, use latex condoms; Don't share dirty needles.

Q: How can you get HIV/AIDS?

A: You can get HIV/AIDS by having unprotected sex; sharing infected drug needles; from mother-to-child; and blood transfusions.

By Deidra, Aeysha and Nadine

How It Feels To Be In SAMM

It is in a very special place in my heart because the SAMM program is trying to save you from getting AIDS and other diseases.

Yolanda Jones

I feel very good to be in the SAMM program because it will keep us off the streets. If the SAMM program was not involved, we would just be hanging out. They teach us things that will save our lives.

Katoya Brown

When I first started the group, we were taught things about AIDS - how you can get it, what happens once you have it, and how you can prevent it. I like SAMM.

Nadine Stanley

"What is Violence"

by Mary Cody

Violence is when physical force is used to injure or to assault someone in a way they don't want to be treated. I think that there is not a lot of violence in the King Kennedy community like in other communities. Also, our community is much cleaner and that's why I thank C.M.H.A and the police that care about our community.

JUST A THOUGHT . . .

I think people should do a lot to help their community from having certain diseases. They should provide condoms at community meetings and they should also talk about sexually transmitted diseases - what they are and the symptoms of each one, as well as the risks associated with the diseases. The community should also learn about the affects of drugs and maybe we can start a program to help people get off of drugs.

by Salena Oglesby

SPORTS by Rayshawn McCoy

The *Boys & Girls Club In-House* League is made up of 4 teams. The Teams are called the Dallas Mavericks, the New York Knicks, the Phoenix Suns, and the Vancouver Grizzlies. The regular season is over with and the playoffs started February 28th. The Vancouver Grizzlies were beat by the Knicks and thus eliminated. The Suns were eliminated by the Mavs. The Mavs beat the Knicks by 4 points in the first of two games. The Knicks are favored to sweep the series.

On February 27th, East Tech(11 - 7) beat Garfield Hts in the sectional tournament. Garfield Hts(0 - 20) was led by senior center, Kennedy, who had 19 points. East Tech blew Garfield out by 111 to 43. East Tech was led by guards Charles Bisby and Michael Shropshire.

Project SAMM Taught Me . . .

Project SAMM taught me a lot about drugs, sex, alcohol, and violence. More than I've ever learned before. I also learned about protected sex so that I won't catch any of these dangerous diseases.

By Ericka Glasco

When I first started with the SAMM program, I was taught about AIDS(acquired immune-deficiency syndrome). Things like how you can get it; what happens when you have it and how you can prevent it. When you have AIDS, you go through a lot of different things. People can get very skinny(wasting syndrome). They have night sweats, that is when you sweat so much that you have to change your clothes and your sheets several times in one night. Sometimes you can get the common cold but it is very hard for you to get rid of it. These are only a few of the things that will happen to you if you have AIDS.

By Nadine Stanley

'Teia Says'

by Teia Ray

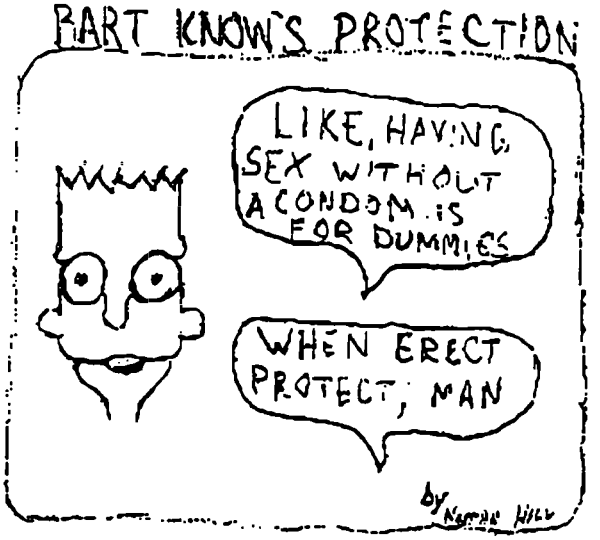
A - is for the *AIDS* virus that is deadly.

I - is for the *information* that SAMM gave me.

D - is for the *disease* that's being spread around.

S - is for us trying to *save* people from getting AIDS.

A special thanks to CFAR(Center for AIDS Research) for the printing of this newsletter.



Don't forget to share your Newsletter with a friend, relative and neighbor. Thanks!

Neighborhood Centered Education Project
PROJECT SAMM

11001 Cedar Road, 6th Floor
Cleveland, Ohio 44106
voice: 216-844-6990
fax: 216-844-6992

To: Mr Daniel Montoya
Mrs. Deborah von Zinkernagel

From: Vicki Carfield

Re: Letter from a teen touched by our project

I thought it told the story best.

Thx –
Vicki

By La'Jisha Hoskins

I have a friend whose name I'd rather not say. But she has a secret that could be deadly. I've known her ever since kindergarden, and we've gone to the same schools. In Junior high one day we were playing truth or dare and she was asked if she was a virgin and she said she wasn't which really shocked me. In the beginning of the second semester in the 8th grade. I noticed she was really, really sexually active.

At the beging of February "95" in high school. She told me that she was three months pregnant. A week later I got a call from her. She was crying and said that she needed to talk to me. I thought it was that her mother found out she was pregnant. I got to her house as fast as I could. Her little brothers were down stairs so we went upstairs to her room. She told me that she had got a cale from the father of the baby. It was hard to tell what she was saying because she was wimpering so much. I tried to get it out of her. Then she said her boyfriend called to tell her he was H.I.V. positive and he said he got it from her. She was shaken from the fact that her

and her baby could be effected. I told her to go to the clinic for testing. And she said she couldn't & I asked her why. Then I remembered that her mom works there.

I feel horrible not telling anybody because she really needs help. Once before in our school when every one found out about a student with aids, they were put down by other students. The other student's didn't wanna go near the person in fear that they'll catch it. I don't want to have to see her go through that and I don't want to lose a great friend.

Maybe if I told a counselor or somebody I would feel better knowing that her and her baby are getting the medical attention that they need.

I've made my decision I'm going to take her to another clinic for testing. And i'll her to tell her mom she's pregnant or I'll tell her myself.

She told her mom she was pregnant. later a healthy little boy arrived to see his mother and father. Three moners later the baby's father died at the age of 18.

All teens should use protection if there going to be sexually active. Use the best protection

is not to have sex at all.

by La'Tisha
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