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Issues - Groups-Youth-Surveillance

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THE HENRY J. KAISER FAMILY FOUNDATION

WORLD AIDS DAY 1998

AN UPDATE ON YOUTH AND HIV

Young People as a Force for Change

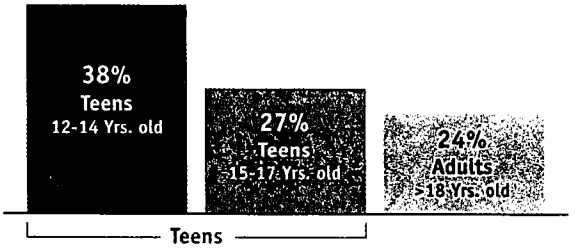
NEW SURVEY DATA ON TEENS

In November 1998, the Kaiser Family Foundation conducted a survey of 517 teens between the ages of 12 and 17.* The results...

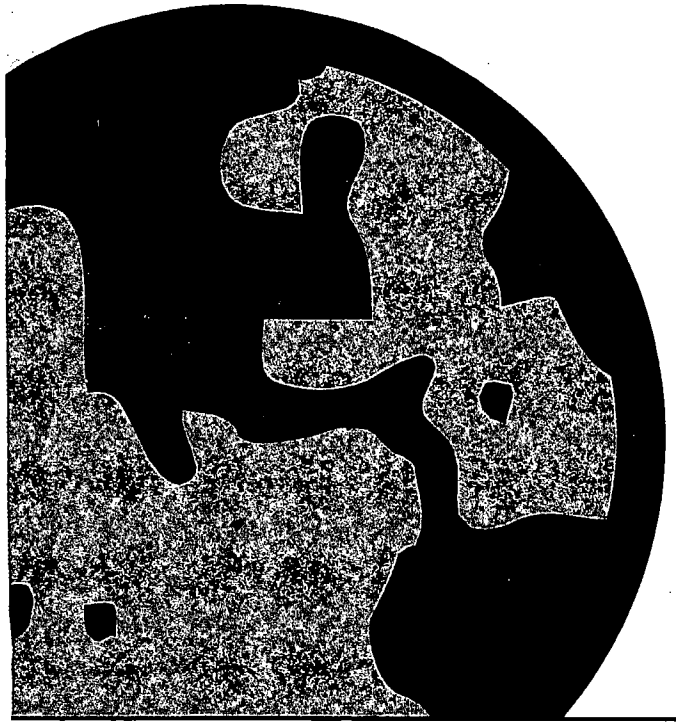
What Teens say about HIV/AIDS:

- Teens express high rates of PERSONAL concern about becoming infected with HIV, higher than adults in the general population. A third are "very concerned" (32%), and 22% are "somewhat concerned" (as compared to 24% and 17% among US adults, respectively).

Younger teens most concerned about getting HIV
Percent who are very concerned...



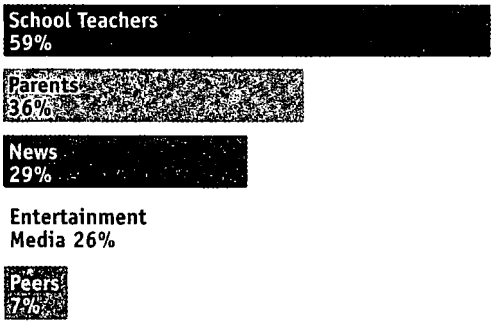
- While rates of personal concern are similar for male and female teens, younger teens, aged 12-14, express higher rates of concern when compared to 15-17 year olds (38% vs. 27%).
- Over a third (35%) of all teens feel that AIDS is a "very serious problem" for people they know.
- Even before leaving their teens, almost one in five young Americans (18%) report personally knowing someone who is living with, or has died from, HIV/AIDS.



Where Teens Get Information about HIV/AIDS:

- Teens say they receive "a lot" of HIV/AIDS information from: School/teachers (59%), Parents (36%), News (29%), and Entertainment media (26%). Peers are not as significant a source of "a lot" of HIV information (7%).
- Teen girls are more likely than boys to cite their parents as a source of "a lot" of information about HIV/AIDS (39% vs. 33%).
- Younger teens, aged 12 to 14, are more likely to cite their parents as a source of "a lot" of information about HIV/AIDS (40%) than older teens aged 15 to 17 (32%), while older teens are more likely to cite school as source of "a lot" of information (63% vs. 55%).

Percent of teens who receive a lot of information about HIV/AIDS from...



*This nationally representative telephone survey has a margin of error of +/- 4 percentage points.

HIV and Youth: The Facts

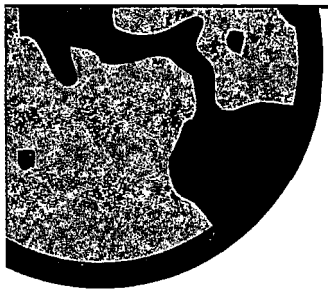
- Every hour, two Americans under the age of 20 become infected with HIV. [1]
- Each year, as many as 50% of new HIV infections in the US may be among people under the age of 25. [2]
- About 25% of all people now living with HIV became infected with HIV when they were teenagers. [3]
- The numbers of adolescent AIDS cases in the US have increased more than seven-fold over the past decade. [4]
- Young people are increasingly getting HIV through heterosexual sex, especially young women and minority youth. [5]
- A recent study found that almost two thirds (63%) of 13-24 year olds with HIV are African American. [6]
- Young women, aged 13-19, accounted for about half (49%) of all new AIDS cases in 1997 within this age group. [7]

See back page for footnotes

2400 Sand Hill Road Menlo Park, California 94025 650 854-9400 Fax 650 854-4800 Website:www.kff.org

YOUNG PEOPLE AS A FORCE FOR CHANGE WORLD AIDS DAY 1998

KAISER FAMILY FOUNDATION — AN UPDATE ON YOUTH AND HIV



What are young people doing that puts them at risk for HIV?

They are sexually active... A recent nationwide study of high school students found that: [8]

- Almost two thirds (61%) have had sexual intercourse by the 12th grade.
- One fifth (21%) of 12th graders have had four or more sex partners.
- Almost half (46%) of 12th graders are currently sexually active as are one quarter (24%) of all 9th graders.
- One quarter (25%) of all high school students report using alcohol or drugs during sex, including 33% of 9th graders.

But, young people ARE protecting themselves and engaging in less sexually risky behavior: [9]

- Overall, high school students are less sexually active today, a decrease of 11% since 1991.
- Among sexually active high school students, condom use has increased by 23% since 1991.
- Over half (57%) of sexually active high school students in 1997 reported they used condoms the last time they had sexual intercourse.
- African American students (64%) were significantly more likely than White or Hispanic students (56% and 48% respectively) to report condom use.
- However, while sexual activity among high school students appears to be decreasing over time, this is NOT the case for female students. Similarly, while male students have fewer sex partners compared to a few years ago, female students do not.

Why do young people put themselves at risk for HIV?

Young people's assessment of risk and risk taking is based on a complex web of assumptions, perceived knowledge, and social dynamics. Key factors which influence unsafe sex behavior include: [10]

- "Trusting" a partner not to put them at risk
- "Judging" low HIV/STD risk based on a partner's "clean" appearance
- "Knowing" their partner's sexual history
- Perceiving "monogamy" of partner in a relationship
- Thinking that they or their partner are not in a "high risk" group
- Using alcohol or drugs before and/or during sex
- Being in a relationship with a power imbalance, e.g., differences in age or sexual experience
- Having peers who are less concerned about HIV/AIDS

What young people are doing about HIV

Young people are involved in many HIV/AIDS related activities in their communities, schools, and families, including:

- Participating and organizing peer education programs
- Educating their communities through outreach
- Volunteering their skills and time to help people with HIV/AIDS
- Fundraising for HIV/AIDS services and programs
- Advocating for people with HIV through community activism
- Providing personal support for their friends and family members affected by HIV
- Doing creative work — arts, films, websites, writing — about HIV/AIDS
- Actively planning for the future and articulating goals and dreams
- Having kids of their own and giving them positive messages

Additional Resources:

For, *It's Your (Sex) Life,* a free guide on safer sex, call 1-888-BE SAFE1

For, *Talking With Kids About Tough Issues,* a free booklet for parents, call 1-800-CHILD 44

Footnotes:

[1] Youth & HIV/AIDS: An American Agenda. A report to the President prepared by the Office of National AIDS Policy, March 1996.

[2] Centers for Disease Control and Prevention, CDC Facts: Adolescents and HIV/AIDS, March 1998.

[3] http://hivinsite.ucsf.edu, Kirby, Douglas, The AIDS Knowledge Base: HIV Prevention Among Adolescents, November 1997.

[4] Centers for Disease Control and Prevention, CDC Facts: Adolescents and HIV/AIDS, March 1998; Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 1997 Year-end edition, Vol. 9, No.2.

[5] Rosenberg, S. and R. Biggar, "Trends in HIV Incidence Among Young Adults in the United States", Journal of the American Medical Association, Vol. 279, pp. 1894-1899, June 1998.

[6] Centers for Disease Control and Prevention, "Diagnosis and Reporting of HIV and AIDS in States with Integrated HIV and AIDS Surveillance — United States, January 1994-June 1997", Morbidity and Mortality Weekly Report, Vol. 47, No. 15, April 1998.

[7] Centers for Disease Control and Prevention, HIV/AIDS Surveillance Report, 1997 Year-end edition, Vol. 9, No.2.

[8] Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance — United States, 1997", Morbidity and Mortality Weekly Report, Surveillance Summary, Vol. 47, No.SS-3, August 1998.

[9] Centers for Disease Control and Prevention, "Youth Risk Behavior Surveillance — United States, 1997", Morbidity and Mortality Weekly Report, Surveillance Summary, Vol. 47, No.SS-3, August 1998; Centers for Disease Control and Prevention, "Trends in Sexual Risk Behaviors Among High School Students — United States, 1991-1997", Morbidity and Mortality Weekly Report, Vol. 47, No. 36, September 1998.

[10] Michaels Opinion Research, Center for AIDS Prevention Studies, and the Harvard AIDS Institute, Listen to What America's Kids Are Saying: A Qualitative Research Study.

YOUTH HIV/AIDS

1. BACKGROUND

A. HIV/AIDS youth statistics.

Attached.

- ***See bullets from World AIDS Day 1997 publication, which takes statistics from CDC reports.***

- **See mid-year 1997 CDC AIDS Surveillance report, Table 8, breakdown by age and race/ethnicity.**

B White House "Youth and HIV/AIDS: An American Agenda:, March 1996.
Report Enclosed

Report Key Findings: "Adolescents need the tools to successfully navigate an increasingly dangerous world. ...Adolescent HIV prevention is a job too big any one segment of society. All parents, adults, leaders, policy-makers, young people , and institutions must become constructively engaged in the important work of preventing HIV infection among out nations most precious resource."
Counseling and testing needs to be appropriate to adolescents, counseling and testing sites need to be accessible to adolescents, there needs to be linkages to treatment and care, and services and treatment need to be appropriate and accessible.

Report Key Recommendations: Are in the areas of:
1) Prevention,
2) Testing, Treatment and Care, and
3) Research.
Recommendations made to Federal and non-Federal organizations. **See summary of recommendations in report, page 1 and 2.**

II. Federal Programs addressing youth issues.

A. HRSA - Ryan White CARE Act:

1. **Title I and II:** Both titles fund outpatient treatment services for people with HIV/AIDS. User statistics for Calendar Year 1995:

Title I total users:	626,620
Under 13	25,460 (4.1%)
13 - 19	28,140 (4.5%)

Title II total users: 333,950

50,000
4800

400 /month
x12
4800
50,000
$240,000,000

240,000,000

To: Bob Soliz
White House AIDS Policy

FROM: M. Valerie Mills

SUBJECT: SAMHSA's Activities Relating to Children

November 6, 1997

Hi Bob,

Sorry I am just getting this information to you. I was called out of the Office, and I am just returning.

The two initiatives I spoke of in relations to children are:

- Comprehensive Community Mental Health Services for Children and Adolescents with serious emotional disturbance and their families. The overall goal of this program is to provide opportunities for learning about how systems of care are being implemented and how these systems of care impact outcomes for children and families. (CMHS)

- As mentioned to you, SAMHSA has another initiative, Starting Early, Starting Smart. This initiative highlight the need for adolescents to be informed early about substance abuse and HIV/AIDS. The other initiative I spoke of is a Program of Comprehensive Community-Based Services for Children of Substance-Abusing Parents (COSAPs). (CSAP)

- THESE INITIATIVES ARE PROPOSED FOR 1998. Bob, if you need additional information, please do not hesitate to contact me on 303-443-5305.

YOUTH BRIEFING

HIV/AIDS Statistics: Total and Youth breakdowns

AIDS Statistics: From 1995 to 1996:

- o AIDS incidence declined (from 61,300 to 57,200, about a 6% decline).
- o AIDS prevalence increase (from 215,000 to 239,000).
- o Number of deaths from AIDS declined (from 50,700 to 39,200, about a 23% decrease).

HIV Statistics: As of 1996:

- o Number of people living with HIV was 76,000 in HIV reporting states (29 states).*
- o There are about 210,000 people living with HIV in non-HIV reporting states*.
- o Thus, a total of 500,000 HIV infected persons (after adjusting for duplicate and incomplete reporting).*

- o Note: In 1991, the estimated number of people living with HIV was estimated at between 650,000 and 900,000.**

Youth Statistic:

- o 25%of new HIV infections occur in people under age 22, 50% of new infections occur in people under age 25.
- o AIDS is the 6th leading cause of death among 15-24 year olds (CDC).
- o In the 12 months prior to 7/96, 2,667 13-24 year olds were diagnosed with AIDS.
- o Vulnerable youth are young people of color, gay youth, and young women who have sex with HIV positive men.***
- o HIV transmission is primarily sexual among youth.***
- o Of cumulative AIDS cases through 6/97, 4.1% were in the 13-24 year age group, and 13.9% were in the 24-29 year age group.

25,420
86,180
(2 620,000 cumulative cases

* John Ward, CDC, paper.
** CDC data.
*** Collins paper.

Under 13	12,380 (3.7%)
13 - 19	6,210 (1.9%)

2. **SPNS (Special Projects of National Significance) Adolescent projects:** In 1994, the SPNS Program identified adolescent care as a priority and awarded $2.7 million in 3-year grants (later extended an additional 2 years) to 10 organizations with distinctive adolescent HIV care project: Purpose of SPNS program is to encourage the development and evaluation of innovative, comprehensive health and social support services for people infected with HIV/AIDS. Initial results suggest that, while there are barriers in engaging youth in HIV/AIDS service delivery, projects have developed strategies for overcoming them and have made youth involvement a positive experience for both staff and clients. The organizations involved are:

   San Francisco: - Bay Area Young Positives
   - Health Initiatives for Youth
   - Walden House
   Los Angeles: Children's Hospital,
   Seattle: Youth Care, Inc.
   Boston: "HAPPENS", Children's Hospital
   Bridgeport, CT: "TOPS"
   Indianapolis: Indiana Youth Access Project
   Birmingham: Teenage Access Project, U of Alabama
   Minneapolis: Youth and AIDS Project, U of MN

3. **Title IV:** Coordinated services and access to research for women, infants, children, and youth.

FY '97 funding of $38 million (FY '98 - $45 million, not yet final) for projects to coordinate services to, and provide enhanced access to research for, children, youth, women, and families. Access to research provisions of the 1995 reauthorization for research access are being implemented by HRSA/NIH.

B. Centers for Disease Control and Prevention:

See attached CDC "Youth Related Activities at the Division of HIVAIDS Prevention."

C. Substance Abuse and Mental Health Services Administration

See enclosed program descriptions.

D. National Institutes of Health (?) No info yet.