POPULATION FACT SHEET: AUGUST 2012

YOUTH

In 2010, young people aged 13 to 29 accounted for more than 35 percent* of all new diagnoses of HIV infection in the 46 States with long-term HIV infection reporting.[1] HIV-positive youth continue to represent a medically underserved population.[2,3]

SURVEILLANCE

Given the effectiveness of today's HIV treatments and the average time from HIV infection to progression to AIDS, HIV surveillance data do not reveal the full impact of the epidemic among youth. Available data, however, show the following information about the epidemic among young people infected with HIV:

- In 2010, young persons aged 20 to 24 had the highest number and rate of HIV diagnoses of any age group (36.9 new HIV diagnoses per 100,000 population).[4]
- Ethnic and racial minority youth, and Black** youth in particular, have been disproportionately affected by HIV. In 2010, black adolescents aged 13 to 19 comprised 15 percent of the U.S. population, and Black young adults aged 20 to 24 years comprised 14 percent. However, in 2010, Black adolescents and young adults accounted for 69 percent and 57 percent of diagnoses of HIV infection among these age groups, respectively.[5]
- Most young persons aged 13 to 24 diagnosed with HIV infection acquired HIV through sexual contact. In 2009, among young males, the majority (89 percent) of diagnosed infections were attributed to male-to-male sexual contact. Among young females, the majority (91 percent) were attributed to heterosexual contact.[6]
- Young men who have sex with men (YMSM) aged 13 to 29 experienced a 34 percent increase in new HIV infections from 2006 to 2009, with a 48 percent increase among Black YMSM.[7]
- "Representing one-quarter of the ever-sexually active population aged 15 to 44, young people acquire nearly one-half of all new [sexually transmitted diseases]."[8] Individuals who are infected with STDs are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact.[9]

CRITICAL ISSUES

Nearly 34 percent of high school students reported being sexually active in 2011. Though most teens and young adults learn about HIV in school, nearly 40 percent did not used a condom during their most recent sexual intercourse.[10]

Adolescent feelings of invulnerability are associated with these risk-taking behaviors. These are further exacerbated among adolescents who have histories of psychological distress; identify as lesbian, gay, bisexual, or transgender (LGBT) including HIV-positive LGBT; and/or have had sexual contact with both males and females.[11]

HIV-positive youth, and particularly LGBT youth and LBGT youth of color, experience high rates of mental illness, homelessness or unstable housing, unstable family life, and severe financial need. Adolescence can present multiple developmental, physical, and mental health–related challenges.[12] Research suggests that parents can play an important role in reducing youth's risk for HIV infection. Parental communication about

* Unless otherwise noted, HIV estimated numbers and rates of diagnoses of HIV infection are based on data from 46 States that have had confidential name-based HIV infection reporting since at least January 2007. Hawaii, Maryland, Massachusetts, and Vermont are not included.

** Different data sources use different terms for this population. For the purposes of this fact sheet, the terms African-American and Black are used interchangeably to refer to all people of African descent in the United States, its territories, and possessions.

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sexual risk behavior may prevent adolescents from participating in high-risk sexual behaviors.[13,14]

In 2010, people aged 24 and younger constituted the most uninsured population in the United States. The percentage of youth under age 18 without health insurance was just under 10 percent, with Black and Hispanic youth being particularly impacted.[15] Youth without health insurance are likely to lack preventive health care or access to important information about their mental and physical health. Reducing the rate of uninsured youth is a focus of Federal health-care reform efforts. One of several steps outlined in the Patient Protection and Affordable Care Act passed on March 23, 2010, allows youth to stay on their parents' health insurance plans until age 26.[16]

HIGHLIGHTS OF THE HIV/AIDS BUREAU'S RESPONSE

Youth ages 13 to 24 constituted approximately 7 percent of all Ryan White HIV/AIDS Program clients in 2010. Many Parts of the Program are designed to serve youth. For example, the Program funded the Part D Program for Women, Infants, Children, Youth, and Families at $77.8 million dollars in 2010, supporting 98 grantees Nationwide.*

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau supports a range of activities that address the epidemic needs of HIV-positive youth. These include research initiatives to demonstrate and evaluate innovative models of care focusing on youth heavily impacted by HIV, including young MSM and women of color. HRSA currently is gleaning the best practices derived from these and other Special Projects of National Significance (SPNS) initiatives focused on engaging and retaining hard-to-reach populations into care in an upcoming training manual, curriculum, and webinar.

HRSA supports numerous mechanisms to bolster and develop youth-serving, community-based health-care networks that reduce barriers to early HIV identification and ensure entry into state-of-the-art primary health care. These mechanisms include comprehensive training to grantees and providers delivering services to youth as well as funding for the Minority AIDS Initiative for grantees to build their capacity.

HRSA's AIDS Education and Training Centers also supported several invaluable resources for clinicians and other providers targeting adolescents, including the 2007 online training program, *Treating Adolescents with HIV: Tools for Building Skills in Cultural Competence, Clinical Care and Support,* available at http://hivcareforyouth.com/, as well as the 2009 pocket guide, *Common Legal Issues and Concerns of Adolescents with HIV: A Guide for Clinicians,* available at www.aidsetc.org/pdf/workgroups/adol-pocketguide-legal.pdf.

For more information on young people and HIV/AIDS, see the May 2004, July 2004, June 2007, and June 2012 issues of *HRSA CAREAction* (available at www.hab.hrsa.gov/publications/news.htm). A forthcoming edition of this newsletter will address delivery of HIV care to young adult patients ages 13 to 29. The Ryan White HIV/AIDS Living History Web site features *José: Mucho Orgullo* (http://hab.hrsa.gov/livinghistory/voices/jose.htm), a video about a young gay Hispanic HIV outreach worker who assists Hispanic youth.

HRSA has engaged in community consultations and collaborations with national agencies addressing HIV among youth, including the National Minority AIDS Council and HealthHIV.

* U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB). *2010 Ryan White HIV/AIDS Program Services Report.*

NOTES

1 U.S. Centers for Disease Control and Prevention (CDC). *HIV Surveillance Report, 2010;* vol. 22. www.cdc.gov/hiv/topics/surveillance/resources/reports/. March 2012. Accessed July 14, 2012.

2 White House Office of National AIDS Policy. *Community ideas for improving the response to the domestic HIV epidemic: a report on a national dialogue on HIV/AIDS.* April 2010. Available at: www.whitehouse.gov/sites/default/files/microsites/ONAP_rpt.pdf. Accessed July 14, 2012.

3 Office of National AIDS Policy. *Youth and HIV/AIDS 2000: A New American Agenda.* Washington, DC: Office of National AIDS Policy; 2000.

4 CDC. *HIV Surveillance Report,* 2010; vol. 22. Table 1a. Available at: www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published March 2012. Accessed June 29, 2012.

5 CDC. HIV surveillance in adolescents and young adults. 2012. Available at: www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm. Accessed June 29, 2012.

[6] CDC. *Diagnoses of HIV infection and AIDS among adolescents and young adults in the United States and 5 U.S. dependent areas, 2006–2009.* HIV Surveillance Supplemental Report 2012;17(2). Table 1a. Available at: www.cdc.gov/hiv/surveillance/resources/reports/2009supp_vol17no2/index.htm. Accessed June 29, 2012.

[7] Prejean J, Song R, Hernandez A, et al. Estimated HIV incidence in the United States, 2006–2009. *PLoS ONE.* August 2011;6(8):e17502. Accessed March 20, 2012.

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[13] Dancy B and Dilorio C. Prevention of mental disorders, substance abuse, and problem behaviors: a developmental perspective. *Psychiatric Services.* 2011;62:247–254.

[14] Guilamo-Ramos V, Bouris A, Jaccard J, et al. A parent-based intervention to reduce sexual risk behavior in early adolescence: Building alliances between physicians, social workers, and parents. *J Adolesc Health.* February 2011;48,(2):159–63.

[15] U.S. Census Bureau. *Income, poverty, and health insurance coverage in the United States: 2010.* September 2011. Available at: www.census.gov/prod/2011pubs/p60-239.pdf. Accessed March 15, 2012.

[16] White House. Health reform for young adults: the Affordable Care Act gives young adults greater controls over their own health care. n.d Available at: www.whitehouse.gov/files/documents/health_reform_for_young_adults.pdf. Accessed May 18, 2010.

This publication lists non-Federal resources to provide additional information. The views and content in those resources have not been formally approved by the U.S. Department of Health and Human Services (HHS). Listing of the resources is not an endorsement by HHS or its components.