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MISSOURI DEPARTMENT OF HEALTH

Mel Carnahan
Governor

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Director

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Testimony of

Beth Meyerson, M.Div.
AIDS and STD Director
Bureau of STD/HIV Prevention
Missouri Department of Health

Before the

Subcommittee on Health and Environment
Committee on Commerce
U.S. House of Representatives
Washington, D.C.

"Strategies for Preventing the Transmission of HIV"

February 5, 1998

Good Morning, Mr. Chairman,

Introduction

I am Beth Meyerson and I am the Director of the HIV and STD prevention programs for the Missouri Department of Health. I am also a member of the Executive Committees of both the National Alliance of State and Territorial AIDS Directors (NASTAD) and the National Coalition of STD Directors (NCSD). These organizations represent the nation's HIV and STD program managers respectively who have programmatic responsibility for administering AIDS and STD prevention, education, health care and supportive service programs in states, territories, major cities and counties throughout the country.

State and local public health agencies are collectively charged with protecting the health of the public against the threat of HIV and Sexually Transmitted Disease. We are engaged in either direct effort, or we fund and support programs in the community that will accomplish the same thing.

Prevention of HIV has challenged public health agencies in unprecedented ways. We have learned that in order to halt our HIV and STD epidemics in this country, we must put forth strong public health effort in clinical and community based venues. Our interventions must be multi-level, and focus on the early diagnosis and treatment of STDs, early diagnosis and access to treatment for HIV, and community based initiatives to initiate behavior change and to reinforce health behaviors. This is easier said than done, as clinical interventions and primary prevention are woefully underfunded in this country, and efforts to affect behavior change in large numbers of people is a huge challenge, as we must focus on behaviors that are both very personal and sometimes illegal. Our public health science has identified effective interventions for HIV prevention, yet these interventions do not come cheap.

According to the Institute of Medicine, the United States spends approximately $17 billion dollars on STDs (including HIV) each year.[1] From an economic and public health leadership standpoint, our investment of $748 million last year for HIV and STD prevention and surveillance is neither adequate to halt our epidemics nor to decrease the escalating cost of health care associated with STDs and HIV. If we believe that an ounce of prevention is worth a pound of cure, then we need to change our funding behaviors and spend approximately $1,062,500,000 dollars for the prevention of STDs and HIV each year.

Early diagnosis and treatment of STDs and prevention of HIV transmission are essential to end the enormous human toll of AIDS and to reduce the staggering treatment costs we are now grappling with across the country.

---

[1] Institute of Medicine, *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, (D.C.: National Academy Press, 1997).

Essential Elements of a Comprehensive HIV Prevention Plan

HIV prevention cooperative agreements with state and local health departments funded by the Centers for Disease Control and Prevention (CDC) form the cornerstone of the federal HIV prevention effort. This funding, ($253 million in FY 97,) frequently augmented by state and local support, enables health departments to develop and implement Comprehensive HIV Prevention Plans. Since 1994, jurisdictions have conducted HIV prevention community planning to ensure that scientifically sound and community supported HIV prevention interventions are in place.

Given the diversity of the HIV epidemic from state-to-state, it has been clear from the early days of the epidemic that a one-size-fits-all approach to HIV prevention is neither cost-effective nor appropriate. However, while jurisdictions must be able to tailor their prevention efforts to the epidemic they face, there are several critical elements of a comprehensive approach that all jurisdictions must undertake as a condition of federal funding. Briefly, these are:

- **HIV Prevention Community Planning**: All states must develop a comprehensive plan for HIV prevention through a participatory planning process which is grounded in the disease epidemiology, prevention science, and views of the populations at greatest risk for HIV infection and transmission

- **HIV Counseling, Testing, Referral and Partner Notification**: All states must provide opportunities for individuals to learn their current HIV serostatus; to participate in counseling to help sustain behavior change; to access partner notification services and to obtain referral to additional prevention, medical care, and other supportive services. All states must provide partner notification services, that is to say, HIV prevention services and referral for sex and needle-sharing partners of infected persons.

- **Health Education and Risk Reduction:** All states must provide resources to implement programs for health education and risk reduction. These programs are to be directed to persons whose behaviors or circumstances place them at high risk for HIV infection and transmission. Street and community outreach, one-on-one client services, and group and community-level prevention interventions are essential elements of this program component.

  When we look at HIV transmission, we can not simply look at demographic labels that identify people by their race, ethnicity, sexual orientation or economic status. We must look at the specific behaviors that people engage in that put them at risk for infection. The goal of health education and risk reduction prevention programs is to promote behavior change that leads to healthier lives, free from infection with HIV and STDs.

Accessible STD diagnosis and treatment, public information and social marketing programs, training, capacity building, and evaluation are also important HIV prevention program components.

Strategies for Preventing HIV Transmission in Missouri

Missouri is a very diverse state both geographically and demographically. There are 5.2 million persons living in Missouri's two major metropolitan areas, two minor metropolitan areas and three very rural regions. It is within our very diverse environment that we conduct community based planning and implementation of our HIV and STD prevention activities.

Each year, approximately 1,700 Missourians are newly infected with HIV or AIDS. HIV has been a reportable condition since 1988. There are three anonymous HIV testing sites in our state, and home collection kits for HIV testing provide additional anonymity for testing. The seven planning regions currently fund both clinic and outreach testing to high-risk populations and there are approximately 17 organizations federally funded to conduct HIV testing in our state.

Missouri has faced significant STD epidemics: in 1992 and 1993, Missouri was at the height of syphilis and gonorrhea epidemics. Approximately 3% of Missouri teens (14-19 are infected with Chlamydia). Our STD and HIV epidemics have very similar high risk populations: mainly women and youth. Here's what is happening among Youth in Missouri; I'm sure it is similar throughout the country--and cause for concern:
54% of Missouri high school students have had sexual intercourse[2]
12% of 9th graders reported being sexually active *before age 13*
15% of 9th graders and 27% of 12th graders reported having sex with *4 or more partners*
50% of those high schoolers who were sexually active used a condom

Missouri's Response

Our comprehensive public health response to reduce HIV infection and transmission involves solid disease surveillance and epidemiology, community planning, targeted behavioral interventions, information campaigns, access to counseling and testing, prevention case management and legal consequences for deliberate exposure of others to HIV.

Our surveillance and epidemiology is the key to our prevention efforts. Through it, we can characterize Missouri's epidemics and identify important shifts in behavioral risk factors and populations. Core components for our surveillance program include:

- HIV and STD active surveillance --many states and localities barely afford this important public health function
- Behavioral studies --though we barely afford this, we do conduct studies with and within populations at greatest risk for infection and transmission. A current example involves a study we are conducting among low income women to identify their personal strategies to prevent STDs and HIV; their condom use; their knowledge about STDs and HIV; and their health seeking behaviors. From this information (a study among 7,000 Missouri women), we will plan appropriate prevention programs with our community planning groups.

[2] Data from the 1995 and 1997 Missouri Youth Risk Behavior Survey. Reported in the *1996 Annual Report of the Governor's Council on AIDS.*

Missouri's program for partner notification services, or partner services, involves the following components:

- Partner Services (notification) for all priority STDs (syphilis, gonorrhea, chlamydia and HIV); and follow-up with all HIV+ clients within 14 days of our first consultation to provide additional counseling and support
- These services are provided by state and local health departments, community based clinics, and family planning clinics and are grounded in the Client Centered Prevention Counseling method.
- Missouri will evaluate this program in partnership with our Community Planning Group in 1998 and 1999.

Missouri's Level II Program

HIV is a deadly virus, primarily transmitted sexually in Missouri. Persons and communities at greatest risk for HIV infection are reached through multilevel prevention efforts in Missouri. Despite these efforts, approximately .3% of Missourians with HIV continue to expose their partners to their virus without partner knowledge or consent to be exposed.

MISSOURI'S PREVENTION EFFORT

There are three levels of prevention services offered to persons following an HIV diagnosis.

Level I: Persons receive post test consultation and referral to appropriate HIV prevention programs, and to HIV case management and treatment programs. Partner notification is conducted in cooperation with the client.

← ***96.4% of Missourians with HIV are here***

Level II: If an individual exposes partner(s) to their HIV, they receive (repeat) consultation regarding the virus and transmission, an assessment of medical, psychosocial and economic needs; and assessment of transmission risk behavior. Persons receive consultation regarding the law and referral to appropriate prevention, substance abuse, psychiatric or HIV case management services.

← ***3.3% of Missourians with HIV are here***

Level III: If there is evidence of repeated exposure of partner(s) to HIV, a review is conducted by an interdisciplinary, confidential panel to determine the appropriate action. Actions range from referral back to level II for repeat consultation and assessment, to referral for local prosecution.

← ***.3% of Missourians with HIV are here***

Unique Challenges and Unmet Needs

The key to our prevention program and other public health efforts is the local nature of our work. Missouri is the "show me" state and we take our identity as such very seriously. Though we are closely linked to national policies and programs that work in other jurisdictions, we must view these programs through the lens of our local experience. What works in New Jersey and North Dakota, for example, may not fly in Missouri. Knowing this is crucial to public health effectiveness.

Conclusion

Finally, to strengthen our HIV prevention strategies nationwide, I have two important requests:

First, please continue to respect the diversity of the epidemic from state-to-state and the need to implement interventions that are most likely to be effective based on that epidemic. Federal mandates and requirements regarding surveillance and program components are simply not needed and jeopardize the progress we are making across the country.

Second, we need Congress and the Administration to acknowledge the importance of HIV prevention programs and to provide adequate federal financial support to implement the strategies recommended in our comprehensive HIV prevention plans. From a recent assessment of state AIDS directors, increased funding is needed for the following areas:

Drug treatment: To stem the tide of new infections among drug users and their partners, we must provide access to drug treatment so that we don't keep turning people away.

Targeted prevention for higher risk populations: Increased funding is needed for HIV prevention targeting the "emerging" at higher risk groups including women of color, youth in high risk situations, and gay men of color.

Enhanced HIV counseling and testing: The availability of effective treatment is prompting a renewed interest in voluntary counseling and testing. State and local health departments are interested in using new testing technologies and new approaches to assist individuals in learning their HIV status.

Implementation of new CDC program guidance. CDC is issuing new program guidance for both partner notification and prevention case management programs. Resources are needed to enable states to implement the new guidance and expand and enhance prevention interventions.

Having the ability to enhance these and other HIV prevention and surveillance activities remains a significant challenge. The paucity of federal public health funding prevents our successful work in HIV and STD prevention. This challenge regarding funding is echoed throughout the country---in every local and state health department, community clinic and agency, and by every community planning group. We must commit as a nation to the prevention of STDs and HIV. At the state and local level, we know what needs to be done.

Beth Meyerson, M.Div.

Reverend Beth Meyerson is the Director and Chief of the Bureau of STD/HIV Prevention in the Missouri Department of Health, a position she has held since 1994. In her capacity as HIV/STD Director, Reverend Meyerson administers over $10 million in state and federal funding for STD and HIV prevention. Prior to joining the Missouri Department of Health, Reverend Meyerson was the Director of Client Services at the St. Louis Effort for AIDS, Inc, directing a client service program for a large, urban non-profit AIDS services organization serving over 2,000 persons living with HIV/AIDS in a six county area surrounding and including St. Louis.

Reverend Meyerson is a graduate of the University of Michigan. She attended Harvard Divinity School and holds a Masters of Divinity (M.Div.) from Christian Theological Seminary.

National Network for Youth

New England Network for Child, Youth and Family Services

Region 1

- Maine
- New Hampshire
- Massachusetts
- Connecticut
- Vermont
- Rhode Island

Mid-Atlantic Network of Youth and Family Services

Region 3

- Pennsylvania
- Maryland
- District of Columbia
- Virginia
- Delaware
- West Virginia

Youth Network Council

Region 5

- Ohio
- Indiana
- Michigan
- Illinois
- Wisconsin
- Minnesota

MINK Network of Runaway and Homeless Youth Services

Region 7

- Missouri
- Iowa
- Nebraska
- Kansas

Western States Youth Services Network

Region 9

- Arizona
- Nevada
- California
- Hawaii
- Guam
- American Samoa
- Trust Territory of the Pacific

Empire State / Garden State Coalitions

Region 2

- New York
- New Jersey
- Puerto Rico
- Virgin Islands

Southeastern Network of Youth and Family Services

Region 4

- North Carolina
- South Carolina
- Mississippi
- Georgia
- Tennessee
- Kentucky
- Florida
- Alabama

Southwest Network of Youth Services

Region 6

- Louisiana
- Arkansas
- Texas
- Oklahoma
- New Mexico

Mountain Plains Youth Services

Region 8

- Wyoming
- Montana
- North Dakota
- South Dakota
- Utah
- Colorado

Northwest Network for Youth

Region 10

- Alaska
- Idaho
- Washington
- Oregon

Youth and HIV

Thankyms
- Lloyd Kolbe - DASH
- Julie Scofield - NASTAD

Town meeting in SF
- drugs + drug treatment
- needle exchange
- immigration
- fair representation
- want to be part of planning

Also clear-
- access to care that is on their terms
- youth experienced + friendly

What we need to do
- involve young people more in policy discussions
- establish more integrated care systems
  - link HIV, STD, drug counseling + mental health services
- more approachable for ~~different~~
  - queer youth

Directive

Chautauqua lesson

Life is a high-risk situation

Talking points for Sandra Thurman for:

AIDS Policy Center
"Ending AIDS with the Younger Generation"
February 9th, 9:30 to 10:30 AM
National Press Club, Morrow Room

The Federal government is taking a leadership role in providing HIV infection prevention message to young people. The facts are alarming:

BACKGROUND STATISTICS RE: YOUTH AND HIV:

- AIDS is the 6th leading cause of death for young people 15 to 24 years of age.
- Almost 20% of all reported AIDS cases in the US have occurred in people between the ages of 20 and 29. Because the average period of time from HIV infection to AIDS is 10 years, most young adults with AIDS were likely infected with HIV as adolescents.
- It is estimated that 1/4 of all new HIV infections occur in young people between the ages of 13 to 21 years.
- Two Americans under 21 years of age become infected with HIV every hour.
- In some communities as many as one in thirty 18 and 19 year olds may be HIV+.
- Approximate 2/3 of the 12 million cases of STDs reported in the US each year are in individuals under the age of 25, and 1/4 are among teenagers.
- Almost all adolescents recently infected with HIV are exposed to the virus through sexual intercourse or IDU. Most adolescent males are exposed to HIV through sex with men, with a small percentage being infected through IDU or heterosexual contact. Most adolescent females are infected through heterosexual contact, with a small percentage through IDU.
- Data from the 29 states that conduct HIV surveillance indicate that among 13 to 19 year olds infected with HIV:
  - 48% were male
  - 52% were female
  - 29% were white, not Hispanic
  - 65% were black, not Hispanic
  - 1% were Hispanic
  - <1% were API, AI/AN

THE PRESIDENT'S YOUTH HIV PREVENTION INITIATIVE

The President's directive of December 1, 1997, calls for each Federal Agency to:

1) identify programs under its control that serve young people ages 13 - 21 and that offer a significant opportunity for preventing HIV infections, and

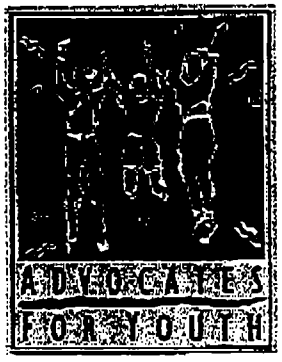
2) develop specific plans through which these programs could increase access to HIV prevention and education information, and to supportive services and care for those already infected.

ONAP, in conjunction with DHHS/Office of HIV/AIDS, is providing policy direction and technical assistance to those Federal Agencies that have programs capable of providing HIV prevention services to young people develop their plans.

ONAP/DHHS held a meeting on January 14th at ONAP offices to discuss the President's directive. Twenty six representatives from Federal Agencies attended. Many Agencies wrote to ONAP to say they did not have programs falling within the jurisdiction of the President's directive, and some of these indicated that they would like to help if possible. The Agencies present were enthused about developing/enhancing programs to comply with the President's directive to increase HIV prevention messages to adolescents. An "Inventory" of Federal programs that are providing, or have a significant opportunity to provide, HIV prevention messages to young people is due to ONAP February 9, so that ONAP/DHHS may produce a report by the end February..

A report on increasing access to HIV prevention is due on within 180 days (May 30, 1998) of the President's directive. ONAP/DHHS will be providing technical assistance to Federal Agencies in developing their access plans. ONAP/DHHS are currently developing this technical assistance. Initial thoughts are to develop multi-expert "teams", primarily from DHHS, to provide guidance, at a central location (here in DC) for small agencies, or "on-site" for agencies with large programs.

FAX



Date: _____ **Number of pages (including cover sheet):** 8

To: Todd Summers

Company: ONAP

Fax #: 632-1096

From: Chad Martin.

Suite 200 1025 Vermont Avenue, NW Washington, DC 20005 (202) 347-5700 (202) 347-2263

www.advocatesforyouth.org

In an effort to ensure all #'s Match for speeches, the following is the speech draft points I put together for Rob J. who speaks after you @ the NASH mtg 2/10/98.

Hope this helps. I am @ Hotel Lombardy if for need me (202) 828-2600

P.S. Side hard copies are @ hotel sorry

Overview of the epidemiology -AIDS cases, HIV seroprevalence surveys

Introduction

SLIDE 1

It is estimated that half of all new HIV infections in the U.S. are among people under 25, and the majority of these infections are through sexual transmission.

HIV-related death has the greatest impact on young- and middle-aged adults, particularly racial and ethnic minorities.

Because of the long incubation period between HIV infection and the onset of AIDS opportunistic infections, it is suspected that many individuals who develop AIDS as young- or middle-aged adults acquired their HIV infection as youths or young adults.

Rates of reported HIV in HIV-reporting states:

Slide 2

This slide illustrates the AIDS verses HIV reporting requirements by states as of December 1996. Since this 4 additional states have added HIV reporting requirements. **SLIDE 3** The next slide illustrates the gender differences between AIDS and HIV reported cases through December 1996.

SLIDE 4

Gender

- Young men who have sex with men:
  - Rates of HIV infections in the 1994-96 Young Mens' Survey: The Young Men's Survey (YMS), a multi-stage probability survey of the prevalence and determinants of HIV and related risk behaviors among young (15 to 22-year-old) MSM, conducted in six urban counties, found that
  - A median of 7% of ymsm tested were HIV positive
  - Median HIV prevalence varied by age and race/ethnicity:
  - 15-19-year-olds: 5%
  - 20-22-year-olds: 9%
  - Whites: 5%
  - Hispanics: 7%
  - African Americans: 11%

Conclusion: HIV prevalence is ~~very~~ high among the ~~ymsm~~ ~~polled~~ in the YMS ~~compared with general populations of U.S. youth~~.

SLIDE 5

- Young women:
  - Rates of HIV among females in juvenile detention centers: A 1993 serosurveillance survey of females in four juvenile detention centers found a range of 0.7 to 5.0 were HIV infected.

- Young women who have sex in their early teens, while their bodies are still undergoing important physical changes, have a greater chance of acquiring sexually transmitted diseases. Young women's bodes are more susceptible to cervical infections.

  - Studies from four continents (including North America) have repeatedly linked STDs with a three-to-five times increased risk for HIV transmission. Women with STDs have more HIV in their vaginal secretions and are more infectious - therefore more likely to transmit HIV.

  - Genital ulcers resulting from some STDs may serve to transmit / acquire HIV

  - Women with STDs have more HIV target cells in their cervical secretions. This may increase likelihood of acquiring HIV if exposed

These points eloquently illustrate the strong linkages between HIV + STDs

Rates of reported AIDS in youth:

SLIDE 6

Over the past decade, the number of acquired immunodeficiency syndrome (AIDS) cases reported each year among U.S. adolescents (13-19 years of age) has increased substantially. In 1986, 53 adolescents were reported with AIDS. By 1996 the number of cases reported that year had risen to 403. Through June 1997, a total of 2,953 AIDS cases among adolescents have been reported.

Although the number of adolescents with AIDS is relatively small, substantially more young people are infected with human immunodeficiency virus (HIV). Since the period between HIV infection and AIDS diagnosis can be many years, it is clear that large numbers of people who develop AIDS in their 20s became infected with HIV as adolescents.

SLIDE 7

Through June 1997, more than 22,000 AIDS cases among people aged 20-24 and more than 85,000 among those aged 25-29 have been reported to the Centers for Disease Control and Prevention (CDC).

[illegible] high rate of AIDS among young people & a life expectancy of [illegible] [illegible]

AIDS and death:

- AIDS is the second leading cause of death in the U.S. for all persons ages 25-44
- It is the leading cause of death for African American men ages 25-44.
- It is the sixth leading cause of death for U.S. teens. – 15 to 24

Modes of infection

[illegible] infection of STDs [illegible] HIV cells into question [illegible]

- Females: strong evidence suggests the greatest number of young women acquire their HIV infection through sex with older men or by sharing needles.
- Males: The most common mode of HIV exposure among adolescent males with AIDS, as of 1996, was sexual contact with other men.

Men who have sex with men

SLIDE 8

[From "Recent Trends in the HIV Epidemic Among Adolescent and Young Adult Gay and Bisexual Men", Denning et al.]

- Trends in incidence for MSM varied greatly by race/ethnicity. AIDS incidence ~~in these years~~:
  - Declined 50% among young white MSM -- BUT
  - Declined 2% among young African American MSM AND
  - Rose 5% among young Hispanic MSM

Age

- Older teens are disproportionately affected among adolescents reported with AIDS
  - In 1996, AIDS was the sixth leading cause of death among 15-24-year-olds in the U.S.

Gender

SLIDE 9

Although there are close to three times as many adolescent and young men (under age 25) with AIDS as adolescent and young women with AIDS, the proportion of females among U.S. adolescent AIDS cases has more than tripled in the past 10 years.

Race/ethnicity

SLIDE 10

Young persons of color -- both men and women -- are disproportionately affected by HIV and AIDS.

- Although African Americans and Hispanics represent approximately 25% of the U.S. population, they account for 56% of adolescent males and 82% of adolescent females with AIDS.
- Young and minority gay and bisexual men remain at high risk
  As many as 5-9% of young gay and bisexual men ages 15-22 may be infected.

- AIDS incidence also varied by metropolitan statistical area (MSA) for young MSM. Incidence:
  - Declined in the largest MSAs, BUT the declines were slower in smaller MSAs: Those with 50,000 to 499,000 persons and those with 500,000 to 999,999 persons.

Risk factors:

The U.S. adolescent subpopulations at highest risk for HIV infection are:

- young men who have sex with men
- runaways
- crack cocaine users
- youths who inject illicit drugs

Social, educational, age, and geographical factors among youth: Job Corps Data

SLIDE 11

A study of seroprevalence conducted among Job Corps applicants found that disadvantaged, out-of-school adolescents are at a particularly high risk for HIV infection. The conclusion: controlling the HIV epidemic among teenagers must include interventions that reach adolescents early and outside the formal educational system. Other conclusions: this study found a high seroprevalence in the southeastern U.S. and showed a marked shift in the HIV epidemic to young women.

The Job Corps is a federal training program for disadvantaged, out-of-school youth. A CDC/Office of Job Corps study of HIV seroprevalence rates among 137,209 residential students ages 16-21 years entering the Job Corps from October 1987 to February 1990 found that:

- Overall HIV seroprevalence rate (3.6/1000) of Job Corps students was higher than among U.S. military applicants of the same age -- approximately 10 times higher. Job Corps students also experienced a rate of increase in HIV seroprevalence by year of age approximately over 4 times higher than that of military applicants.
- These higher rates of HIV infection among Job Corps applicants may be linked to the large population of high school dropouts (an estimated 13 to 30% of youth) who might be eligible for education and job-skill training in programs such as the Job Corps.
- Overall seroprevalence was slightly higher among males (3.7/1000) than females (3.2/1000) Job Corps students, but for students ages 16 and 17, the rate was higher among females (2.3/1000) than males (1.5/1000)
- For students ages 16-21, seroprevalence increased with year of age (1.8/1000/year for males and 0.7/1000/year for females
- For black and Hispanic students from large Northeastern cities, seroprevalence increased by 4.3/1000/year of age and reached **24.8/1000**, or 1 in 40, in students aged 21 years.
- Among students from rural areas and small towns, HIV seroprevalence was disproportionately high in the Southeast.
- The most rapid increase in seroprevalence by year of age and the highest overall seroprevalence rates were in minority Job Corps students from large cities in the Northeast.
- HIV infected students entering the Job Corps were much more likely to be female.

Race/ethnicity

Slide 12

According to the Young African American Men's Study (YAAMS),

- 13% of young African American men are HIV positive, while
- 5% of young white men are HIV positive

The Young African American Men's Survey (YAAMS) found the following through interviews with 70 community leaders and providers and 76 young men (ages 18-29) who reported having sex with a man in the prior six months):

- Low self-esteem among young African American men who have sex with men is relevant to risky sexual behavior
  - Comment from one interviewee: "Gay people are so emotionally damaged . . . experiences in their past have made them feel unlovable when it comes to sex."

- Myths about HIV/AIDS are prevalent in this community, for example, "Only sissies (effeminate men who have sex with men) get HIV"

- Homosexuality carries profound stigma in African American communities
  - Young African American men who have sex with men may experience themselves as "double minorities": they encounter racial discrimination in wider society, as well as in the white gay community, and they encounter homophobia within the African American community.

    - Comment from one interviewee: "If people don't feel good about themselves then they're going to act differently sexually because they don't care about anything."

- Churches play an important role in African American communities, and by extension have a potential part in reducing transmission in their communities

- Interventions among African American men who have sex with men need to focus more on relevant concerns, such as relationships and finding jobs
- It will be necessary to strengthen existing social groups and community organizations to mobilize for community-level HIV interventions.

- In this study of 1990-95 data, young black and Hispanic MSM account for most young MSM with AIDS.

Conclusion

Given the dramatic evidence of HIV disease and it impact on the youth of America, it is clear that AIDS has affected each and every generation of young people since its discovery in 1981. The continued controversy that surrounds AIDS prevention education can not and should not overshadow the importance of HIV prevention education. With approximately 43 million adolescents in the United States and the unique challenges faced by each young person struggling to develop and grow into healthy adults, we have a very sobering stage set for them to become actors in the play of life. It is my job as a parent and all our jobs as public health professionalism to ensure HIV disease does not become a right of passage into the scenes of growing up in America.

SLIDE 1:

It is estimated that over all new HIV infections in the U.S. are among young people under 25

The majority of these infections are through sexual transmission

Slide 2 :
(will be pulled from adolescent slide series #9))

Slide 3:
(will be pulled from adolescent slide series #10)

Slide 4

Young Men's Survey: 5-9% of 15-22-year olds were HIV infected
HIV prevalence is very high among this group compared to other U.S. youth

Slide 5:

Young women:
1993 juvenile detention centers survey: 0.7 to 5.0 were HIV infected
Young women who have sex in their early teens have a greater chance of acquiring or transmitting sexually transmitted diseases, including HIV.

Slide 6:

AIDS
- second leading cause of death for all U.S. persons 25-44
- leading cause of death for African American men ages 25-44
- sixth leading cause of death for U.S. teens

Slide 7:
Adolescents reported with AIDS
- 2,953 cumulative cases among 13 to-19- year-olds
- more than 22,00 cumulative cases among young people aged 20-24
- more than 85,000 cumulative cases among those aged 25-29

Slide 8:

Men who have sex with men (MSM)
- Between 1990 and 1995 AIDS incidence for young MSM
  - Declined 50% among whites
  - Declined 2% among African Americans
  - Rose 5% among Hispanics
  - Declined in the largest metropolitan statical areas (MSA), declined less in smaller MSAs

Slide 9:

Pulled from Adolescent slide series #7

Slide 10:

Pulled from Adolescent slide series #8

Slide 11:

Job Corp Data from October 1987 to February 1990:
HIV seroprevalence rate 3.6/1000
10 times higher than U.S. military applicants of the same age
For black and Hispanic students seroprevalence increase 4.3/1000 to 24.8/1000
HIV infected students entering Job Corps were much more likely to be females

Slide 12:

Young African American Men's Survey:
"Gay people are so emotionally damaged... experiences in their past have made them feel unlovable when it comes to sex"
Homosexuality carries a profound stigma in African American Community
"If people don't feel good about themselves then they're going act differently sexually because they do not care about anything else"

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30341-3724

Todd Atlen

December 29, 1997

Sandy Thurman
Director
Office of National AIDS Policy
808 17th Street, NW
Suite 820
Washington,DC 20006

Dear: Ms. Thurman

The Centers for Disease Control and Prevention (Division of Adolescent and School Health and the Division of HIV/AIDS Prevention) and the National Alliance of State and Territorial AIDS Directors (NASTAD) would like to invite you **or** your designee to participate in a meeting entitled ***Making Collaboration Work to Prevent HIV Infection Among Youth in High Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations*** scheduled for February 10, 1998 in Washington, D.C.

This meeting is a follow-up to last year's ***Exploring Collaborative Efforts Among Federal Agencies to Prevent HIV Infection Among Youth in High-Risk Situations*** meeting. We hope that this meeting will provide us with the opportunity to build on the findings from this prior meeting. [**Please note**: Invitations have been sent to all participants of last year's meeting. As before, participation will be limited to **two** participants per federal agency or national non-governmental organization.] The purpose of this working meeting is to explore collaborative strategies among federal agencies and selected non-governmental organizations (NGOs) that might strengthen efforts designed to prevent HIV infection among youth in high-risk situations.

We are inviting individuals from a wide variety of federal organizations, including the following agencies: Department of Health and Human Services (HRSA, NIDA, NIMH, NICHD, ACYF, SAMHSA, ASPE, IHS, CDC), Department of Education (Safe and Drug Free Schools), Department of Labor (Office of Job Corps), Department of Justice (OJJDP), Department of Defense (Health Promotion), the Department of Housing and Urban Development, the Department of Agriculture and the Office of National AIDS Policy. In addition, we have invited representatives from DASH funded NGOs targeting youth in high-risk situations, as well as from the National Association of People with AIDS (NAPWA), the National Minority AIDS Council (NMAC), the National Youth Advocacy Coalition (NYAC) and a few young people who are involved in HIV Prevention Community Planning (See Addendum for complete list of agencies invited.)

Enclosed you will find:

- instructions for preparation of agency up-dates;
- a request for information on models of collaboration;
- a confirmation form; and
- information on making hotel and air reservations.

There will be an information table at the meeting so please feel free to bring any materials and/or resources you wish to share. Additional information on the agenda, as well as other information will be mailed to you at a later date.

We are enthusiastic about this meeting with both the NGOs and our federal colleagues and look forward to your agency's participation. If you have any questions or concerns, please contact Jennifer Marin (NASTAD) at (202) 434-8090 or Jim Martindale (CDC) at (770) 488-3188.

Sincerely,

Lloyd Kolbe, Ph.D
Director
Division of Adolescent and School Health

Julie M. Scofield
Executive Director
NASTAD

Enclosures.

Making Collaboration Work to Prevent HIV Infection
Among Youth in High-Risk Situations:
A Meeting of Federal Agencies and National Non-Governmental Organizations

February 10, 1998
Washington, D.C.

CONFIRMATION FORM

Please complete this confirmation form and fax it by **JANUARY 16th to:**

Jennifer Marin, NASTAD, fax #: (202) 434-8092.

Please note: Limit of two participants from each agency or organization.

(Include degrees and titles as you wish them to appear on the participant roster.)

Name: _____

Professional Title: _____

Agency: _____

_____

_____

Phone: _____

Fax: _____

E-Mail _____

****

There will be an information table at the meeting so please feel free to bring any materials and/or resources you wish to share.

****

Making Collaboration Work to Prevent HIV Infection
Among Youth in High-Risk Situations:
A Meeting of Federal Agencies and National Non-Governmental Organizations

February 10, 1998
Washington, D.C.

Preparation Instructions For Agency Briefing Updates

To provide participants with useful written materials, we are requesting that each agency prepare no more than three pages of information as outlined below. Please confer with any other participant from your agency prior to submitting your agency update. Updates will be reproduced for inclusion in the participant notebook.

Page 1-2: Current Activities to Prevent HIV Infection Among Youth in High-Risk Situations

Provide here an outline or listing of your current activities related to HIV prevention among youth in high-risk situations.

Page 3: For More Information: Resources and Contact Persons

This page is for any additional information you wish to share with other federal agencies regarding key resources (i.e. publications, media materials, etc.) and contact persons for particular requests for more information. **Please note:** The names, addresses (including E-mail), and phone/fax of all persons attending the meeting will be provided in your participant notebook. If listing other individuals not attending the meeting, please provide the additional contact information.

Additional formatting points:

Please print your agency's name at the top of each of the pages. Also, for consistency, use the titles provided above for each page. Use of double-space text, bullets, and an easy to follow outline format is encouraged.

Please mail or fax your update AS SOON AS POSSIBLE (no later than January 16th) to:

Jennifer Marin, NASTAD, 444 North Capitol Street, NW Suite 339
Washington, DC 20001;
Phone: (202) 434-8090; Fax: (202) 434-8092;
E-mail: jenmarin@aol.com

Also please feel free to contact Jennifer if you have any additional questions. Thank you!

Making Collaboration Work to Prevent HIV Infection
Among Youth in High-Risk Situations:
A Meeting of Federal Agencies and National Non-Governmental Organizations

February 10, 1998
Washington, D.C.

Models of Collaboration

We are looking for examples of ***models of collaboration for HIV prevention for youth in high-risk situations*** between and among federal agencies and national non-governmental organizations to possibly present as part of a panel at this meeting.

If you have a model of collaboration which you would like considered, please provide the following information:

- names of agencies/organizations involved in the collaboration
- a brief summary of the type of collaboration
- population(s) targeted
- strengths and weaknesses of the collaboration
- please provide contact information

Please mail or fax (202) 434-8092 to Jennifer Marin at NASTAD AS SOON AS POSSIBLE (no later than January 16th). If you have additional questions, please contact Jennifer at (202) 434-8090. Thank you.

The Centers for Disease Control and Prevention
Division of Adolescent and School Health and the Division of HIV/AIDS Prevention
and
The National Alliance of State and Territorial Aids Directors (NASTAD)

Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

FEBRUARY 10, 1998

LOGISTICAL INFORMATION SHEET

Meeting and Lodging Site:

The Washington Plaza
10 Thomas Circle, NW
At Massachusetts Avenue and 14th Street
Washington, DC 20005
(202) 842-1300; (800) 424-1140; fax: (202) 371-9602

Taxi or Metro (subway) services are available from Washington National Airport. If using Metro, the Mcpherson Station Metro stop is just a short walk away from The Washington Plaza.

Lodging Information:

NASTAD has reserved a block of rooms at The Washington Plaza for meeting participants. To make hotel reservations, please contact:

Washington, D.C. Accommodations
1-800-554-2220 (or 202-289-2220 if local)

Inform them that you are coming to the NASTAD/CDC Meeting taking place in February, 1998 at The Washington Plaza. You will be given a confirmation number over the phone as well as in the mail.

Meeting Contacts:

Please direct any questions concerning this meeting to Jennifer Marin at NASTAD at (202) 434-8090.

ADDENDUM

Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

Agencies Invited to the Meeting On February 10th:

DASH funded National Non-Governmental Organizations Targeting Youth in High-Risk Situations:

Advocates for Youth
American College Health Association
American Public Welfare Association
Association of State and Territorial Health Officials
Communities in Schools, Inc.
ETR Associates
Girls Incorporated
National Association of Community Health Centers, Inc.
National Coalition of Advocates for Students
National Coalition of Hispanic Health and Human Services Organizations
National Commission on Correctional Health Care
National Latina Health Network
National Network for Youth

Federal Agencies:

ACFY	Family and Youth Services Bureau, Administration on Children, Youth and Families, Administration for Children and Families, DHHS
BIA	Office of Indian Education Programs, Bureau of Indian Affairs, Department of the Interior
CDC-DASH	Division of Adolescent and School Health, Centers for Disease Control and Prevention, DHHS
CDC-DHAP	Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, DHHS
CDC-DRH	Division of Reproductive Health, Centers for Disease Control and Prevention, DHHS
DOA	Families, 4-H, and Nutrition, Cooperative State Research, Education, and Extension Services, Department of Agriculture
DOD	U.S. Army Center for Health Promotion and Preventive Medicine, Department of Defense
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DOE-SDFS	Office of Safe and Drug Free Schools, Department of Education
HRSA-BMCH	Maternal and Child Health Bureau, Health Resources and Services Administration, DHHS

HRSA-BPHC	Bureau of Primary Health Care, Health Resources and Services Administration, DHHS
HRSA-SPNS	Special Projects of National Significance, Health Resources and Services Administration, DHHS
HUD	Office of HIV/AIDS Housing, Department of Housing and Urban Development
IHS	Indian Health Service, DHHS
NIH-NICHD	National Institute of Child Health and Human Development, National Institutes of Health, DHHS
NIH-NIDA	National Institute on Drug Abuse, National Institutes of Health, DHHS
NIH-NIMH	National Institute of Mental Health, National Institutes of Health, DHHS
OJC	Office of Job Corps, Department of Labor
OJJDP	Office of Juvenile Justice and Delinquency Prevention, Department of Justice
OPA	Office of Population Affairs, DHHS
SAMHSA-CMHS	Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, DHHS
SAMHSA-CSAP	Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, DHHS
SAMHSA-CSAT	Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, DHHS

Other Agencies Represented:

The White House Office of National AIDS Policy
Assistant Secretary for Planning and Evaluation, DHHS
Office on AIDS, Substance Abuse and Mental Health Services Administration, DHHS
The National Alliance of State and Territorial AIDS Directors (NASTAD)
The National Minority AIDS Council (NMAC)
The National Association of People with AIDS (NAPWA)
The National Youth Advocacy Coalition (NYAC)
Representative(s) from NASTAD's Youth and School Health Work Group
Community Planning Group Members and Youth Representatives

Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

February 10, 1998
Washington, DC

Purpose

A working meeting between federal agencies and selected NGOs to develop collaborative strategies between agencies which will strengthen efforts designed to prevent HIV infection among youth in high-risk situations.

Note: This is a follow-up to a meeting convened in September, 1996 entitled ***Exploring Collaborative Efforts Among Federal Agencies to Prevent HIV Infection Among Youth in High-Risk Situations, September, 1996***.

Expected Outcome

A set of recommended action steps by which to strengthen collaboration between federal agencies and NGOs to prevent HIV infection among selected sub-populations of youth in high-risk situations.

Sponsoring Agencies

Division of Adolescent and School Health (DASH) and the Division of HIV/AIDS Prevention (DHAP), Centers for Disease Control and Prevention (CDC), in collaboration with the National Alliance of State and Territorial AIDS Directors (NASTAD).

Participants

- Approximately 25 federal agencies will be represented; two persons from each agency will be invited.
- DASH-funded national organizations targeting youth in high-risk situations, plus other key national organizations.
- Selected youth and Community Planning Group members, and representatives from NASTAD's Youth and School Health Work Group.

See the attached Addendum for a complete list of invitees.

ADDENDUM

Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

Agencies Invited to the Meeting On February 10th:

DASH funded National Non-Governmental Organizations Targeting Youth in High-Risk Situations:

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American College Health Association
American Public Welfare Association
Association of State and Territorial Health Officials
Communities in Schools, Inc.
ETR Associates
Girls Incorporated
National Association of Community Health Centers, Inc.
National Coalition of Advocates for Students
National Coalition of Hispanic Health and Human Services Organizations
National Commission on Correctional Health Care
National Latina Health Network
National Network for Youth

Federal Agencies:

ACFY	Family and Youth Services Bureau, Administration on Children, Youth and Families, Administration for Children and Families, DHHS
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CDC-DHAP	Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, DHHS
CDC-DRH	Division of Reproductive Health, Centers for Disease Control and Prevention, DHHS
DOA	Families, 4-H, and Nutrition, Cooperative State Research, Education, and Extension Services, Department of Agriculture
DOD	U.S. Army Center for Health Promotion and Preventive Medicine, Department of Defense
DOE-OME	Office of Migrant Education, Department of Education
DOE-SDFS	Office of Safe and Drug Free Schools, Department of Education
HRSA-MCH	[illegible]

ONAP Letter Tracking

Letter ID	Writer First Name	Writer Last Name	Received Date
10500	Julie	Scofield	1/29/98

Addressed To

Thurman, Sandra

Sender's Organization

NASTAD

Sender's Street1

Sender's Street2

Sender's City	Sender's State	Sender's Zip

Subject

2/10 fed/non fed group mtng

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

NB: No attachments included..

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

January 28, 1998

Dear Ms. Thueman-

The enclosed information was supposed to have been included in the letter mailed to you yesterday. Soory for any inconvenience this may have caused you. We look forward to seeing you on the 10th of February.

Sincerely,
Jennifer Marsi

NASTAD

444 North Capitol Street, NW, Suite 339 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

Making Collaboration Work to Prevent HIV Infection
Among Youth in High-Risk Situations:
A Meeting of Federal Agencies and National Non-Governmental Organizations

February 10, 1998
Washington, DC

Agenda

8:30	**Registration and Breakfast**
9:00	**Welcome** Lloyd Kolbe, Division of Adolescent and School Health, CDC Julie M. Scofield, National Alliance of State and Territorial AIDS Directors (NASTAD)
9:15	**Introductions and Overview of Agenda** Jim Martindale, DASH Jennifer Marin, NASTAD
9:30	**Perspective from the White House** Sandra Thurman, Director, Office of National AIDS Policy
10:00	**Update on HIV and Youth in High-Risk Situations** DHAP representative
10:30	**Break**
10:45	**Hepatitis B Immunization: A Challenge to Federal Agencies and NGOs** Robert Lyerla, Epidemiologist, Hepatitis Branch, NCID, CDC
11:15	**Exemplars of Collaboration to Prevent HIV Infection Among Youth in High-Risk Situations** Panel presentations and large group discussion of successful collaborations between federal agencies and NGOs.
12:30	**Lunch** Provided on site to encourage networking and further discussion.
1:30	**Break-Out Groups By Specific Sub-Populations of Youth in High-Risk Situations** Participants choose between five break-out groups meeting in separate rooms: (1) youth in correctional settings, (2) sexual minority youth, (3) Hispanic youth, (4) young women of color, or (5) inner city/urban youth. Each group will identify specific actions and next steps to be taken to strengthen collaboration between federal agencies and NGOs.
3:30	**Break**
3:45	**Reports to Large Group and Summary Discussion** Action steps from each break-out group are reported, with opportunities for questions and comments from the large group. Additional discussion and clarification of summary report and other follow-up action.
5:00	**Adjourn**

The Centers for Disease Control and Prevention
Division of Adolescent and School Health and the Division of HIV/AIDS Prevention
and
The National Alliance of State and Territorial Aids Directors (NASTAD)

Day One: Meeting of Program Announcement #765 Grantees
Day Two: Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

FEBRUARY 9-10, 1998

LOGISTICAL INFORMATION SHEET

Meeting and Lodging Site:

The Washington Plaza
10 Thomas Circle, NW
At Massachusetts Avenue and 14th Street
Washington, DC 20005
(202) 842-1300; (800) 424-1140; fax: (202) 371-9602

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Inform them that you are coming to the NASTAD/CDC Meeting taking place in February, 1998 at The Washington Plaza. You will be given a confirmation number over the phone as well as in the mail.

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ADDENDUM

Meeting of Program Announcement #765 Grantees
and
Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

Agencies Invited to Day One (February 9th):
Advocates for Youth
American College Health Association
ETR Associates
Girls Incorporated
National Coalition of Advocates for Students
National Coalition of Hispanic Health and Human Services Organizations
National Commission on Correctional Health Care
National Latina Health Network

Agencies Invited to Day Two (February 10th):

DASH funded National Non-Governmental Organizations Targeting Youth in High-Risk Situations:

Advocates for Youth
American College Health Association
American Public Welfare Association
Association of State and Territorial Health Officials
Communities in Schools, Inc.
ETR Associates
Girls Incorporated
National Association of Community Health Centers, Inc.
National Coalition of Advocates for Students
National Coalition of Hispanic Health and Human Services Organizations
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	and Prevention, DHHS
CDC-DRH	Division of Reproductive Health, Centers for Disease Control and Prevention, DHHS
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Other Agencies Invited:

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Assistant Secretary for Planning and Evaluation, DHHS
Office on AIDS, Substance Abuse and Mental Health Services Administration, DHHS
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The National Association of People with AIDS (NAPWA)
The National Youth Advocacy Coalition (NYAC)
Representative(s) from NASTAD's Youth and School Health Work Group
Community Planning Group Members and Youth Representatives

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Thurman, Sandra

Sender's Organization

NASTAD

Sender's Street1

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Sender's City	Sender's State	Sender's Zip

Subject

2/10 fed/non fed group mtng

☑ Response Needed?

Response Type	Response Date	Responder ID

Responder Name	Action Promised	Action Complet	Action Date

Notes

NB: No attachments included..

NATIONAL ALLIANCE OF STATE AND TERRITORIAL AIDS DIRECTORS

January 27, 1998

Sandra Thurman
Director
White House Office of National AIDS Policy
808 17th Street, NW #820
Washington, DC 20006

Dear Ms. Thurman:

We are delighted that you will be able to join us for ***Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations,*** scheduled for ***February 10th*** at the ***Washington Plaza Hotel*** (10 Thomas Circle) in Washington, DC. The meeting is being implemented by the Centers for Disease Control and Prevention (Division of Adolescent and School Health and the Division of HIV/AIDS Prevention) and the National Alliance of State and Territorial AIDS Directors (NASTAD), and we are expecting a wide variety of federal agencies and national non-governmental organizations to be in attendance (see attached list of invitees).

You are scheduled on the agenda as a morning speaker from 9:30 to 10:00 (see draft agenda attached), which should hopefully allow for a question and answer period following your presentation. We understand that the CDC has been in contact with your office (Todd Summers) about this meeting; NASTAD has also been in contact with Robert Soliz regarding background materials from your office to be made available to meeting participants.

Thank you for your involvement and we look forward to seeing you on February 10th. Should you have any additional questions or concerns, please do not hesitate to contact Jennifer Marin (202-434-8098). If you have any additional questions for CDC, please call Jim Martindale at the Division of Adolescent and School Health; (770) 488-3188.

Sincerely,

Julie M. Scofield
Executive Director

cc. Todd Summers

Attachments: List of agencies invited
Draft agenda
Logistical information

NASTAD
444 North Capitol Street, NW, Suite 339 Washington, DC 20001-1512 FAX 202-434-8092 PHONE 202-434-8090

Making Collaboration Work to Prevent HIV Infection
Among Youth in High-Risk Situations:
A Meeting of Federal Agencies and National Non-Governmental Organizations

February 10, 1998
Washington, DC

Agenda

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The Centers for Disease Control and Prevention
Division of Adolescent and School Health and the Division of HIV/AIDS Prevention
and
The National Alliance of State and Territorial Aids Directors (NASTAD)

Day One: Meeting of Program Announcement #765 Grantees
Day Two: Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

FEBRUARY 9-10, 1998

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Meeting Contacts:

Please direct any questions concerning this meeting to Jennifer Marin at NASTAD at (202) 434-8090.

ADDENDUM

Meeting of Program Announcement #765 Grantees
and
Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

Agencies Invited to Day One (February 9th):
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ETR Associates
Girls Incorporated
National Coalition of Advocates for Students
National Coalition of Hispanic Health and Human Services Organizations
National Commission on Correctional Health Care
National Latina Health Network

Agencies Invited to Day Two (February 10th):

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American Public Welfare Association
Association of State and Territorial Health Officials
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ETR Associates
Girls Incorporated
National Association of Community Health Centers, Inc.
National Coalition of Advocates for Students
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NIH-NIDA	National Institute on Drug Abuse, National Institutes of Health, DHHS
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SAMHSA-CSAT	Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, DHHS

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Assistant Secretary for Planning and Evaluation, DHHS
Office on AIDS, Substance Abuse and Mental Health Services Administration, DHHS
The National Alliance of State and Territorial AIDS Directors (NASTAD)
The National Minority AIDS Council (NMAC)
The National Association of People with AIDS (NAPWA)
The National Youth Advocacy Coalition (NYAC)
Representative(s) from NASTAD's Youth and School Health Work Group
Community Planning Group Members and Youth Representatives

fax cover sheet

To: Todd Summers - ONAP

FAX #: (202) 632-1096

Date: 12/29/97

 # pages, including this cover sheet: 6

Comments:

Todd - I'll also be getting you a copy of last years Summary Report from the Meeting of federal agencies in Sept. 1996.

Jim

From:
Jim Martindale
Division of Adolescent and School Health (DASH)
Centers for Disease Control and Prevention
4770 Buford Highway, N.E. MS K-31
Atlanta, GA 30341-3724
Phone: (770) 488-3188
FAX: (770) 488-3111
JPM3@CDC.GOV

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

December 29, 1997

TO: Todd Summers, ONAP
Lloyd Kolbe, Director, DASH, NCCDPHP, CDC
John Moore, OD, DASH, NCCDPHP, CDC
Angel Roca, OD, NCCDPHP, CDC
Janet Cleveland, OD, NCHSTP, CDC
Chad Martin, OD. DHAP, NCHSTP, CDC

FROM: Jim Martindale, DASH, NCCDPHP, CDC

RE: Conference Call January 5th

A conference call is scheduled for **January 5**, at **1:00 PM** to discuss an up-coming meeting of federal agencies and NGOs to strengthen collaboration on preventing HIV infection among youth in high-risk situations, and how this meeting overlays with the recent Presidential Directive related to prevention of HIV infection among youth.

Attached you will find background materials, including (1) a one-page description of the meeting, with an addendum listing the agencies invited, and (2) a draft agenda.

PLEASE USE THE FOLLOWING BRIDGE NUMBER TO BE CONNECTED TO THIS CONFERENCE CALL:

In Atlanta: (404) 639-3277
Outside Atlanta: (800) 311-3437

The conference code is: 313255

The title of the conference call is: Federal/NGO Meeting

Thanks to all for making time available for this. We look forward to a productive conference call. If you need further information in the meantime, please call me at (770) 488-3188.

Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

February 10, 1998
Washington, DC

Purpose

A working meeting between federal agencies and selected NGOs to develop collaborative strategies between agencies which will strengthen efforts designed to prevent HIV infection among youth in high-risk situations.

Note: This is a follow-up to a meeting convened in September, 1996 entitled ***Exploring Collaborative Efforts Among Federal Agencies to Prevent HIV Infection Among Youth in High-Risk Situations, September, 1996***.

Expected Outcome

A set of recommended action steps by which to strengthen collaboration between federal agencies and NGOs to prevent HIV infection among selected sub-populations of youth in high-risk situations.

Sponsoring Agencies

Division of Adolescent and School Health (DASH) and the Division of HIV/AIDS Prevention (DHAP), Centers for Disease Control and Prevention (CDC), in collaboration with the National Alliance of State and Territorial AIDS Directors (NASTAD).

Participants

- Approximately 25 federal agencies will be represented; two persons from each agency will be invited.
- DASH-funded national organizations targeting youth in high-risk situations, plus other key national organizations.
- Selected youth and Community Planning Group members, and representatives from NASTAD's Youth and School Health Work Group.

See the attached Addendum for a complete list of invitees.

ADDENDUM

Making Collaboration Work to Prevent HIV Infection Among Youth in High-Risk Situations: A Meeting of Federal Agencies and National Non-Governmental Organizations

Agencies Invited to the Meeting On February 10th:

DASH funded National Non-Governmental Organizations Targeting Youth in High-Risk Situations:

Advocates for Youth
American College Health Association
American Public Welfare Association
Association of State and Territorial Health Officials
Communities in Schools, Inc.
ETR Associates
Girls Incorporated
National Association of Community Health Centers, Inc.
National Coalition of Advocates for Students
National Coalition of Hispanic Health and Human Services Organizations
National Commission on Correctional Health Care
National Latina Health Network
National Network for Youth

Federal Agencies:

ACFY	Family and Youth Services Bureau, Administration on Children, Youth and Families, Administration for Children and Families, DHHS
BIA	Office of Indian Education Programs, Bureau of Indian Affairs, Department of the Interior
CDC-DASH	Division of Adolescent and School Health, Centers for Disease Control and Prevention, DHHS
CDC-DHAP	Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, DHHS
CDC-DRH	Division of Reproductive Health, Centers for Disease Control and Prevention, DHHS
DOA	Families, 4-H, and Nutrition, Cooperative State Research, Education, and Extension Services, Department of Agriculture
DOD	U.S. Army Center for Health Promotion and Preventive Medicine, Department of Defense
DOE-OME	Office of Migrant Education, Department of Education
DOE-SDFS	Office of Safe and Drug Free Schools, Department of Education
HRSA-DMCH	[illegible]

HRSA-BPHC	Bureau of Primary Health Care, Health Resources and Services Administration, DHHS
HRSA-SPNS	Special Projects of National Significance, Health Resources and Services Administration, DHHS
HUD	Office of HIV/AIDS Housing, Department of Housing and Urban Development
IHS	Indian Health Service, DHHS
NIH-NICHD	National Institute of Child Health and Human Development, National Institutes of Health, DHHS
NIH-NIDA	National Institute on Drug Abuse, National Institutes of Health, DHHS
NIH-NIMH	National Institute of Mental Health, National Institutes of Health, DHHS
OJC	Office of Job Corps, Department of Labor
OJJDP	Office of Juvenile Justice and Delinquency Prevention, Department of Justice
OPA	Office of Population Affairs, DHHS
SAMHSA-CMHS	Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, DHHS
SAMHSA-CSAP	Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, DHHS
SAMHSA-CSAT	Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, DHHS

Other Agencies Represented:

The White House Office of National AIDS Policy
Assistant Secretary for Planning and Evaluation, DHHS
Office on AIDS, Substance Abuse and Mental Health Services Administration, DHHS
The National Alliance of State and Territorial AIDS Directors (NASTAD)
The National Minority AIDS Council (NMAC)
The National Association of People with AIDS (NAPWA)
The National Youth Advocacy Coalition (NYAC)
Representative(s) from NASTAD's Youth and School Health Work Group
Community Planning Group Members and Youth Representatives

Making Collaboration Work to Prevent HIV Infection
Among Youth in High-Risk Situations:
A Meeting of Federal Agencies and National Non-Governmental Organizations

February 10, 1998
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Draft Agenda

9:00 ***Welcome***
Lloyd Kolbe, Division of Adolescent and School Health, CDC
Julie Scofield, National Alliance of State and Territorial AIDS Directors
Sandra Thurman, Office of National AIDS Policy

9:15 ***Introductions and Overview of Agenda***
Jim Martindale, DASH
Jennifer Marin, NASTAD

9:45 ***Thinking About Collaboration***
Individual work and small group discussions to elicit participant experience with collaboration, following by large group processing framed by the NMAC "Collaboration Continuum."

10:45 ***Break***

11:00 ***Exemplars of Collaboration to Prevent HIV Infection Among Youth in High-Risk Situations***
Panel presentations describing at least one good example of collaboration, with large group discussion to emphasize key issues.

12:00 ***Lunch***
Provided on-site to encourage networking and further discussion.

1:00 ***Break-Out Groups By Specific Sub-Populations of Youth in High-Risk Situations***
Participants choose between five break-out groups meeting in separate rooms: (1) youth in correctional settings, (2) sexual minority youth, (3) Hispanic youth, (4) young women of color, or (5) inner city/urban youth. Each group to address the unique issues and facilitating factors to collaboration to reach this group of youth, and will develop specific action steps to strengthen collaboration between federal agencies and NGOs.

3:00 ***Break***

3:30 ***Reports to Large Group and Summary Discussion***
Action steps from each break-out group are reported, with opportunities for questions and comments from the large group. Additional discussion and clarification of summary report and other follow-up action.

5:00 ***Adjourn***

Rocky Mountain News

Medical

Personal

8:35 - 20 minutes

Attn: Mr Kennedy

655 Longwood Lake Way

Longwood, Florida 32746