perceive their chances of getting AIDS as high and to feel at increased risk for getting AIDS during the past year. Black adults and adults ages 18-24 were also more likely than other adults to ever have had a blood test and to have had their most recent AIDS test in the prior two years of the 1994 survey. Adults ages 18-34 were most likely to receive the results of their AIDS test. Among those who obtained their results, blacks were more likely than whites and Hispanics to receive counseling afterwards. The results from this survey do not tell us about the behaviors associated with a high risk for getting AIDS (e.g., injection drug use, sexual activity, etc.). Consequently, it is difficult to use these data to estimate the risk of HIV/AIDS among adults in the State of Tennessee. However, the data do give us an indication of the perceived risk of getting AIDS through self-report and getting tested for HIV/AIDS. As noted, younger adults and black adults seem to have the highest perceived risk of getting HIV/AIDS among the adults surveyed.

In terms of all the adults surveyed, when 1994 Tennessee BRFSS estimates are applied to the whole sample (n=2,430), 26% of all adults surveyed had received HIV/AIDS testing and had obtained the results of their last AIDS test, while 6% had received some form of counseling after receiving the results of their last AIDS test. This 6% estimate includes persons who tested positively for HIV/AIDS, as well as those who may have been counseled for other reasons, such as the need for repeated testing, high risk behavior, etc. Considering that 2.9% of adults surveyed perceived their chances of getting AIDS as high, we can estimate that between 2.9% and 6% of adults surveyed perceive a high risk or are at high risk of getting AIDS. This value most likely underestimates the number of adults in Tennessee who are at high risk for getting HIV/AIDS, because the survey does not include high risk groups such as the homeless, treatment populations, and prison populations. However, it is based on perceived, not actual, risk, and no objective test results are reported. These factors will tend to deflate the estimate. To some extent, these errors cancel each other out.

4.3.2. Adolescents at Risk-Youth Risk Behavior Surveillance System (YRBSS)

4.3.2.1. Overview

The Youth Risk Behavior Surveillance System (YRBSS), coordinated by CDC, is composed of school- and household-based surveys of adolescents ages 12-21. The target population of the YRBSS consists of national, state and local school-based surveys of representative samples of 9th to 12th grade students, college students, and a national household-based survey of 12 to 21 year-olds. As of 1993, 43 states and territories and 13 large cities conducted the school-based YRBSS, including the State of Tennessee.

The YRBSS covers a broad range of specific health risk behaviors among youth and young adults. The purpose is to determine whether these behaviors are increasing, decreasing or remaining constant, while providing data that are comparable among