PALM BEACH COUNTY

"SPEAK OUT - BE HEARD"

BLACK HETEROSEXUAL MALES & BLACK HETEROSEXUAL FEMALES IN PALM BEACH COUNTY

APRIL 2002

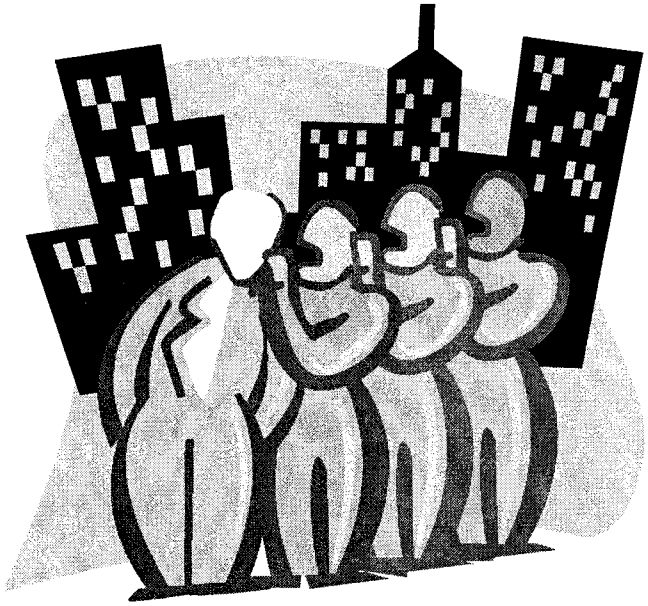
A Joint Project of the
Florida Department of Health
Treasure Coast Health Council
Palm Beach County HIV CARE Council
&
Palm Beach County HIV/AIDS Community Planning Partnership

FLORIDA DEPARTMENT OF HEALTH

CPP HIV/AIDS Community Planning Partnership

TREASURE COAST HEALTH COUNCIL, INC. — ST. LUCIE, MARTIN, INDIAN RIVER, OKEECHOBEE, PALM BEACH

PALM BEACH COUNTY



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Karen Dodge, Ph.D., Treasure Coast Health Council, CARE Council Planner and Barbara Feeney M.P.A., Treasure Coast Health Council, Planner, CPP Coordinator, extend our sincere thanks to all the people who contributed their time and efforts to this project. It is our sincere hope that our work will contribute to improved HIV/AIDS prevention and patient care services for Blacks in Palm Beach County.

Acknowledgements

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Our Heartfelt Appreciation to
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Jean Malecki, M.D., Director

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Carolyn Morrison, Chair of the CARE Council Needs Assessment Committee

Victor Jones, Mary Jane Reynolds, Cynthia Posey, Shirley Samples

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Admiration and Thanks to Our Star Data Collectors for their Passionate Commitment to the "Cause" and their Talent for Bringing the Voice of the People to the Planning Process

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Albert Collins

Annette Murzike Dunn, CARE Council, Treasure Coast Health Council

Angrinette Hartnett, Sistah to Sistah

Victor Jones, CARE Council

Hopeton Kenton, CPP, Jamaicans of the Palm Beaches

Cynthia Posey, CARE Council

Mary Jane Reynolds, CARE Council

Elizabeth Robinson, CPP Co-Chair and Chair of the Black Special Populations Committee

Shirely Samples, CARE Council

Desmond Thomas, CPP, CARE Council, Jamaicans of the Palm Beaches

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I. EXECUTIVE SUMMARY

In our continuing effort to develop a comprehensive HIV/AIDS prevention and care plan, the Palm Beach County HIV/AIDS Community Planning Partnership (CPP) and the Palm Beach County HIV CARE Council (CARE Council) embarked upon a joint study of Black Heterosexual Males and Black Heterosexual Females in Palm Beach County.

The Chairs of the CARE Council and the CPP provided strong leadership as they guided this project through their respective groups. The CARE Council Planner and the CPP Coordinator worked together to plan, train the data collectors, implement data collection protocols, analyze data, and write the final report. CARE Council members, CPP members, and other members of Palm Beach County's Black community served as survey interviewers. The results were outstanding –a response rate of 100% with relatively few unanswered questions on a 375-item survey. Data from this survey will be used to inform the CPP, the CARE Council, and the entire community with the ultimate goal of improving HIV prevention and patient care services for Blacks in Palm Beach County.

This report includes data analyses of particular relevance to HIV prevention. However, the data base contains approximately 400 elements and it is anticipated that additional analyses will focus more specifically on patient care issues and, of great importance, issues related to the intersect of HIV prevention and patient care.

Respondents were selected from five distinct geographic areas and zip codes (Riviera Beach, 33404; West Palm Beach 33401; Boynton Beach, 33435; Delray Beach, 33444, and Pahokee, 33476) in which HIV/AIDS is having a disproportionate impact on Blacks. Every attempt was made to select respondents so that a fairly equal number of respondents from each geographic area were in each of the following categories:

- Male
- Female
- Infected
- Affected
- General Public

Additionally, efforts were made to ensure representation of the ethnic and linguistic diversity of Blacks in Palm Beach County – especially by including African-Americans, Haitians, Jamaicans, and other Caribbean Islanders.

Findings of particular interest include:

- Overall, 19% identified their sexual orientation as other than heterosexual.
- Less than half (49%) of those who indicated they were HIV positive, were receiving HIV-related services.
- Fewer than half (48.6%) of respondents indicated they always use a condom when they have sex with a casual partner.
- 35 (46%) of respondents are having sex with regular and casual partners, and that 18 (24%) of respondents have sex with regular and casual partners and use condoms less than all the time.
- The three most frequently cited reason for not using a condom were, "do not like", "not available", and "partner does not like". Some respondents cited more than one reason.
- Thirteen (17.3%) indicated that the reason they don't use condoms is that they are high (on drugs).
- Tobacco is the most frequently used substance, followed by alcohol and marijuana. However, daily usage of the various forms of stimulants (excluding tobacco; while including cocaine, crack, crystal meth, and speedball) is equal to the daily usage and exceeds the weekly usage of marijuana.
- The most frequently mentioned source of information about HIV/AIDS and HIV/AIDS services was "doctor", followed by "friend", "TV/radio", "reading materials", and "community". Notably, "HIV services provider" was the second least frequently mentioned source of information about HIV or HIV services.
- 40% of HIV positive respondents missed at least one medical appointment in the past year due to transportation problems.
- All the survey respondents who indicated they used Palm Tran or Palm Tran Connection (n=13, 17.3%) were HIV positive.
- Less than a third (n=11, 31.4%) of HIV positive respondents indicated they received psychiatric treatment since being diagnosed with HIV and only 25.7% indicated they received mental health or substance abuse treatment.

II. INTRODUCTION

State and federal systems which address HIV/AIDS were developed primarily to meet the needs of white homosexual males and have not adequately addressed the different and special needs of women, children and minorities (Aday, Pounds, Marconi, & Bowen, 1999). Increasingly, we have come to recognize that HIV prevention and patient care needs vary across race, age, ethnicity, and gender lines (Fleishman, Mor, & Laliberte, 2001). This study attempts to describe some of the factors affecting Black males and Black females in Palm Beach County so that more effective HIV prevention and treatment services can be provided for this vulnerable population.

Throughout the State of Florida and Palm Beach County, data indicate that at least up to 2002, the prevalence of AIDS and the incidence of HIV among white homosexual males has lessened while the greatest increases in both AIDS prevalence and HIV incidence occurs among minorities, particularly, among the Black populace (HIV/AIDS Surveillance Reports: HARS, State of Florida Department of Epidemiological Reports, Tallahassee, Florida, March, 4, 2002).

In the United States as a whole, the rate of HIV infection is two and one half times higher among Hispanics than among non-Hispanic Whites (Diaz, 1999). HIV and AIDS also disproportionately affect blacks. Cowart (1998), estimates that 32 % of all AIDS cases nationally are now female; roughly 1% are children under 13 years of age; and 49% to 52% are "non-Caucasian." Further, Cowart (1998), noted that the prevalence and incidence of AIDS and HIV in Florida is significantly higher than national averages for both females and Blacks. In Florida, "...AIDS is no longer a gay, white disease" (Cowart, 1998). Specific Palm Beach County Epidemiological data will be presented in the next paragraph, which will serve to illustrate the broad constructs outlined in this section.

The State of Florida Department of Health: HIV/AIDS Surveillance (2002) provides an HIV prevalence estimate for Palm Beach County that suggests a plausible range of between 2,400 and 5,400 with a mid- point estimate of 3,900. Current CDC estimates that Palm Beach County has a plausible range of between 5,500 and 10,300 live cases of HIV/AIDS and a mid-point of 7,900 persons presumed to be living with HIV/AIDS. If the State of Florida-modeled HIV prevalence estimate of 3,900 is added to the CDC'S AIDS prevalence of 3,400 for Palm Beach County, the minimum number of persons with HIV (including those unaware of their infection) is 7,300 or close to the CDC-generated mid-point estimate of 7,900 persons living with HIV/AIDS. According to CDC calculations, the mid-point estimate for HIV/AIDS prevalence includes 3,745 live AIDS cases and 1,707 live HIV cases. Adding the total of live AIDS cases (n=3,745) and live HIV cases (n=1,707), for a total (n=5452), and computing an additional thirty percent (n=1,635.6) for unknowns and an additional twelve percent (n=654.2) for unreported cases, equals a grand total of (N=7739.8) close to the originally forecasted calculation of 7,900 provided by CDC. This reflects the prediction models referenced by CDC and authored by Karon and Rosenberg (JAMA, 1996).

Based on the aforementioned mid-point estimate of 7,900 and a 2000 census population estimate of 1,131,184, the State of Florida Bureau of HIV/AIDS estimates that Palm Beach County has an HIV/AIDS prevalence rate of 766 presumed to be living with HIV/AIDS per 100,000 residents. This is higher than the State of Florida prevalence rate for live HIV/AIDS per 100,000 residents of 548 and the United States HIV/AIDS prevalence rate for presumed living of 287 per 100,000.

A recent CDC publication (HIV/AIDS Quarterly Surveillance Report: CDC March, 2002) states that Palm Beach County ranks fourth in the U.S. relative to live AIDS cases per 100,000 residents; Miami ranks first, with 60.1 live AIDS per 100,000; N.Y.C. ranks second, with 52.2 live AIDS per 100,000; Broward ranks third, with 49.4 live AIDS per 100,000; and Palm Beach County ranks fourth with 43 live AIDS cases per 100,000 residents.

Karon and Rosenberg (1996), suggest that 1 in 333 Americans are living with HIV/AIDS. Florida Department of Health HIV/AIDS Surveillance (1998) estimates that 1 in 156 Floridians are HIV/AIDS infected. The State of Florida Bureau of HIV/AIDS Surveillance, states that 1 in 143 residents of Palm Beach County are now living with HIV-spectrum disease. Overall, 1 in 286 Whites, 1 in 50 Blacks, and 1 in 127 Hispanics are living with HIV/AIDS in Florida.

Recent data suggest that in Palm Beach County, HIV/AIDS disproportionately impacts women, people of color and heterosexuals, while White men who have sex with men and injection drug users are a less significant proportion of recently diagnosed cases as follows:

- Women account for 33% of the presumed living cases of AIDS through September 20, 2000 (AIDS prevalence).
- Women account for 34% of the recent AIDS cases in the past two years (AIDS Incidence).
- Women account for 47% of the HIV cumulative incidence cases (corresponds to HIV prevalence) as of September 30, 2000.
- Injection drug users account for 11% of the cumulative presumed live cases of AIDS as of September 30, 2000.
- Injection drug users account for 8% of recent AIDS reports for the past two years, and 6% of HIV cases through September 30, 2000.

In Palm Beach County, Blacks (collapsing African Americans with Haitians, Jamaicans and all Caribbean Islanders) continue to account for an increasingly large proportion of the epidemic. Through March 2002 in Palm Beach County, blacks account for a majority of cumulative (live and deceased) HIV and AIDS cases as follows:

- Black males account for 60.2% of cumulative male HIV cases.
- Black females account for 78.7% of cumulative female HIV cases.
- Blacks males and females) account for 63.6% of all (male and female) cumulative AIDS cases.
- Black males account for 56% of cumulative male AIDS cases.
- Black females account for 81.3% of cumulative female AIDS cases.

Cumulative Number of Black HIV Cases in Palm Beach County, Through March 2002

Gender	Black Cases	Percentage of Total (Male or Female) Cases	Total (Male & Female) Cases
Male	635	60.2%	1,054
Female	700	78.7%	890
Total	1,335	68.7%	1,944

Cumulative Number of Black AIDS Cases in Palm Beach County, Through March 2002

Gender	Black Cases	Percentage of Total (Male or Female) Cases	Total Cases
Male	3,275	56.0%	5,847
Female	2,035	81.3%	2,504
Total	5,310	63.6%	8,351

Source: Florida Department of Health, March 2002

Notably, Blacks account for a total of 65% of the living AIDS cases in Palm Beach County, 73% of the cases diagnosed in the past two years, and 70% pf the live AIDS cases through September 30, 2000.

As summarized in the following table, "Heterosexual Contact" is the single largest HIV/AIDS exposure category for both Black males and females. This is in sharp contrast to white males, for whom "Heterosexual Contact" accounts for only 7% of the cumulative HIV cases among white males and 3.5% of the cumulative AIDS cases among white males in Palm Beach County.

HIV exposure by IV Drug Use is also a significant mode of transmission among Black males and females.

Cumulative HIV and AIDS Cases (among Blacks in Palm Beach County) by Exposure Category and Sex Through March 2002

Mode of Exposure	Male				Female			
	HIV		HIV		HIV		AIDS	
	Number of Cases	% of all black male cases	Number of Cases	% of all black male cases	Number of Cases	% of all black female cases	Number of Cases	% of all black female cases
Homo-Bi Male	**93**	**14.6%**	**635**	**19.4%**				
IV Drug User	**25**	**3.9%**	**487**	**14.9%**	**32**	**4.6%**	**351**	**17.2%**
Heterosexual Contact	**309**	**48.7%**	**1235**	**37.7%**	**454**	**64.9%**	**1201**	**59.0%**
Other	208	32.8%	918	28.0%	214	30.6%	483	23.7%
Total	635	100.0%	3275	100.0%	700	100.0%	2035	100.0%

Source: Florida Department of Heath

III. IMPLICATIONS OF CHANGING DEMOGRAPHICS

Changes in the demographics of HIV/AIDS have important implications for the delivery of services because HIV/AIDS is now affecting populations that are economically poorer and have fewer formal HIV care-giving support networks compared to the white homosexual community. It is generally recognized in the research literature that, overall, white homosexual males have been more affluent and better educated than many segments of the population. The white male homosexual community also has demonstrated its willingness to provide a high level of caregiver support for those who became infected with HIV disease. Ethnic minorities Living With HIV/AIDS not only are more likely to be of a lower socioeconomic status, but they also tend to view HIV/AIDS as especially stigmatic (Dunlop, Rothman, Condon, Parise-Reynolds, & Alonzo, 2000). Disclosure of HIV infection can result in family abandonment and community ostracism, leaving the person living with HIV/AIDS without support. Therefore, the changing demographics of HIV/AIDS sets the stage for a population of People Living with HIV/AIDS that is especially vulnerable and increasingly reliant on the public funding "system" for all forms of support. Additionally, as the needs of People Living with HIV/AIDS are likely to change over time, their service needs will also vary. Since changes in health status and service needs can occur very rapidly, it is important that a comprehensive system of services is readily available and culturally appropriate. (Smith, Knickman, & Oppenheimer, 2000).

Given the current demographic description of HIV/AIDS in Palm Beach County, and the recognition that, in general, health care and outcome disparities adversely affect Blacks, the Palm Beach County HIV/AIDS Community Planning Partnership and the Palm Beach County HIV CARE Council have initiated a joint needs assessment process to gain a better understanding of the Black population in Palm Beach County. It is hoped that this needs assessment will contribute towards the ultimate goal of providing more culturally appropriate and effective prevention and patient care services to Blacks in the area.

IV. METHODOLOGY

Design

This study utilized an interview survey design administered in the form of a questionnaire. Rather than requiring that respondents read and respond to questionnaires and enter their own answers, interviewers were trained to anticipate the need to read questions orally to participants and record their answers if necessary. Additionally, interviewers were trained to probe for responses if participants omitted an answer or answered inappropriately. The interviewer technique for administering this survey questionnaire produced a response rate of 100% and there were relatively few unanswered questions.

Data Collection and Sampling

Because the target group is known to be relatively reticent about disclosing information relevant to the topic of HIV/AIDS (Denis, Wechsbergb, McDermeita, Campbell & Raschc, 2001), clients were recruited using variants of convenience sampling (Carlson, Wang, Siegal, Falck, & Guo, 1994) combined with purposive sampling strategies. Ten (10) members, combined, from the CPP and the Palm Beach County HIV CARE Council, were selected from within their respective committees for their ethnographic expertise of HIV/AIDS relative to their neighborhoods. The ten (10) data collectors were trained in face-to-face survey interviewing techniques and selection criteria of the study participants. Data collectors received $10.00 for each completed survey questionnaire. Selection criteria included choosing five (5) infected individuals from each site; five (5) affected or care-giver individuals from each site; and five (5) members of the general population from within their neighborhood site. The five data collection sites were chosen by selecting the five highest zip code ranked areas for HIV incidence (from mid-1997 to 2001) in Palm Beach County and then further selecting from within each zip code a smaller "hot zone" determined by the CPP and Palm Beach HIV CARE Council committees.

The sample of 75 Black people was drawn from Riviera Beach, West Palm Beach, Boynton Beach, Delray Beach, and Pahokee, Florida, between January 2002 and February 2002. Data collectors recruited fifteen (15) participants from each site in the manner described above for a total N of 75. After completing the survey, participants received a $20.00 gift certificate.

Sample Characteristics

Demographically, the sample of Black participants (N=75), was predominantly female (n=40, 53%), heterosexual (n=61, 81%), between 30-to-49 years of age (n= 41, 55%), received some high school (n=34, 45%), were single and never married (n=30, 40%), and

35 study participants or 47 percent indicated that they were infected with HIV. Sample demographics are presented in greater depth in the following section of the report.

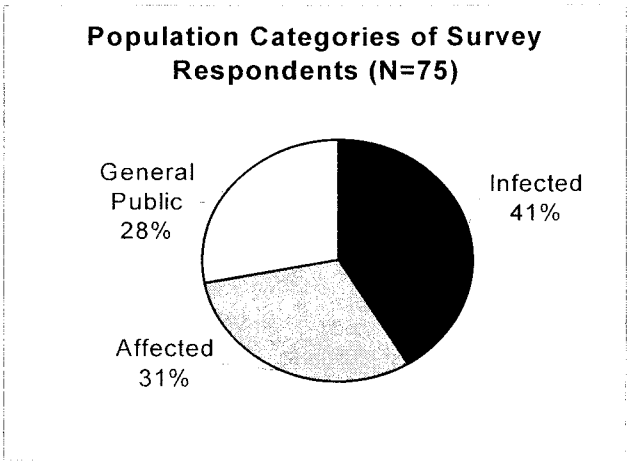
Instrumentation

Data were collected using a 375–item survey instrument constructed to collect information relating to HIV/AIDS and substance abuse, mental health, co-morbids for HIV/AIDS, transportation, housing, medical services, social services, and case management. Additionally, issues relating to being "in care" in relation to access to services and utilization of services were explored. There was an extensive sociodemographic section, which aimed at gathering information on variables such as education, income, age, race, and marital status. The survey took about 45 minutes to complete and was pretested on individuals similar to survey respondents.

Data Analyses

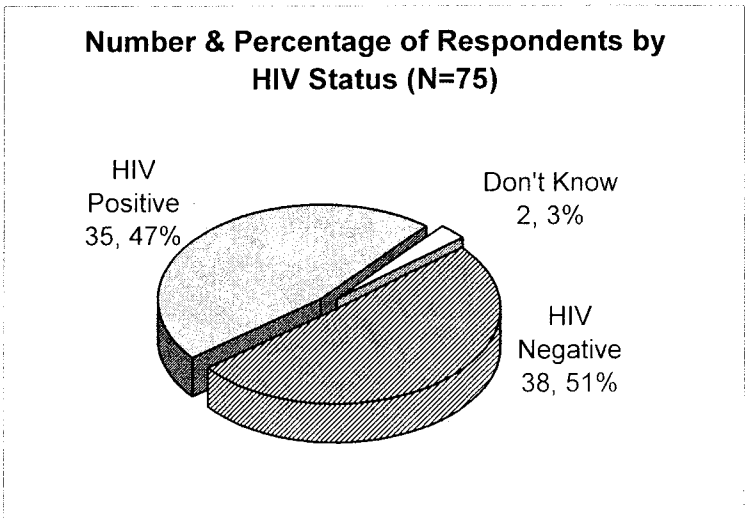
All analyses were performed on SPSS 10.05. Frequencies and percentages were calculated on all scale items and cross-tabs were computed between selected variables to explain relationships between survey items.

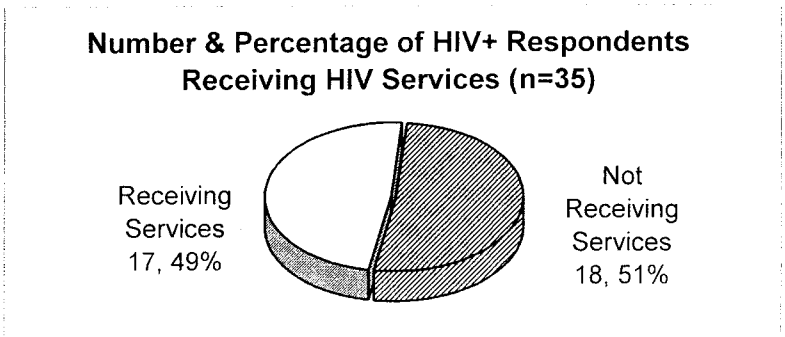
V. KEY FINDINGS



Data collectors attempted to identify and survey approximately equal numbers of infected, affected, and the general public. Based on the initial "best guess" of a person's status, infected respondents accounted for more than a third (41%) of all respondents, while the affected and general public accounted for 31% and 28%, respectively.

However, further analysis of answers to specific survey questions showed that 47% of all respondents were HIV positive. Notably, less than half (49%) of those who indicated they are HIV positive, were receiving HIV-related services.

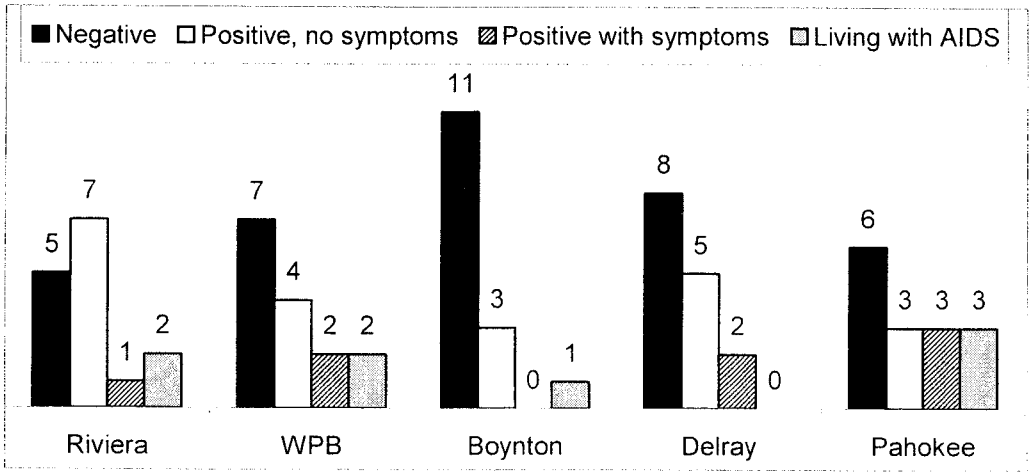




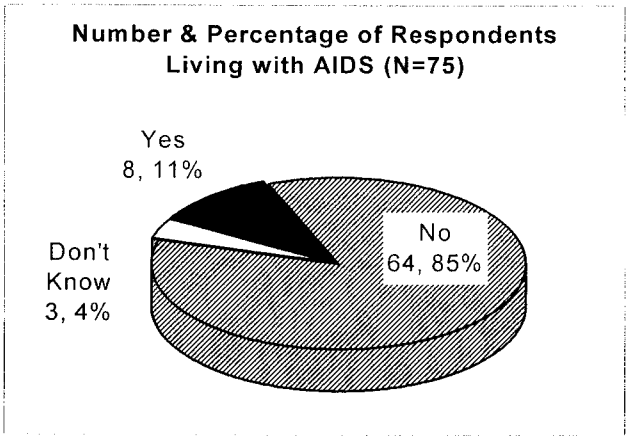
Although the data collectors were successful in interviewing an equal number of respondents (15) from each site, the distribution of HIVAIDS status varied among the sites.

HIV/AIDS Status of Respondents by Site (N=75)

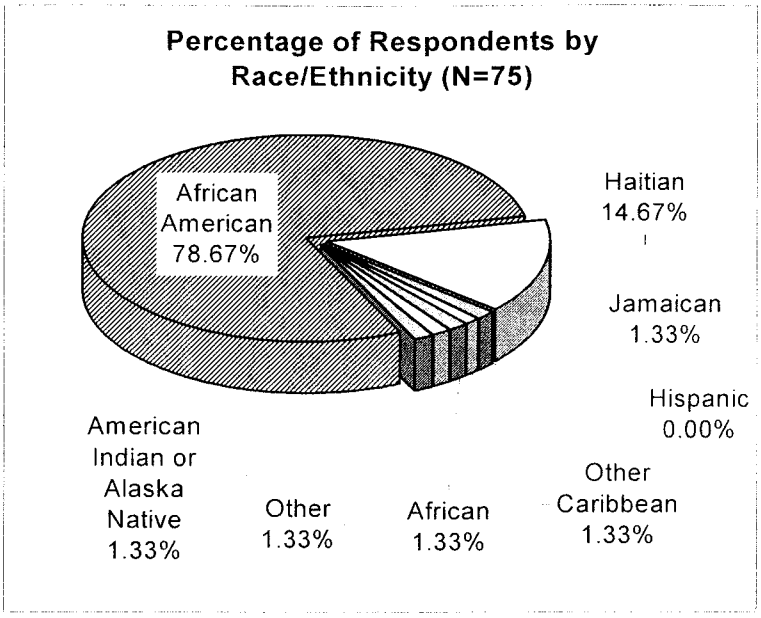
Status	Site					
	Riviera	WPB	Boynton	Delray	Pahokee	Total
Negative	5	7	11	8	6	37
Positive, no symptoms	7	4	3	5	3	22
Positive with symptoms	1	2	0	2	3	8
Living with AIDS	2	2	1	0	3	8
Total	15	15	15	15	15	75



Riviera Beach was the only area in which the largest number and percentage of respondents was HIV positive with no symptoms. In all other areas, HIV negative was the largest group, followed by HIV negative with no symptoms. Boynton Beach had the highest number (n=11) and percentage (73%) of HIV negative respondents; the lowest number (0) and percentage (0%) of HIV positive with symptoms respondents and living with AIDS respondents (n=1, 7%) respondents of all four sites. Pahokee had the largest number of respondents who indicated they were HIV positive with symptoms or living with AIDS.



While 8 (11%) of respondents indicated they are Living with AIDS, 64 (85%) indicated they are not living with AIDS and 3 (4%) indicated they didn't know whether they were or not.



Recognizing the diversity within the Black population in Palm Beach County, an effort was made to include as many ethnicities as possible in this study. The largest group (59, 80%) of respondents was African American, followed by Haitians (n=11, 15%).

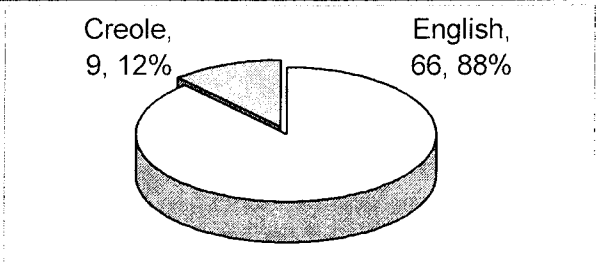
Ethnicity of Survey Respondents

Ethnicity	Respondents	
	Number	Percentage
American Indian or Alaska Native	1	1.33%
African American	59	78.67%
Haitian	11	14.67%
Hispanic	0	0.00%
Jamaican	1	1.33%
Other Caribbean	1	1.33%
African	1	1.33%
Other	1	1.33%
Total	75	100.00%

A total of 13 (17.3%) respondents identified as Haitian, Jamaican, or other Caribbean. The unique linguistic and cultural features of each of these populations should be considered when developing and implementing HIV prevention and patient care services.

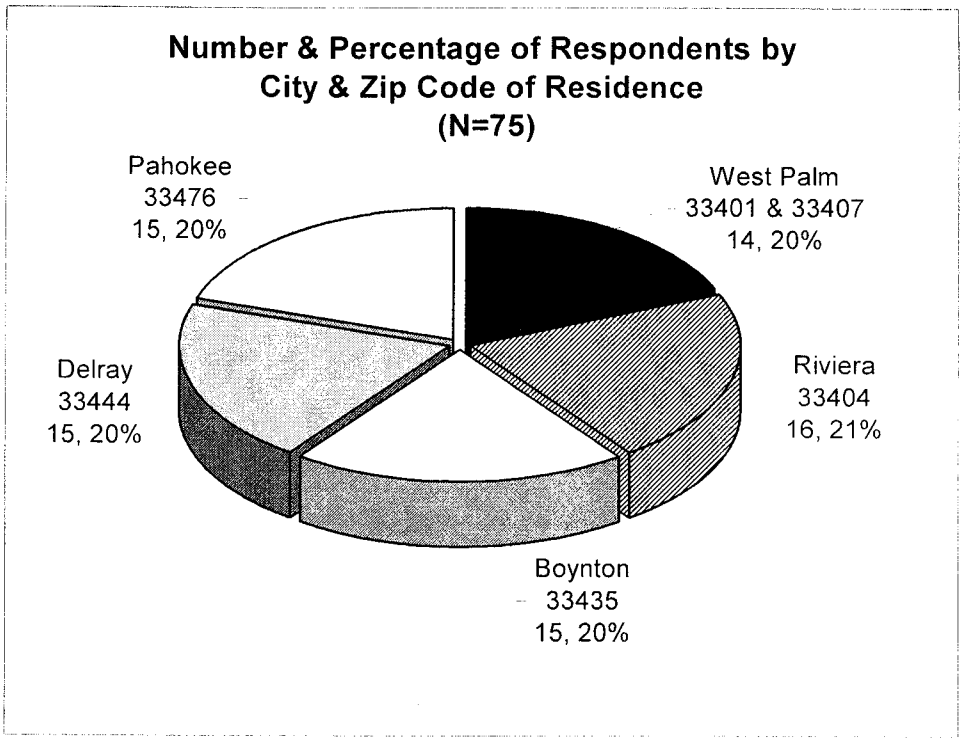
Preferred Language of Respondents (N=75)

Language	Number	Percentage
English	66	88.0%
Creole	9	12.0%
Total	75	100.0%

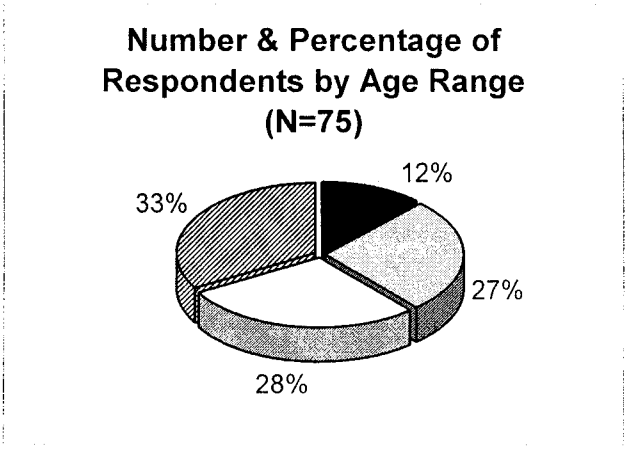


While 88% (n=66) of respondents indicated their preferred language is "English", 12% (n=9) identified "Creole" as their preferred language.

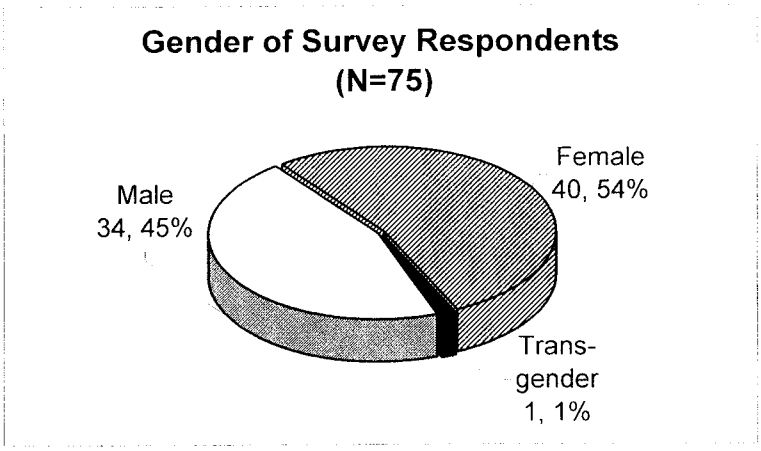
Five zip code areas with relatively high rates of recent HIV infections were targeted in this study. Two of these areas (Pahokee in the rural western area and Boynton Beach in the southern coastal area north of Delray Beach) had not been surveyed at all - at least not in recent years.



The largest age range was comprised of respondents over the age of 49. 49% were under age 40 and 51 percent were over the age of 40. Palm Beach County Health Department HIV Surveillance Data indicates that in Palm Beach County overall (all races and ethnicities), 24% of cumulative HIV cases are ages 20-29; 35% are ages 30-39; 22% are ages 40-49; and 14% are over age 49.

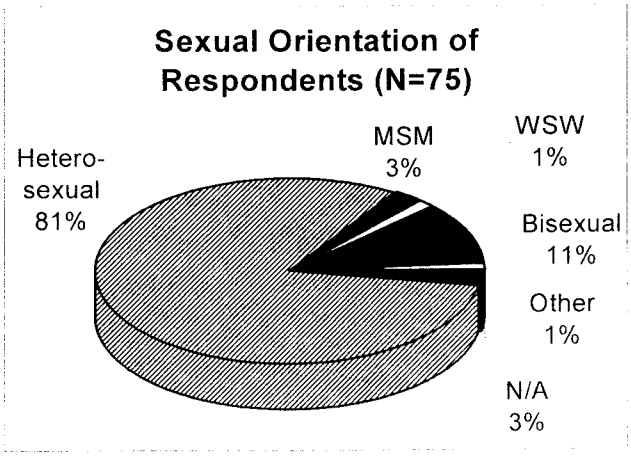


Females accounted for 54% of all respondents, while males accounted for 45%. 1% indicated they were transgendered. Although 54 % of respondents were female, none indicated they were pregnant.



In a separate survey question in which respondents were asked if they were transgendered, and if so, if they were transgendered male to female or female to male, eight (10.6%) respondents indicated they were transgendered, seven (87%) of whom indicated they were transgendered male to female. Further study is required to gain a better understanding of the knowledge, attitudes, beliefs, and behaviors of this group.

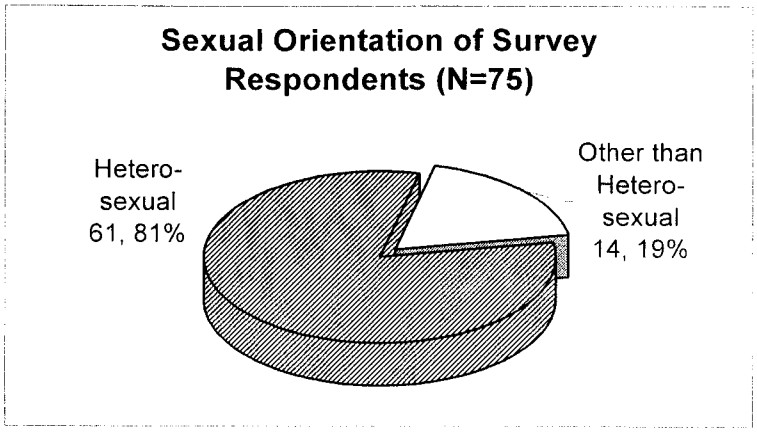
While 81.3% of respondents identified their sexual orientation as "heterosexual", the second largest group (10.7%) identified themselves as "bisexual", and 2.7% as "Men who have Sex with Men (MSM)".



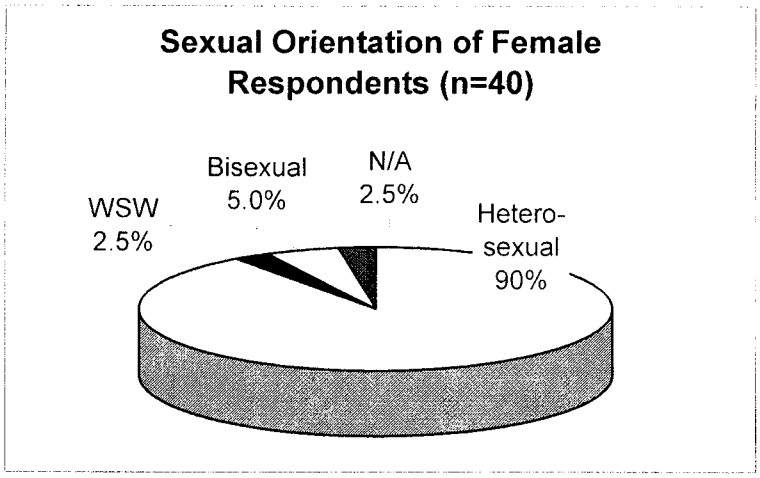
Sexual Orientation of Respondents (n=75)

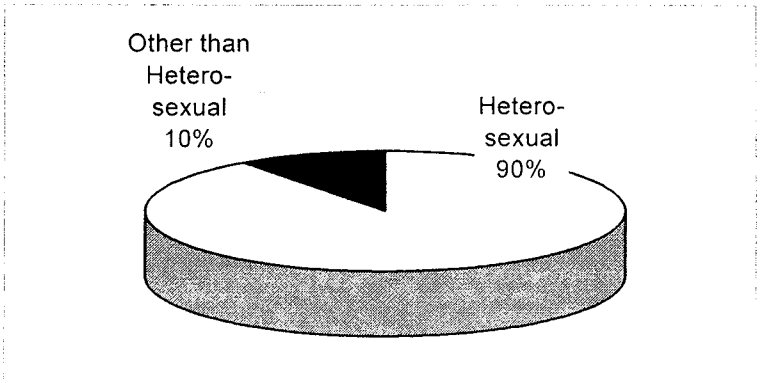
Sexual Orientation	Number	Percent
Heterosexual	61	81.3%
MSM	2	2.7%
WSW	1	1.3%
Bisexual	8	10.7%
Other	1	1.3%
N/A	2	2.7%
Total	75	100.0%

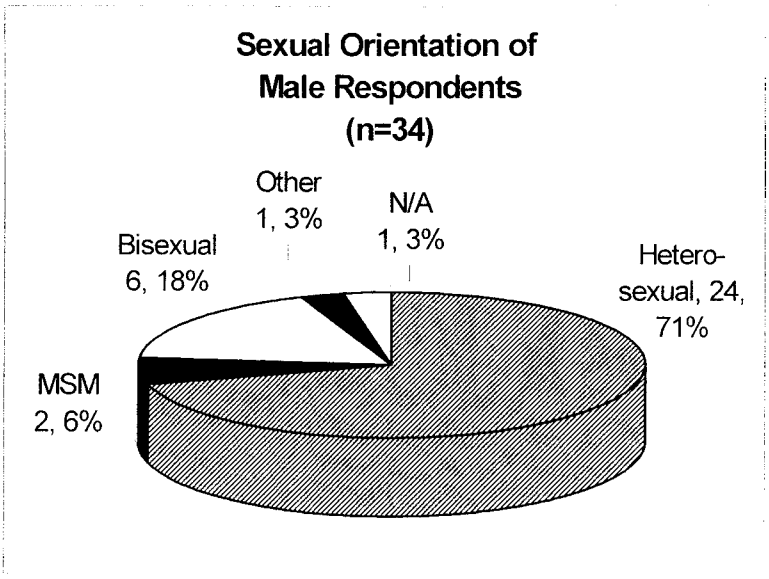
Overall, 19% identified their sexual orientation as other than heterosexual. Effective prevention and patient care services for this vulnerable segment of the population must be developed and implemented



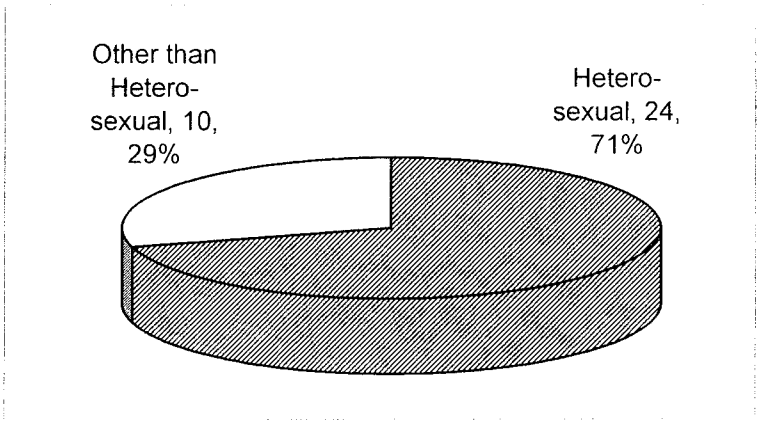
Most females (n=36, 90%) identified themselves as heterosexual, while 4 (10%) identified themselves as other than heterosexual [Women Who Have Sex with Women (WSW, n=1), bisexual, n=2, and n/a, n=1].







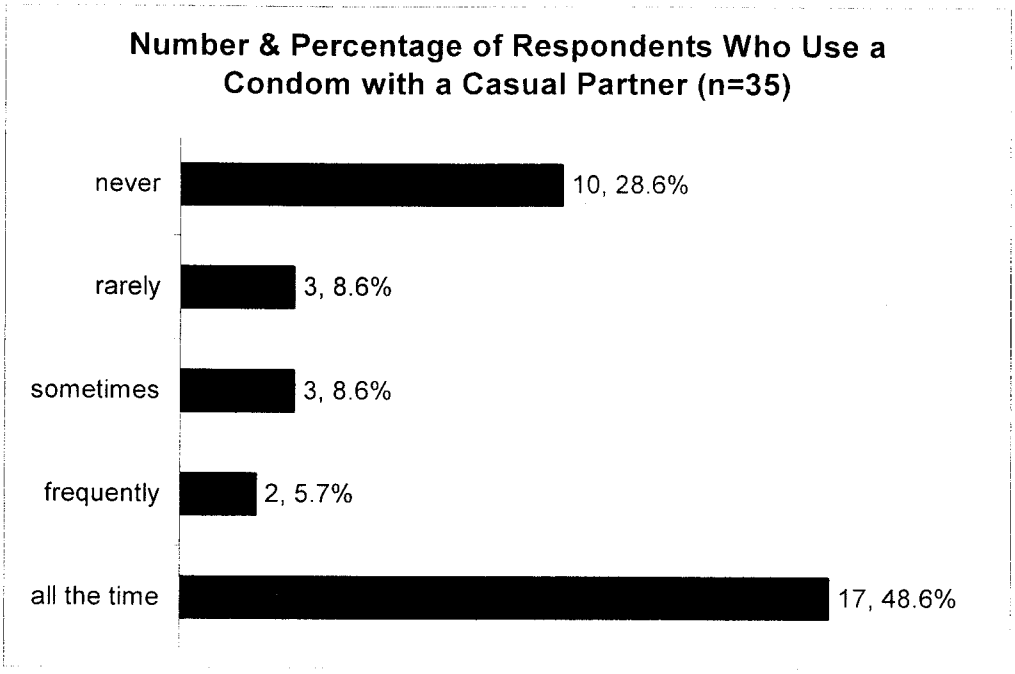
70.6% of all male respondents identified as heterosexual, 17.6% (n=6) indicated they were bisexual and 5.9% (n=2) indicated they were MSM.

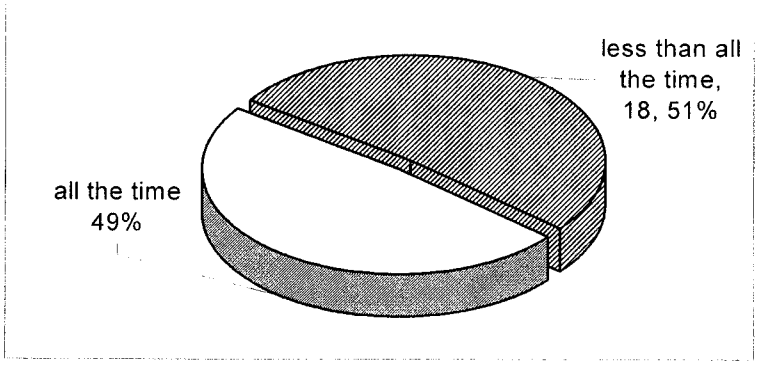


Of the eight respondents (10.7% of all respondents), who identified themselves as "bisexual", six identified as "male" and two identified as "female". Therefore, a total of eight males (six bisexual and two MSM) identified as other than heterosexual. This represents 23.5% of all male respondents having sex with men, most of whom (75%) also (presumably) are having sex with women. A total of 29% of the male respondents identified their sexual orientation as other than heterosexual.

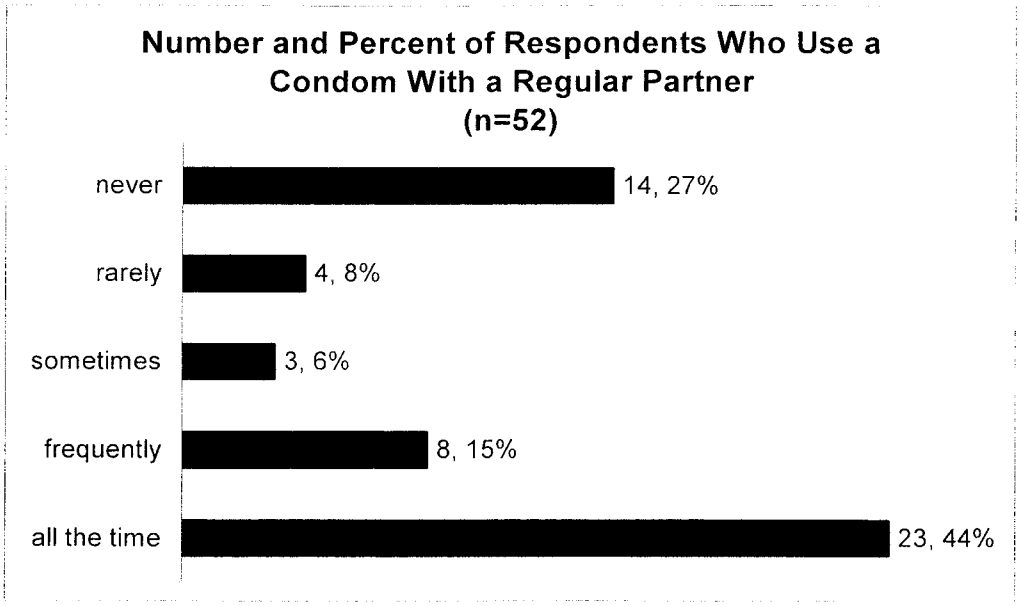
Six males and two females indicated they were bisexual and HIV infected. This represents 17.6% of all male respondents and 100% of all (male, female, and transgendered) respondents who indicated they were bisexual.

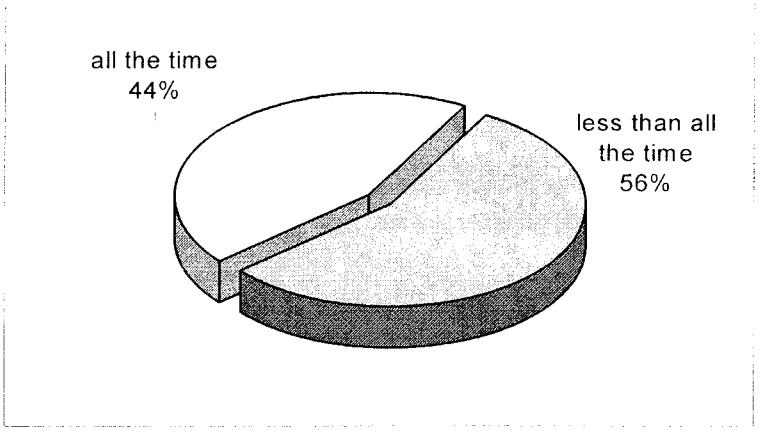
Fewer than half (48.6%) of respondents who indicated they had sex with a casual partner indicated they always use a condom when they have sex with a casual partner while nearly one third (28.6%) indicated they never use a condom.

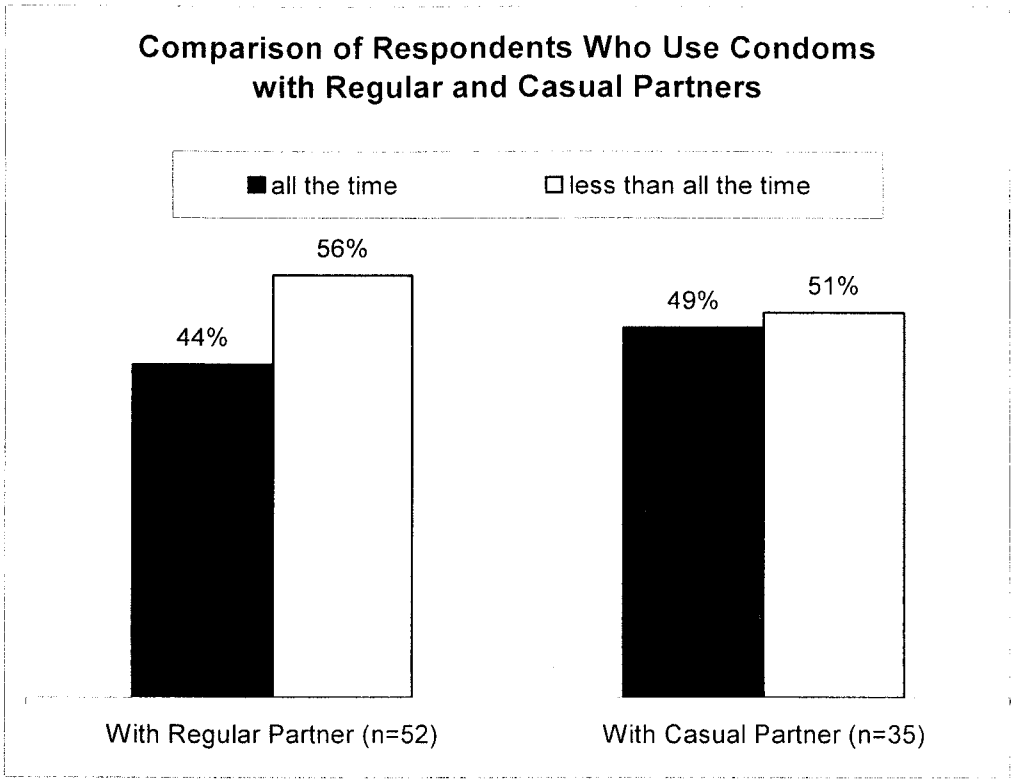




Only 44% of respondents indicated they always use a condom when having sex with a regular partner.

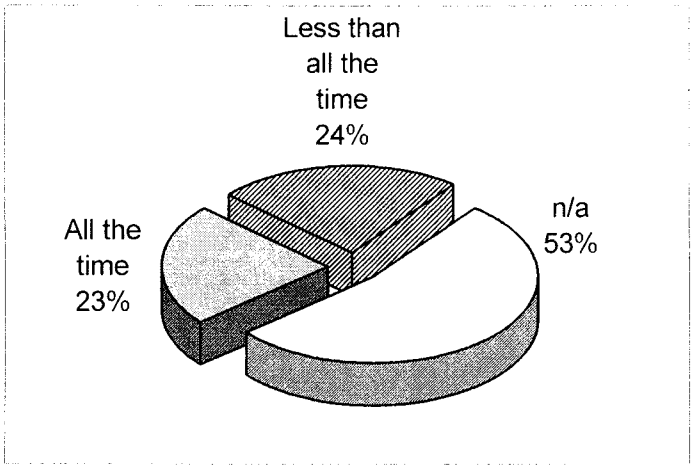






Number & Percentage of Respondents Using A Condom with Regular & Casual Partners (N=75)

Condom Use	Number	Percentage
All the time	17	22.7%
Less than all the time	18	24.0%
n/a	40	53.3%
Total	75	100.0%



Although more respondents indicated they are having sex with a regular partner (n=52) than with a casual partner (n=35), the proportion of those having unprotected sex is similar.

Further analysis revealed that 35 (46%) of respondents are having sex with regular and casual partners, and that 18 (24%) of respondents have sex with regular and casual partners and use condoms less than all the time.

The following tables summarize the frequency of condom use by HIV negative respondents and HIV positive respondents with regular and casual partners.

As shown below, HIV negative and HIV positive respondents reported nearly equal rates (less than a third) of "all the time" condom use with regular partners. HIV negative respondents had somewhat higher rates of "all the time" condom use with casual partners (26.3% versus 20.0%).

HIV positive respondents reported condom use of "frequently", "sometimes", or "rarely" with a regular partner at nearly three times the rate of HIV negative respondents (and, with a casual partner, nearly six times the rate of HIV negative respondents.

Use of Condom with a Regular Partner by HIV Status
(N=75, HIV Negative=38, HIV Positive=35))

HIV Status	all the time		frequently/ sometimes/ rarely		never		n/a		total	
	#	%	#	%	#	%	#	%	#	%
HIV Negative	12	31.6%	4	10.5%	9	23.7%	13	34.2%	38	100%
HIV Positive	11	31.4%	10	28.6%	4	11.4%	10	28.6%	35	100%

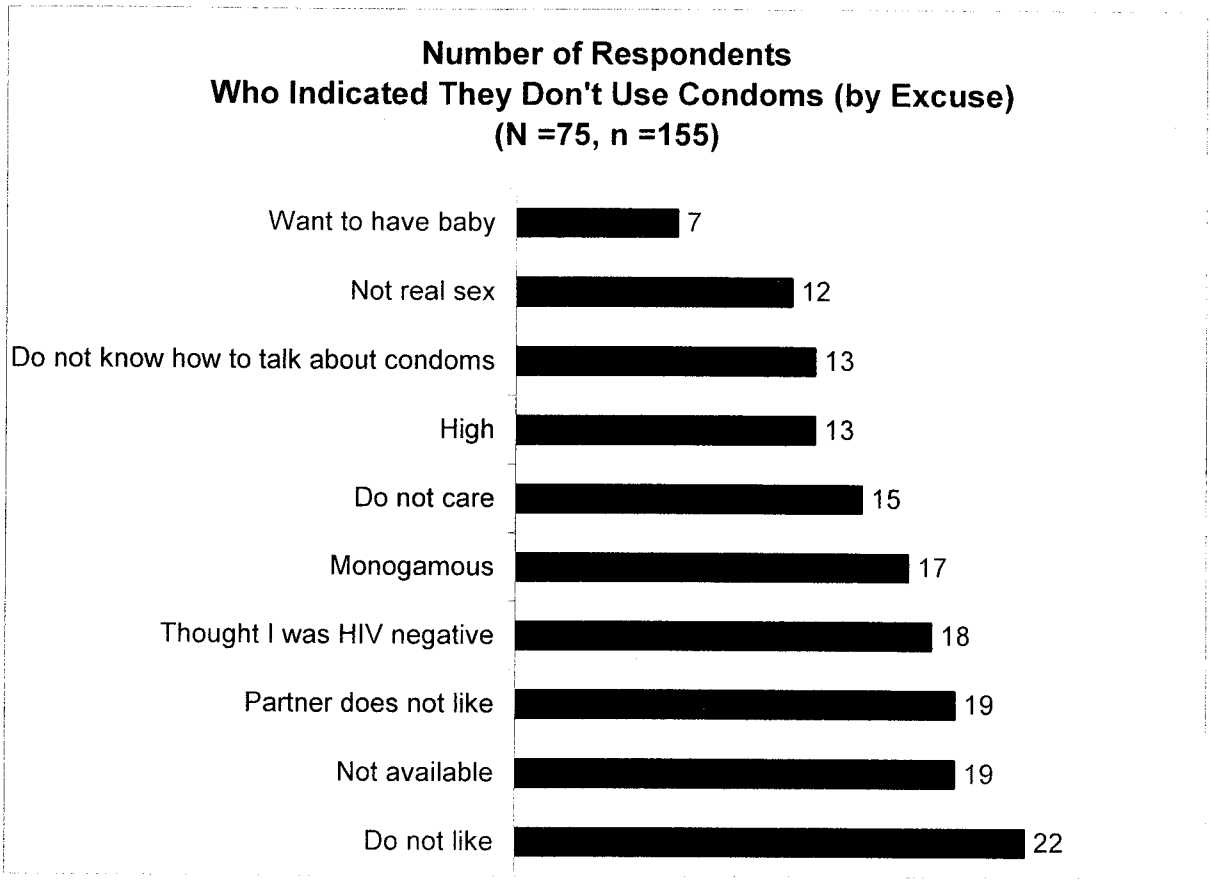
HIV Status	all the time		frequently/ sometimes/ rarely/never		n/a		total	
	#	%	#	%	#	%	#	%
HIV Negative	12	31.6%	13	34.2%	13	34.2%	38	100%
HIV Positive	11	31.4%	14	40.0%	10	28.6%	35	100%

Use of Condom with a Casual Partner by HIV Status
(N=75, HIV Negative=38, HIV Positive=35))

HIV Status	all the time		frequently/ sometimes/ rarely		never		n/a		total	
	#	%	#		%		#	%	#	%
HIV Negative	10	26.3%	1	2.6%	7	18.4%	20	52.6%	38	100%
HIV Positive	7	20.0%	6	17.1%	2	5.7%	20	57.1%	35	100%

HIV Status	all the time		frequently/ sometimes/ rarely/never		n/a		total	
	#	%	#	%	#	%	#	%
HIV Negative	10	26.3%	8	21.1%	20	52.6%	38	100%
HIV Positive	7	20.0%	8	22.9%	20	57.1%	35	100%

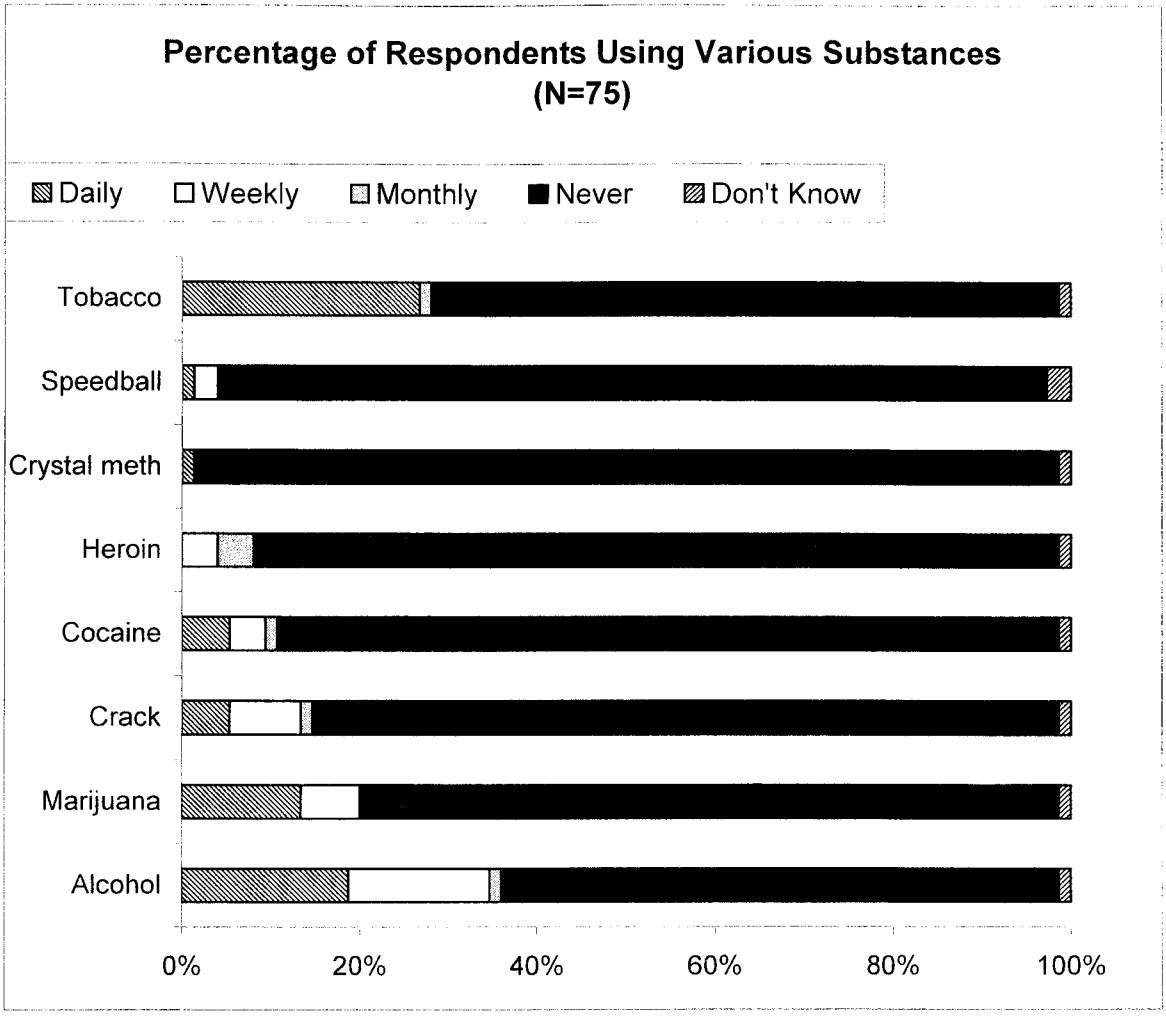
The three most frequently cited reason for not using a condom were, "do not like", "not available", and "partner does not like". Thirteen (17.3%) indicated that the reason they don't use condoms is that they are high (on drugs). Some respondents cited more than one reason.



Tobacco is the most frequently used substance, followed by alcohol and marijuana. However, daily usage of the various forms of stimulants (cocaine, crack, "crystal meth", and speedball), is equal to the daily usage and exceeds the weekly usage of marijuana.

Number of Respondents Using Various Substances by Frequency of Use (N=75)

Substance	number of respondents by frequency of use					Total Respondents
	Daily	Weekly	Monthly	Never	Don't Know	
Alcohol	14	12	1	47	1	75
Marijuana	10	5	0	59	1	75
Crack	4	6	1	63	1	75
Cocaine	4	3	1	66	1	75
Heroin	0	3	3	68	1	75
Crystal meth	1	0	0	73	1	75
Speedball	1	2	0	70	2	75
Tobacco	20	0	1	53	1	75



Further analyses are needed to evaluate the association between substance abuse and a variety of HIV risk behaviors in this population.

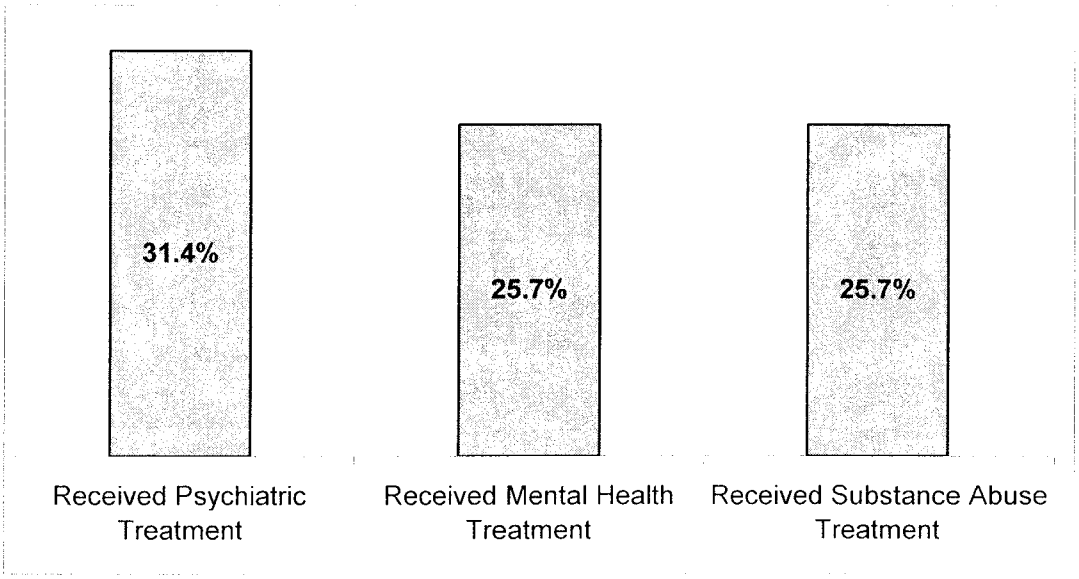
A separate question about intravenous drug use indicated the following:

- 11 respondents (15%) indicated they have injected drugs in the past.
- 4 (5%) indicated they are currently injecting drugs.
- 2 respondents indicated that they sometimes shared needles.
- 2 respondents indicated they sometimes clean needles.
- 5 said they never clean needles.
- 3 indicated they used bleach to clean needles.

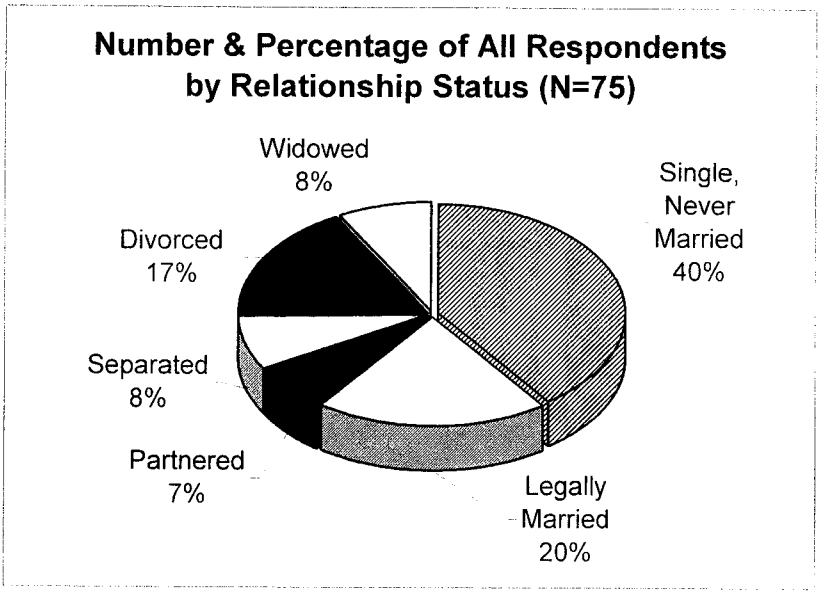
While substance abuse and mental health issues may contribute to HIV risk and impede effective HIV treatment, less than a third (n=11, 31.4%) of HIV positive respondents indicated they received psychiatric treatment since being diagnosed with HIV and only 25.7% indicated they received mental health or substance abuse treatment. Nearly twice as many respondents indicated the treatment was provided on an outpatient basis.

Summary of HIV Positive Respondents Who Received Treatment Since HIV Diagnosis, by Type of Treatment (n=35)

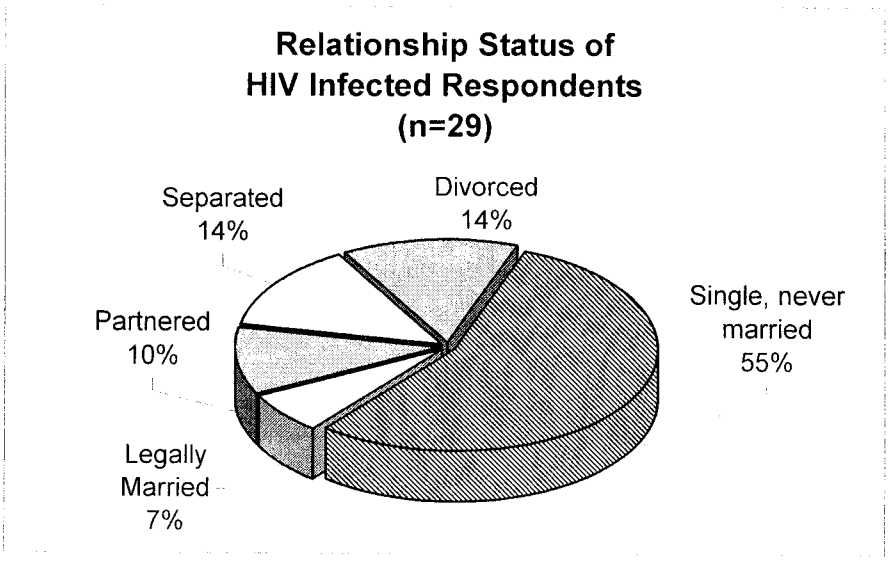
Psychiatric		Mental Health		Substance Abuse		Outpatient		Inpatient		Both	
#	%	#	%	#	%	#	%	#	%	#	%
11	31.4%	9	25.7%	9	25.7%	9	25.7%	5	14.3%	1	2.9%



Single, never married (40%) was the largest group in this sample, followed by legally married (20%) and divorced (17%). Further analyses would be helpful in understanding the association between relationship status, income, HIV status (including health status of individuals who are HIV positive), and HIV risk behaviors.



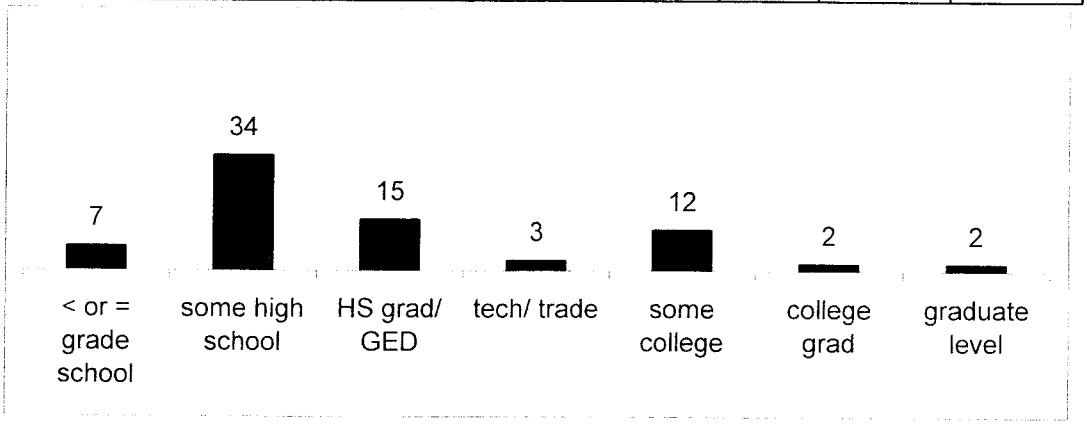
Overall, HIV infected respondents had a higher rate of being "single, never married" (55 percent) and a lower rate of being "legally married" (7 percent), than the respondents as a whole.



The highest educational level attained by respondents varied somewhat across sites. In general, the largest category across all four sites was "some high school", accounting for 45.3% (n=34) of all respondents. Seven, (9.3%) had an educational level less than or equal to grade school. A total of 41 (54.7%) of respondents had an educational level of less than high school graduate/GED. Comprehensive information about HIV prevention and patient care should be provided to this vulnerable population in a broad range of educational, literacy, and learning style formats, including arts-based presentations and alternate media sources (e.g. radio and posters).

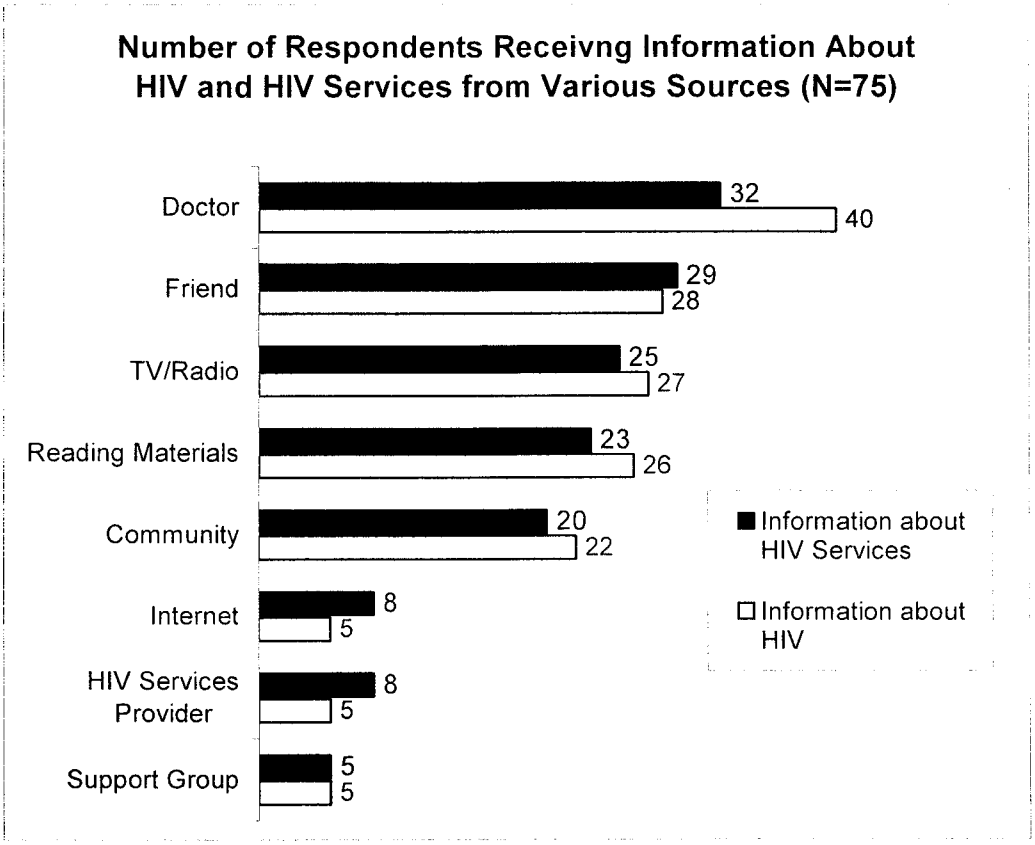
Highest Educational Level Attained by Respondents (N=75)

Area	< or = grade school	some high school	HS grad/ GED	tech/ trade	some college	college grad	graduate level	Total
Boynton Beach	2	5	5	1	1		1	15
Delray Beach	2	9	2		1	1		15
Pahokee	2	9	3		1			15
Riviera Beach	1	6	1	2	5			15
West Palm Beach		5	4		4	1	1	15
Total	7	34	15	3	12	2	2	75



The most frequently mentioned source of information about HIV and HIV services was "doctor", followed by "friend", "TV/radio", "reading materials", and "community". Notably, "HIV services provider" was the second least frequently mentioned source of information about HIV or HIV services.

Given the literacy and educational gap between physicians and the majority of respondents, it is important that comprehensive HIV/AIDS information services be delivered via culturally and educationally appropriate materials.

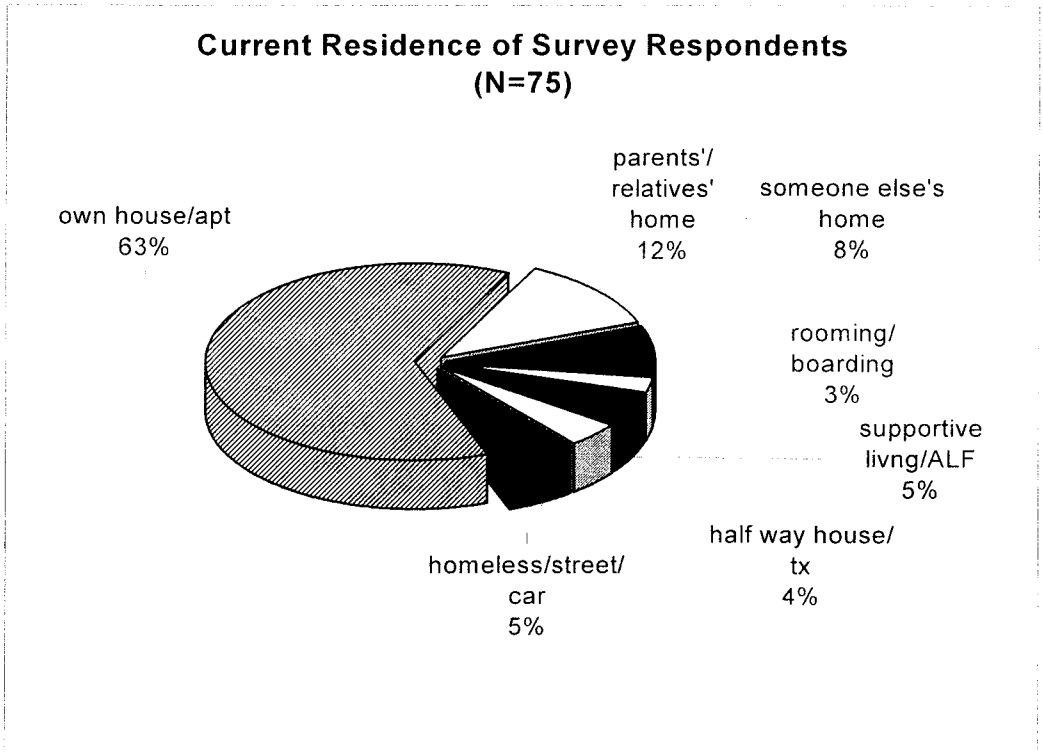


With or without HIV/AIDS, housing is a basic and universal need. However, among survey respondents, only 63 percent indicated they live in their own house or apartment. Another 12 percent live with their parents' or other relatives while 25 percent live in other housing.

Further analyses are necessary to thoroughly explore the relationship between adequate housing and HIV/AIDS prevention and treatment among Blacks in Palm Beach County.

Current Residence of Survey Respondents (N=75)

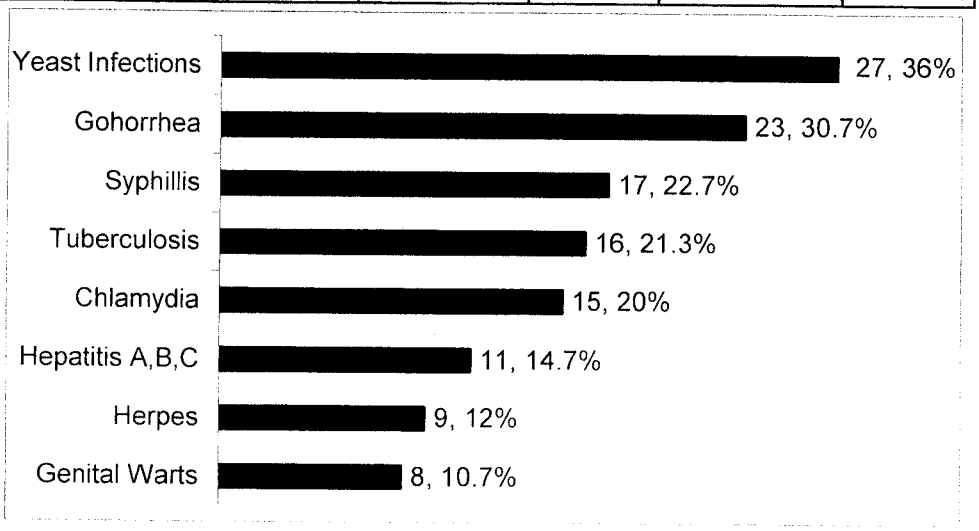
Residence	Number	Percentage
own house/apt	47	62.7%
parents'/relatives' home	9	12.0%
someone else's home	6	8.0%
rooming/boarding	2	2.7%
supportive livng/ALF	4	5.3%
half way house/ tx	3	4.0%
homeless/street/car	4	5.3%
Total	75	100.0%



Infection with any of the following diseases may increase susceptibility to HIV infection or complicate HIV/AIDS treatment. Twenty-seven (36%) of respondents indicated they had ever been diagnosed with one of the infectious diseases listed below. Some respondents indicated they had been diagnosed with more than one of these diseases. Of particular concern is the 22.7% of respondents who indicated they had been diagnosed with tuberculosis. Four (14.8%) of those diagnosed with TB were "active in treatment", and one was "active no treatment".

Number & Percentage of Respondents Diagnosed With Other Specific Infectious Diseases (N=75)

Other Diseases	Yes	Percent of Respondents	No	Don't Know/ Prefer Not to Answer	Total
Genital Warts	8	10.7%	65	2	75
Herpes	9	12.0%	65	1	75
Hepatitis A,B,C	11	14.7%	63	1	75
Chlamydia	15	20.0%	57	3	75
Tuberculosis	16	21.3%	56	3	75
Syphillis	17	22.7%	57	1	75
Gohorrhea	23	30.7%	50	2	75
Yeast Infections	27	36.0%	47	1	75

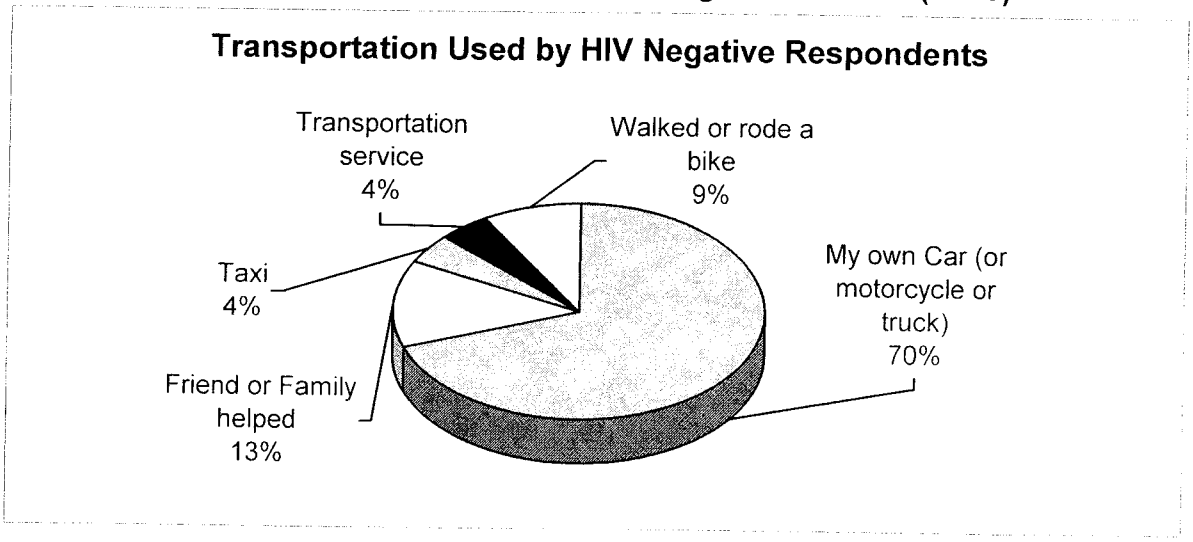


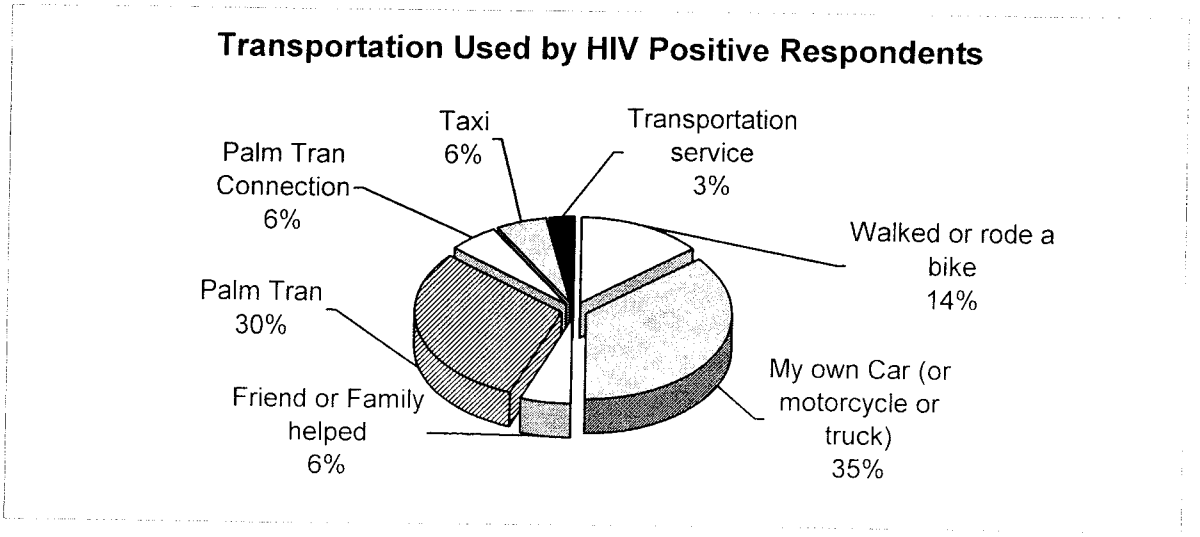
Lack of transportation is a common barrier to medical or other services appointments. When respondents were asked to identify all the means by which they traveled to their medical or other service appointments, the results showed some important differences between HIV positive and HIV negative respondents. Eleven (30 %) of the respondents who were HIV positive, indicated they used Palm Tran compared to 0 respondents who were HIV negative. 16 (70%) of respondents who were HIV negative indicated they used their own vehicle, while only 13 (35%) of respondents who were HIV positive used their own vehicle. While 13% of HIV negative respondents indicated they had help with transportation from a friend or family member, only 6% of HIV positive respondents indicated a friend or family member helped them.

Transportation Utilized to Access Services During the Past Year (N=75)

Transportation Utilized	HIV Status of Respondent		
	HIV Negative	HIV Positive	Don't Know
My own Car (or motorcycle or truck)	16	13	0
Rode with a friend or family member or borrowed their car (or motorcycle or truck)	3	2	1
Palm Tran	0	11	0
Palm Tran Connection	0	2	0
Taxi	1	2	0
Transportation service	1	1	0
Walked or rode a bike	2	5	0

Comparison of Transportation Used by HIV Negative and HIV Positive Respondents to Access Services During the Past Year (N=75)





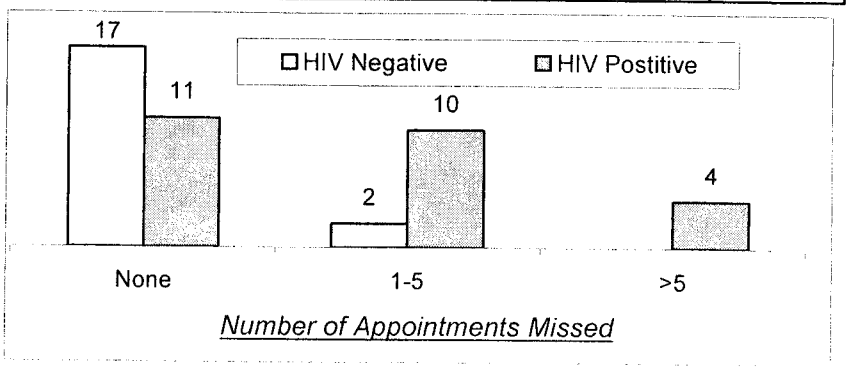
Respondents who indicated they were HIV positive missed more medical appointments than respondents who indicated they were HIV negative.

Fewer HIV positive respondents [11 (31%)] than HIV negative respondents [n=17 (44%)] indicated they missed any appointments at all.

While only 2 (5.7%) HIV negative respondents missed appointments, 14 (40%) of HIV positive respondents missed more than one.

Medical Appointments Missed During Past Year Because of Transportation Problems

HIV Status	None	1-5	>5	n/a	Total
HIV Negative	17	2	0	19	38
HIV Postitive	11	10	4	10	35
Don't Know	0	0	1	1	2
Total	28	12	5	30	75



Although this report provides an overall description of some of the factors influencing HIV/AIDS prevention and treatment among Blacks in Palm Beach County, it raises more questions than it answers. The CARE Council and the CPP hope that it inspires a continued commitment to understand and remedy the conditions that impede effective HIV/AIDS prevention and patient care services for this highly vulnerable population. While more analyses are needed to understand Blacks in Palm Beach County with regard to HIV/AIDS, some of the findings of particular interest include:

- Overall, 19% identified their sexual orientation as other than heterosexual.
- Less than half (49%) of those who indicated they were HIV positive, were receiving HIV-related services.
- Fewer than half (48.6%) of respondents indicated they always use a condom when they have sex with a casual partner.

- 35 (46%) of respondents are having sex with regular and casual partners, and that 18 (24%) of respondents have sex with regular and casual partners and use condoms less than all the time.

- Among HIV positive respondents, only 31.4% report using a condom "all the time" with a regular partner and only 20% report using a condom "all the time" with a casual partner.

- The three most frequently cited reason for not using a condom were, "do not like", "not available", and "partner does not like". Some respondents cited more than one reason.

- Thirteen (17.3%) indicated that the reason they don't use condoms is that they are high (on drugs).

- Tobacco is the most frequently used substance, followed by alcohol and marijuana. However, daily usage of the various forms of stimulants (tobacco; cocaine, crack, crystal meth, and speedball) is equal to the daily usage and exceeds the weekly usage of marijuana.

- The most frequently mentioned source of information about HIV and HIV services was "doctor", followed by "friend", "TV/radio", "reading materials", and "community". Notably, "HIV services provider" was the second least frequently mentioned source of information about HIV or HIV services.

- 40% of HIV positive respondents missed at least one medical appointment in the past year due to transportation problems.

- All the survey respondents who indicated they used Palm Tran or Palm Tran Connection (n=13, 17.3%) were HIV positive.

- Less than a third (n=11, 31.4%) of HIV positive respondents indicated they received psychiatric treatment since being diagnosed with HIV and only 25.7% indicated they received mental health or substance abuse treatment.

REFERENCES

Aday, L.A., Pounds, M.B., Marconi, K., and Bowen, G.S. (1999). "Ryan White Care Act: Towards a Circle of Caring for Persons Living with HIV/AIDS." *AIDS Public Policy Journal.*

Carlson, R.G., Wang, J., Siegal, H.A., Falck, R.S., & Guo, J. (1994). An ethnographic approach to targeted sampling: Problems and solutions in AIDS prevention research among injection drug and crack cocaine users. Human Organization. 53. 279-286.

Cowart, M.E., and Mitchell, J.M. (1998). Florida's Medicaid AIDS Waiver: An Assessment of Dimensions and Quality. *Health Care Financing Review. 30(3).*

Dennis, M.L., McDermeit, M., & Wechberg, W.M. (1998). Overview of the NIDA new cohort cross-site meta-analysis: Presentation at the American Public Health Association Conference. Washington, D.C., November 17th.

Diaz, T., Buehler, J.W., Castro., K.G., and Ward, (1999). AIDS Trends in the United States. *American Journal of Public Health.*

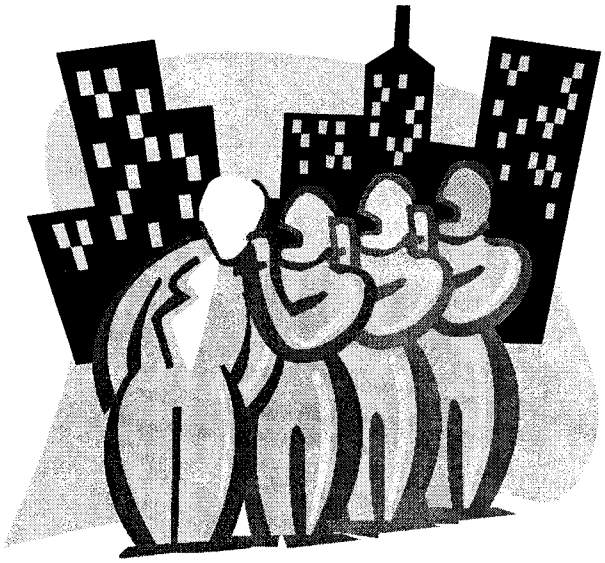
Fleishman, J.A., Mor, V., and Laliberte, L.L. (2001). Longitudinal Patterns of Medical Service and Costs Among People with AIDS. *Health Services Research.*

Rosin, H. (2000). Paranoia and Plague in Black America: The Homecoming. *The New Republic.*

Smith, M.Y., Knickman, J.R., and Oppenheimer, L.M. (2000). Connecting the Disconnected: Care for People with AIDS. *Health and Social Work.*

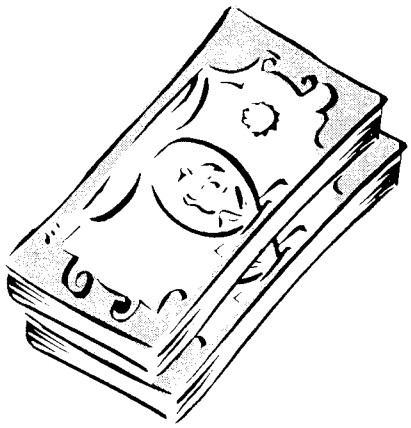
APPENDICES

PALM BEACH COUNTY



"SPEAK OUT - BE HEARD"

"SPEAK OUT - GET PAID"



GUIDE FOR DATA COLLECTORS

CARE Council - Community Planning Partnership
Special Populations Study Project

1) **Introductions:**
   - Remind respondents to help themselves to food/beverages.
   - This training session will take about 3 hours
   - Lunch will be provided around noon
   - Reimbursement for transportation, if needed, is available

2) **Project overview:**
   - Special Populations Study Projects are mandated by HRSA and the CDC to ensure that Ryan White CARE Act funds and CDC Prevention funds are used to meet the needs of infected and affected PLWH/A through the provision of appropriate services.
   - The CARE Council and the Community Planning Partnership will continue to work closely with the community to plan and conduct this Project.
   - It will probably take approximately one hour to administer each survey.
   - The survey will ask questions about HIV prevention and care in Palm Beach County.
   - Respondents who complete the entire survey will receive a $20.00 gift certificate.
   - Please remind respondents that they should not complete more than one survey.

3) **How data will be used:**
   - To prioritize services and identify service gaps.
   - To develop, plan, and implement more effective prevention and treatment services.
   - To assess, from the perspective of Blacks in Palm Beach County, the overall effectiveness of the HIV/AIDS prevention and care system.

Data Collection Procedures

Introduction:

There are a number of advantages in having a questionnaire administered by an interviewer rather than the respondent. Most importantly, interview surveys give higher response rates than mail or phone surveys. Second, respondents seem more reluctant to turn down interviewers. Third, data collectors can answer questions for respondents, probe for answers and clarify confusing matters, thereby obtaining relevant responses. Finally, data collectors can observe behavior as well as ask or guide questioning.

General Rules for Interviewing:

1. Try to have fun.
Relax and enjoy yourself. Get to know someone else. This is an opportunity to forget about your worries for an hour and concentrate on someone else. Take a couple of deep breaths and "meet the respondents where they are".

2. Have a pleasant and appropriate appearance and demeanor.
Dress in a fashion similar to those you're interviewing. If unsure how you should dress, dress modestly. Your demeanor should be pleasant and communicate a genuine interest in getting to know the respondent. Relax and be friendly.

3. Read the statement of Anonymity and Informed Consent
All survey material is strictly anonymous. No names will be used in gathering or reporting the information.

The statement of informed consent at the beginning of the survey packet must be read aloud to the study participants. The completed survey document is verification that informed consent has been obtained.

4. Become thoroughly familiar with the Survey
Study the survey carefully - maybe five or six times. Practice by reading aloud. The goal is to be able to read the survey without error and without stumbling over words. Think of yourself as an actor studying lines for a play. Also, be prepared to give guidance when a respondent doesn't understand a particular question. **If a respondent is unable to answer a particular question, you should write "unanswered" by the question.**

5. Read the wording of each question exactly
Be careful with your wording even when clarifying questions or probing for answers so that your wording doesn't distort the answer. In other words, try not to "lead the witness".
6. Record each response exactly
This is especially important for open-ended questions. Record answers as they are stated by the respondent. Please do not summarize, paraphrase or correct bad grammar.

7. Probe for responses when necessary

Sometimes respondents will respond to a question with an obviously inappropriate answer. This might simply indicate they misunderstood the question. When necessary, interviewers can explain the question in their own way. Remember to record the respondent's answer verbatim, even if it seems odd to you. Probes are more frequently required with open-ended questions. Closed-ended questions are usually self-explanatory.

8. Coordinate efforts to make sure the situation is well controlledl

Whenever more than one interviewer is involved in a survey, it is essential that efforts be carefully coordinated and controlled to ensure that everyone is working from the same page.

Glossary

Open-ended questions
Questions in which the respondent is asked to provide his/her own answer. Example: How do you feel about the delivery of services in Palm Beach County?

Closed-ended questions
Questions in which the respondent is asked to select an answer from among a list of answers provided on the survey questionnaire. Example: Pick your favorite HIV service from the following three services: massage therapy; acupuncture; food pantry.

Questionnaire
Another word for the survey instrument.

Respondent or Participant
A person who answers surveys and who provides data by responding to the questionnaire.

Data collector or Interviewer
This is you - the person conducting the survey by reading questions and writing responses.

Probe
A method of interviewing to elicit responses appropriate to the question.

Ground Rules
How to Make Sure You Get Paid

In order to be paid, you must follow these rules for each survey.

- **Before the respondent leaves, you must validate each survey** by reviewing the entire survey for unanswered questions or inappropriate responses. If you find any, attempt to re-ask the question or probe for clarification in order to complete that item.

- You must **print your name and sign your initials** at the top of each completed survey.

- You must **print the site name** at the top of each completed survey. "Site name" means, the name of the place where you collected the data.

- After completing all the above steps, **write the number that is written on the incentive envelope at the top of the survey.**

- Then, give the envelope containing the **incentive to the respondent**.

- Present each completed survey, with all the required information described above, to the survey coordinator.

Please answer each of the following questions by putting a check on the line or writing the information asked for. You may need to check more than one box to answer a question.

	Yes	No	I don't know
1. Are you **currently**			
HIV negative	____	____	____
HIV positive with no symptoms	____	____	____
HIV positive with symptoms	____	____	____
Living with AIDS	____	____	____
2. Are you **currently**			
HIV positive and receiving services	____	____	____
HIV positive and not receiving services	____	____	____
A caregiver of a person living with HIV/AIDS	____	____	____

3. Are you
   _____ Male
   _____ Female
   _____ Transgender
   _____ Other: _____
   Please Specify

3a. If you are transgender, are you
   _____ Male to female
   _____ Female to male

3b. Do you consider yourself
   _____ Heterosexual/straight
   _____ Gay man
   _____ Lesbian
   _____ Bisexual
   _____ Other: _____
   Please Specify

If you are female, please answer questions 4 and 5. If not, please go on to question 6.

4. Are you **currently** pregnant/have you been pregnant within the past 12 months?
   Yes_____ No_____ I don't know_____

5. If you answered yes to question 4, are you currently receiving or did you receive AZT treatment during your pregnancy?
   Yes_____ No_____ I don't know_____

6. What is your date of birth? _____
Month Year

Please answer both questions 7 *AND* 8 no matter what your racial/ethnic background.

7. What do you consider your ethnic background?
   _____ Hispanic or Latino
   _____ Not Hispanic nor Latino

8. What do you consider your racial background?
   _____ American Indian or Alaska Native
   _____ Asian
   _____ Black
   _____ African-American
   _____ Haitian
   _____ Jamaican
   _____ Caribbean Islander
   _____ African
   _____ Native Hawaiian or other Pacific Islander
   _____ White
   _____ Other: _____
   Please Specify

9. Which language do you prefer to speak?
   _____ English
   _____ Spanish
   _____ Creole
   _____ Other: _____
   Please Specify

10. What is the highest level of education you completed?
    _____ Grade school or less
    _____ Some high school
    _____ High school graduate/GED
    _____ Technical or Trade School
    _____ Some college
    _____ Completed college
    _____ Graduate level
    _____ Other: _____
    Please Specify

11. What is the name of the city/town in which you live?
_____Riviera Beach
_____West Palm Beach
_____Boynton Beach
_____Delray Beach
_____Pahokee

12. What is the zip code where you live?
____33401 (West Palm Beach)
____33407 (West Palm Beach)
____33404 (Riviera Beach)
____33435(Boynton Beach)
____33444 (Delray Beach)
____ (Pahokee)
____Other:_____
Please Specify

13. What best describes your current relationship status? **(Please check only one.)**
_____ Single (Never Married)
_____ Legally Married
_____ Common Law
_____ Partnered
_____ Separated
_____ Divorced
_____ Widowed or partner died
_____ Other: _____
Please Specify

14. Where do you currently live?
_____ In my own apartment/house
_____ At my parent's/relative's apartment/house
_____ Someone else's apartment/house
_____ In a rooming or boarding house
_____ In a "supportive living" facility (Assisted Living Facility)
_____ In a group home or residence
_____ In a half-way house, transitional housing or treatment facility (drug or psychiatric)
_____ Skilled Nursing Home
_____ Homeless (on the street/in car)
_____ Homeless shelter
_____ Living in battered women's shelter
_____ Living in battered men's shelter
_____ Jail or correctional facility
_____ Other housing provided by the city or state
_____ Residential Hospice Facility
_____ Other: _____
Please Specify

14a. If you live in your own apartment/house, do you

_____ Not applicable, I don't live in my own apartment/house
_____ Own
_____ Rent/lease
_____ Other arrangement: _____
Please Specify

15. With whom do you live? **(Please check all that apply.)**

_____ Partner/wife/husband/lover
_____ Adult family member or relative
_____ Adult friend/roommate (non-sexual)
_____ Children (minor)
_____ I live alone
_____ Other: _____
Please Specify

16. Is anyone, other than yourself, currently living with HIV in your household?

_____ Yes
_____ No
_____ I don't know

17. Please indicate the number of children in your household by age.

_____Not Applicable

Total Number Of Children in Your Household	**Ages of Children Living in Your Household**				
	Younger than 1	**1-4 years old**	**5-9 years old**	**10-14 years old**	**15-19 years old**
1					
2					
3					
4					
5					
6					
7					

18. Please indicate the number of <u>your dependent</u> children in your household by age.

____Not Applicable

Total Number Of Your Dependent Children in Your Household	**Ages of Your Dependent Children Living in Your Household**				
	Younger than 1	**1-4 years old**	**5-9 years old**	**10-14 years old**	**15-19 years old**
1					
2					
3					
4					
5					
6					
7					

19. Do any of the children have HIV?

_____ Yes
_____ No
_____ I don't know

Please answer the following question by placing a check in each box that describes your situation.

19. During the last two years, how long (total time) have you lived in one of the following places/situations?

Type of Residence	Never	Less than a month	1-3 months	3 months to a year	More than a year
In my own apartment/house					
At my parent's/relative's apartment/house					
Someone else's apartment/house					
In a rooming or boarding house					
In a "supportive living" facility (Assisted Living Facility)					
In a group home or residence					
In a half-way house, transitional housing or treatment facility (drug or psychiatric)					
Skilled nursing home					
Homeless (on the street/in car)					
Homeless shelter					
Living in battered women's shelter					
Living in battered men's shelter					
Jail or correctional facility					
Other housing provided by the city or state					
Residential hospice facility					
Other: Please Specify					

20a. During the last two years, if you have lived in any of the following places, please indicate how long you had to wait between the time you applied for the housing and the time you actually were able to move in.

Type of Residence	Not applicable	Less than 3 months	4-6 months	7-12 months	13-18 months	More than 18 months
In a rooming or boarding house						
In a "supportive living" facility or Assisted Living Facility						
In a group home or residence						
In a half-way house, transitional housing or treatment facility (drug or psychiatric)						
Skilled nursing home						
Homeless shelter						
Battered women's shelter						
Battered men's shelter						
Jail or correctional facility (e.g. specialized substance abuse facility)						
Other housing provided by the city or state						
Residential hospice facility						
Other: Please Specify _____						

20b. Please indicate the total amount of your rent or mortgage payment each month. Only include rent or mortgage payments; do not include utilities or other expenses.

_____ Less than $100
_____ $101-200
_____ $201-300
_____ $301-400
_____ $401-500
_____ $501-600
_____ More than $600
_____ Other:_____
Please Specify

20c. If you share housing costs or get financial assistance, what is the amount that **you** pay out of pocket each month for rent or mortgage payments? Again, please only include rent or mortgage payments and not utilities or expenses.

_____ Not applicable, I do not share housing costs
_____ Less than $100
_____ $101-200
_____ $201-300
_____ $301-400
_____ $401-500
_____ $501-600
_____ More than $600

20d. How often is paying for your housing a problem for you?

_____ Constantly_____ Why?_____
_____ Often_____ Why?_____
_____ Sometimes_____ Why?_____
_____ Never

20e. Please indicate if you think it's easy to get from your house to each of the following services:

	Not applicable	Yes	No
Medical services			
Social services like case managers, etc.			
Basic services like food pantry, etc.			
Transportation			
Child care			

20f. Please indicate the condition of the following parts of your housing:

	Excellent condition	Good condition	Fair condition	Poor condition	Don't know
Air conditioning					
Entry/Access Doors					
Interior Doors					
Electrical system					
Heating system					
Kitchen appliances					
Plumbing					
Safety features					
Windows					

20g. If you have a disability, is there anything that should be done to make your apartment or house safer and more accessible to you?

_____ Not applicable, I do not have a disability
_____ No
_____ Yes, I need the following changes:

_____ Ramps	_____ Lower cabinets and counters
_____ Shower/bath handles	_____ Other (specify) _
_____ Wider doorways	_____ Other (specify)
_____ Wider hallways	_____ Other (specify) _____

20h. Please indicate if you think you were ever turned down for a house or apartment because of any of the following reasons. **(Please check all that apply to you.)**

_____ Not applicable, I do not believe that this has happened to me
_____ HIV status
_____ Race/ethnicity
_____ Disability
_____ Income
_____ Your children
_____ Other: _____
Please Specify

20i. If you think you were turned down for housing for any of these reasons, did you try to follow up with a complaint to the Fair Housing Authority or any other agency that helps in these cases?

_____ Not applicable, I was not turned down for housing for any of these reasons
_____ Yes
_____ No, because I did not know where to go to follow up
_____ No, because I did not want to follow up
_____ No, because of some other reason: _____
Please Specify

21. What describes your **current job (work)** situation? **(Check all that apply to you.)**

_____ Full-time job
_____ Part-time job
_____ Working part time on disability
_____ Not working - on full disability
_____ Not working - student
_____ Not working - looking
_____ Not working
_____ Retired
_____ Other: _____
Please Specify

22. Which of the following best describes your current yearly income?
_____ $0 - $9,999 (up to $192 per week)
_____ $10,000 - $19,999 ($193-$385 per week)
_____ $20,000 - $29,999 ($386-$576 per week)
_____ $30,000 - $39,999 ($577-$769 per week)
_____ $40,000 - $49,999 ($770-$961 per week)
_____ greater than $50,000 (greater than $961 per week)

23. What kind of health insurance do you have? **(Check all that apply to you.)**
_____ None, I have no health insurance
_____ Insurance through work
_____ COBRA (insurance paid through your last employer)
_____ Private insurance, not through work
_____ Medicare
Is your Medicare coverage managed as an HMO?
_____Yes
_____No
_____I don't know
_____ Medicaid
Is your Medicaid coverage managed as an HMO?
_____Yes
_____No
_____don't know
_____ Veterans
_____ Health Care District
_____ Other: _____
Please Specify

23a. How satisfied are you with the health insurance program that you have?
_____Not applicable, I do not have health insurance
_____Very satisfied
_____Somewhat satisfied
_____Neutral
_____Somewhat dissatisfied
_____Very dissatisfied

24. If you receive HIV/AIDS drugs, what program pays for your HIV/AIDS drugs? **Please check "Yes", "No", or "I Don't Know" for each choice.**

	Yes	No	I don't know
Ryan White Medication Program or AIDS Drug Assistance Program (ADAP)	____	____	____
Private Insurance or HMO	____	____	____
Medicaid	____	____	____
Medicaid HMO	____	____	____

Other: _____
Please Specify

_____Not Applicable

24a. Have you ever used the local AIDS drug assistance program?

_____Yes
_____No
_____I Don't know
_____Not Applicable

25. Which of the following benefits do you receive? **(Please check all that apply to you.)**

_____ Unemployment Compensation
_____ Food Stamps
_____ Long term disability
_____ Rent supplement
_____ Short term disability
_____ Supplemental Security Income SSI
_____ Social Security Disability Income (SSDI)
_____ Veterans assistance
_____ Worker's compensation
_____ Annuity/Life insurance payments
_____ Retirement
_____ HIV/AIDS drugs
_____ WIC
_____ TANF (AFDC)
_____ Not eligible for benefits
_____ Other public assistance _____
Please Specify

_____Not Applicable

26. Where do you receive your medical care? **(Please check all that apply to you.)**
    _____Hospital Emergency Room
    _____Hospital/Hospital Clinic
    _____Community Health Clinic/Center (HIV specialty clinic, provides limited focus services)
    _____Private Physician's Office/Clinic
    _____HMO/Managed Care Clinic
    _____Public Health Clinic (provides diverse clinical services)
    _____Other: _____
    _____Not Applicable

27. Do you have any disabilities, other than HIV/AIDS?
    _____Yes What types? _____
    _____No

28. If YES to any disabilities other than HIV/AIDS, how often do you need assistance related to your disability in obtaining HIV or AIDS related service?
    _____Never
    _____Rarely (no more than once a week)
    _____Some of the time (one to four times a week)
    _____Often (five or more times a week)
    _____Not Applicable

29. Have you been unable to get needed services because of the following circumstances or disabilities? **(Please check all that apply to you.)**
    _____Wheelchair bound
    _____Hard of hearing
    _____Legally deaf
    _____Visually impaired (not correctable by eyeglasses)
    _____Blind
    _____Mentally impaired
    _____Chemical dependency (alcohol, illicit drugs)
    _____Other: _____
    Please Specify
    _____Not Applicable

30. How many times have you been tested for HIV infection (during the past two years) in each of the sites below? **(Write "0" if you were never tested at that site)**

Number of Times Tested

_____Counseling & testing center
_____Clinic in your community/HIV specialty clinic
_____Health department
_____Health fair, bar, or other place of entertainment
_____Home test
_____Hospital clinic
_____Hospital emergency room
_____Military
_____Jail or correctional facility
_____Private physician's office
_____Other: _____
Please Specify
_____Not Applicable, never been tested

31. How long ago did you first test positive for HIV?

_____0-6 months
_____6 months - 1 year
_____1 year - 1 ½ years
_____1 ½ - 2 years
_____2- 2 ½ years
_____2 ½ - 3 years
_____3-4 years
_____4-5 years
_____5-6 years
_____6-7 years
_____7-8 years
_____8-9 years
_____9-10 years
_____More than 10 years (Please specify number of years_____}
_____Not Applicable, never been tested

32. Please indicate the month and year.

Month_____ Year_____
_____Not Applicable

33. How did you find out you were HIV positive? **(Please check all that apply)**

_____When you were tested for HIV
_____When you donated blood
_____When you went to the hospital or emergency room for something else
_____As part of a physical examination
_____For women - as part of care while pregnant
_____From a partner
_____In jail or prison
_____In a drug treatment program or facility
_____Other: _____
Please Specify
_____Not Applicable

33a. When you found out you were HIV positive, were you referred for any of the following services? **(Please check all that apply.)**

_____Not applicable, I was not referred for services
_____Medical care related to being HIV positive
_____Medical care for a condition other than HIV
_____Substance use counseling/treatment
_____Mental health services (other than substance use)
_____Case management services
_____Other: _____
Please Specify
_____Not Applicable

33b. How soon after finding out you were HIV positive did you get medical care for your HIV?

_____Not applicable, I have not gotten medical care for HIV
_____Within 3 months
_____Within 6 months
_____Within 1 year
_____Longer than 1 year
_____Other: _____
Please Specify
_____Not Applicable

33c. If you did not seek medical care within one (1) year of finding out you were HIV positive, please indicate why. **(Please check all that apply.)**

_____Not applicable, I got medical care within one year
_____No one told me that I needed to get medical care for HIV
_____My doctor or nurse told me that I did not need medical care at that time
_____I did not think that I needed medical care then because I wasn't sick
_____I did not think that medical care would do me any good
_____I did not find a doctor or nurse who I wanted to treat me
_____I did not know where to go for medical care
_____I did not want to receive medical care
_____I used alternative treatments
_____I couldn't afford medical care at that time
_____I was out doing drugs
_____I was in jail or prison and did not receive care
_____Other: Please Specify _____
_____Not Applicable

33d. How recently have you received medical care related to your HIV?

_____I have never had medical care related to HIV
_____Within the last 3 months
_____4-6 months ago
_____7-12 months ago
_____More than 1 year ago
_____Other: _____
Please Specify
_____Not Applicable

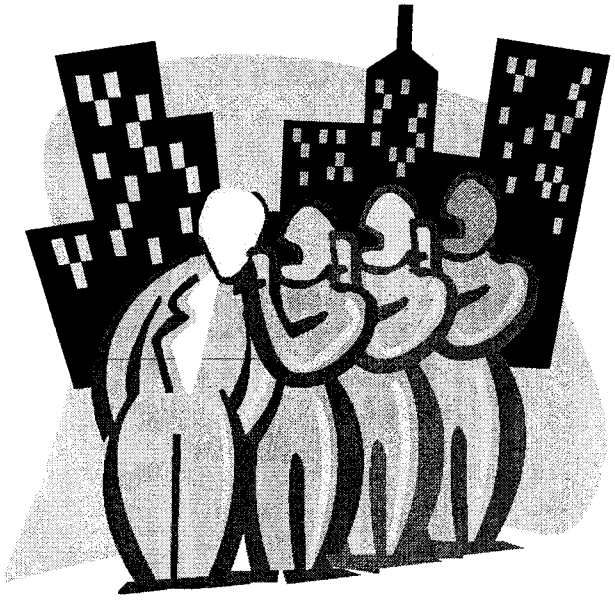
33e. If it has been more than 6 months since you received medical care related to HIV from a doctor or nurse, please indicate why. **(Please check all that apply.)**

_____ Not applicable, I got medical care within the past 6 months
_____ My doctor or nurse told me that I do not need medical care right now
_____ I do not think that I need medical care now because I am not sick
_____ I do not think that medical care would do me any good
_____ I have not found a doctor or nurse who I want to treat me
_____ I do not know where to go for medical care
_____ I do not want to receive medical care
_____ I use alternative treatments
_____ I can't afford medical care now
_____ Other: _____
Please Specify
_____ Not Applicable

34. Have you been told by the doctor, nurse, or other health care team member that you have AIDS?
_____Yes
_____No
_____Prefer not to answer
_____Not Applicable

35. If yes, when were you told that you had AIDS?
_____Year
_____Don't Remember
_____Prefer not to answer
_____Not Applicable

You're more than half way through!



36. Please indicate your lowest, highest and current viral load?
Place a check in the box for your lowest, a check for your highest, and also a check for your current.

Viral Count	Lowest	Highest	Current
Undetectable			
Detectable but less than 1,000			
1,001 - 5,000			
5,001 - 10,000			
10,001 - 50,000			
50,001 - 100,000			
100,001 - 500,000			
500,001 - 1 million			
> 1 million			
Don't Know			
Not Applicable			

37. In the past year, how have you gotten to most of your medical or other service appointments? **(Please check all that apply)**

_____My own car (or motorcycle or truck)
_____Rode with a friend or family member or borrowed their car (or motorcycle or truck)
_____Palm Tran
_____Palm Tran Connection
_____Taxi
_____Transportation service
_____Walked or rode a bike
_____Other: _____
Please Specify
_____Not Applicable

37a. In the past year, how many medical appointments have you missed because of transportation problems?

_____None
_____1 - 5
_____More than 5
_____Not Applicable

37b. In the past year, how many other service appointments have you missed because of transportation problems?

_____None
_____1 - 5
_____More than 5
_____Not Applicable

37c. In the past year, if you have used a transportation service, how much ahead of time did the service require you to make a reservation?

_____Not applicable, I did not use a transportation service
_____Less than 1 week
_____2 weeks
_____3 weeks
_____4 weeks
_____More than 4 weeks

37d. In the past year, if you have used a transportation service to get to medical or other service appointments, please indicate your reasons. **(Please check all that apply.)**

_____Not applicable, I did not use a transportation service
_____I do not own a car (or other vehicle) or I do not know how to drive
_____I share a car, but cannot use it for going to appointments
_____I cannot afford to have my car fixed
_____I cannot afford to drive to my appointments
_____I am too sick to drive
_____I do not know anyone who could give me a ride to the appointments
_____I do not know how to get around in the area where my providers are located
_____I have a disability
_____Other: _____
Please Specify

37e. In the past year, if you have used a transportation service to get to HIV-related medical or other HIV service appointments, please rate the service on each of the following:

_____ Not applicable

Type of Transportation Service (Please Specify)	**Always**	**Often**	**Sometimes**	**Rarely**	**Never**
Easy to reserve a ride					
Arrives on time					
Have to wait a long time for a ride back home from my appointment					
Easy to get in and out of vehicles					
Vehicles have seatbelts					
Drivers are polite					
Drivers know where to go					
Drivers drive safely					
I am satisfied with the transportation service that I use					

38. How do you think you were infected by HIV? **(Check all that you think may apply.)**

_____Having sex with a man
_____Having sex with a woman
_____Sharing needles
_____Trading sex for drugs/money
_____Blood products/Transfusion
_____Other: _____
_____Don't know
_____I prefer not to answer
_____Not Applicable

39. Since you were infected with HIV, have you been treated/are you receiving mental health counseling (including psychiatric or emotional) for a psychiatric or emotional problem?

_____Yes
_____No
_____Not Applicable

39a. Since you were infected with HIV, have you received any of the following:

	Yes	**No**	**I don't know**
• Individual therapy with a psychiatrist?	____	____	____
• Medication prescribed by a psychiatrist?	____	____	____
• *Individual* therapy with a psychologist, social worker, licensed professional counselor, nurse clinician, or licensed chemical dependency counselor?	____	____	____
• *Group* therapy with a psychologist, social worker, licensed professional counselor, nurse clinician, or licensed chemical dependency counselor?	____	____	____

_____Not Applicable

39b. If you received treatment, was it

_____Outpatient (by a doctor or counselor)
_____Inpatient (in a hospital at least overnight)
_____Not Applicable

39c. Do you use alcohol or other drugs (other than drugs [as] prescribed by a physician)?

_____Yes
_____No

39d. Since you were infected with HIV, have you received any treatment for alcohol or drug use?

_____Yes
_____No
_____Not Applicable

40. Have you ever been diagnosed with any of the diseases listed below?

	Yes	**No**	**I don't know**	**I prefer not to answer**
Syphilis	____	____	_____	_____
Herpes (genital)	____	____	_____	_____
Gonorrhea	____	____	_____	_____
Chlamydia	____	____	_____	_____
Genital warts	____	____	_____	_____
Hepatitis (A, B, or C)	____	____	_____	_____
Yeast infections	____	____	_____	_____

41. Have you ever been diagnosed with Tuberculosis (TB)?

_____ No
_____ Never been tested
_____ Had positive skin test, but never got active TB
_____ Yes, have inactive TB
_____ Have Active TB, in treatment
_____ Have Active TB, not in treatment
_____ Don't know
_____ Prefer not to answer

42. Are you currently taking any medicines for your HIV infection?

_____Yes
_____No
_____Not Applicable

42a. If you are NOT currently taking any medicines for your HIV infection, why not?

_____Not applicable, I take HIV medications
_____They have never been prescribed for me
_____My health care provider told me to stop taking them
_____I decided to stop taking them
_____Due to problems with health insurance coverage
_____I decided to stop taking them
_____Other (Please specify)_____
_____Not applicable, I have never been diagnosed with HIV.

42b. Are you currently having side effects related to your HIV medicines?

_____Yes
_____No
_____Don't Know
_____Not Applicable

43. If you are taking prescribed medication for HIV, are you taking any of the following? Place a check in **Yes, No, or I don't know** for each of the following medications.

	Yes	**No**	**I don't know**
Antiretrovirals and/or protease inhibitors that work against the virus	____	____	_____
Antibiotics (such as Bactrim) that fight off infections	____	____	_____
Antifungal (such as Diflucan) that are for body rashes or thrush	____	____	_____
Steroids which help you with your appetite or build weight	____	____	_____
Antidepressants for depression or anxiety	____	____	_____
Other (Prescription, Non-Prescription, Herbal, etc.)	____	____	_____

_____Not Applicable

44. If you are taking prescribed medication for HIV, do you take three or more medications to fight HIV? (i.e., are you on a three or more drug cocktail?)

_____Yes
_____No
_____Don't know
_____Prefer not to answer
_____Not Applicable

45. How often do you skip a dose of your medication?
_____Never
_____Rarely (no more than once a week)
_____Some of the time (one to four times a week)
_____Often (five or more times a week)
_____Not Applicable

46. If you do not take your HIV medication as directed, which of the following are the reasons for not taking your medication? **(Check all that may apply.)**
_____Side effects
_____Difficult schedule
_____Medication didn't work
_____Could not afford it
_____Just did not want to take them
_____Forgot to take them
_____Other: _____
Please Specify
_____Not Applicable

47a. Have your doctors, nurses, or other health care providers talked to you about participating in clinical trials for HIV/AIDS medicines?
_____Yes
_____No
_____Don't know
_____Not Applicable

48. During the past six months, how often have you used any of the following substances?

Substances	**How Often Used?**				
	Not at all	**Daily**	**Weekly**	**Monthly**	**I Prefer Not to Answer**
Alcohol					
Marijuana or hash					
Crack					
Cocaine					
Heroin					
Crystal Meth or Methamphetamines					
Speedball					
Tobacco					
Other drug:_____ Please Specify					
Other drug:_____ Please Specify					

49. Have you ever injected any of the above substances?
_____Yes
_____No
_____I prefer not to answer

49a. Do you CURRENTLY inject substances that are not prescribed to you by a health care provider?
_____Yes
_____No
_____I prefer not to answer

49b. If you are currently injecting substances, how often do you share needles or works?
_____Not applicable, I am not currently injecting
_____All the time
_____Usually, but not always
_____Sometimes
_____Never
_____Not Applicable

49c. If you share needles or works, how often do you clean the needles or works with bleach?
_____Not applicable, I do not share needles or works
_____All the time
_____Usually, but not always
_____Sometimes
_____Never
_____Not Applicable

49d. If you share needles or works, would you be willing to use bleach if it were available?
_____Yes
_____No
_____Not Applicable

49e. Please indicate how often in the past six months years you have had oral, vaginal, or anal sex with the following people. **(Please check all that apply.)**

Partners	Frequently (once a month or more)	Infrequently (less than once a month)	Almost never (a few times a year or less)	Never
A man who is a regular partner				
A man who is not a regular partner				
A woman who is a regular partner				
A woman who is not a regular partner				

49f. If you have had sex with **a regular partner**, how often do you and your partner use a condom or other HIV protection when having sex?

_____Not applicable, I have not had sex with a regular partner in the last 2 years
_____All the time or almost every time
_____Frequently-more than half the time
_____Sometimes-about half the time
_____Rarely-less than half the time
_____Never
_____Not Applicable

49g. If you have had sex with **someone other than a regular partner**, how often do you and your partner use a condom or other HIV protection when having sex?

_____Not applicable, I have not had sex with a casual partner in the last 2 years
_____All the time or almost every time
_____Frequently-more than half the time
_____Sometimes-about half the time
_____Rarely-less than half the time
_____Never
_____Not Applicable

49h. If you do not always use a condom or other HIV protection when having sex, please indicate why. Please check "Yes" or "No" for each item.

Reasons you do not always use a condom or other HIV protection?	**Yes**	**No**
You don't like using condoms or barriers		
Condoms or barriers are not always available		
You are in an exclusive/monogamous relationship		
Your partner does not like using condoms or barriers		
You want to have a baby		
You are sometimes high or buzzed on drugs or alcohol during sex		
You really don't know how to talk about condoms or barriers		
It's not really sex with condoms or barriers		
You thought that you were HIV negative		
You don't care		
Other (specify):		

50. Please name organizations/agencies that have provided services, support, and/or assistance to you in living with HIV/AIDS.

_____Not Applicable

Name of Organization	**Type of Assistance**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

51. Where do you get information about HIV? **(Please check all that apply.)**

_____Don't know
_____My doctor or other health care provider
_____Friends or family
_____Support group
_____Community outreach
_____Books, magazines, newspapers or other reading materials
_____TV or radio
_____Internet
_____HIV service providers: _____
Please Specify
_____Other: _____
Please Specify

_____I've never received information about HIV

51a. Where do you get information about **services for people with HIV**? **(Please check all that apply.)**

_____Don't know
_____My doctor or other health care provider
_____Friends or family
_____Support group
_____Community outreach
_____Books, magazines, newspapers or other reading materials
_____TV or radio
_____Internet
_____HIV service providers: _____
Please Specify

_____I've never received information about **services for people with HIV.**

Thank you for the time that you have taken to complete this survey. Your answers will provide valuable information for the planning and delivery of services to our community.

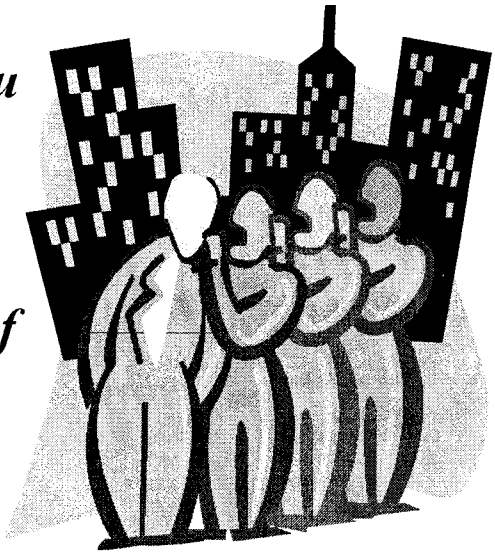


TABLE 1: AIDS INCIDENCE, AIDS PREVALENCE AND HIV PREVALENCE BY DEMOGRAPHIC GROUP AND EXPOSURE CATEGORY STATE/ELIGIBLE METROPOLITAN AREA (EMA) WEST PALM BEACH, FL

* FLORIDA DEPARTMENT OF HEALTH, HARS DATA

Demographic Group/ Exposure Category	AIDS INCIDENCE: 07/01/98 TO 6/30/00 *AIDS incidence is defined as the number of new AIDS cases diagnosed during the period specified*.*		AIDS PREVALENCE AS OF 6/30/00 *AIDS Prevalence is defined as the number of people living with AIDS as of the date specified.**		HIV PREVALENCE AS OF 06/30/00 *HIV Prevalence is defined as the estimated number of people living with HIV, (non-AIDS), as of the date specified.* (Reported by live HIV cases)*	
Race/Ethnicity	#	% of Total	#	% of Total	#	% of Total
White, not Hispanic	195	20	858	27	273	22
Black, not Hispanic	720	73	2104	65	863	70
Hispanic	75	8	258	8	86	7
Asian/Pacific Islander	1	0	4	0	4	0
American Indian/Alaska Native	0	0	2	0	0	0
Not Specified	0	0	0	0	351	29
Total	991	100	3226	100	1226	100
Gender						
Male	649	66	2097	67	644	53
Female	328	34	1046	33	574	47
Total	977	100	3143	100	1218	100
Age at Diagnosis (Years)						
<13 years	14	0	83	3	8	0
13-19 years	15	2	44	1	67	5
20- 44 years	642	65	2250	69.5	867	70
45 + years	320	33.5	850	26.5	284	25
Total	991	100	3226	100	1226	100
Adult/Adolescent AIDS Exposure Category	#	% of Total	#	% of Total	#	% of Total
Men who have sex with men	177	18	808	26	169	14
Injection drug users	81	8	358	11	72	6
Men who have sex with men and inject drugs	8	1	68	2	19	2
Hemophilia/coagulation disorder	0	0	4	0	5	0
Heterosexuals	471	48	1312	42	600	49
Receipt of blood transfusion,	1	0	10	0	2	0

	AIDS INCIDENCE: 07/01/98 TO 6/30/00		AIDS PREVALENCE AS OF 6/30/00		HIV PREVALENCE AS OF 06/30/00	
blood components, or tissue						
Risk not reported or identified	239	24	583	19	351	29
Total	977	100	3143	100	1218	100
Pediatric AIDS Exposure Categories						
Hemophilia/coagulation disorder	0	0	0	0	0	0
Mother with/at risk for HIV infection	14	100	80	96	7	88
Receipt of blood transfusion, blood components or tissue	0	0	0	0	0	0
Risk not reported or identified	0	0	3	4	1	13
Total	14	100	83	100	8	100

Please Complete: Does your State have HIV reporting? (Check one.) ___X__Yes _____No

Cumulative HIV cases for Palm Beach County by mode,race and sex
Through March 2002

By-> Sex of patient=(1)Male

Mode of exposure (row) vs. Patient Race/Ethnicity (column)
frequency

	(1)White	(2)Black	(3)Hispanic	(4)Asian	(9)Unknown	total
(01)Homo-Bi Male	172	93	30	3	3	301
(02)IV drug user	17	25	7	0	0	49
(03)Homo & IDU	12	11	10	0	0	33
(04)Adult Hemophl	1	0	0	0	0	1
(05)Hetsx Contact	23	309	22	2	0	356
(06)Transfus,Trpl	2	0	0	0	0	2
(09)Risk not specifi	82	195	32	0	1	310
(12)M w HIV HIV-Risk	0	2	0	0	0	2
total	309	635	101	5	4	1054

By-> Sex of patient=(2)Female

Mode of exposure (row) vs. Patient Race/Ethnicity (column)
frequency

	(1)White	(2)Black	(3)Hispanic	(4)Asian	(9)Unknown	total
(02)IV drug user	29	32	3	0	0	64
(04)Adult Hemophl	1	5	0	0	0	6
(05)Hetsx Contact	68	454	26	0	1	549
(06)Transfus,Trpl	0	1	0	0	0	1
(09)Risk not specifi	44	199	15	1	2	261
(12)M w HIV HIV-Risk	0	7	0	0	0	7
(18)Confirmed Oth	0	1	0	0	0	1
(19)Ped Oth/Und	0	1	0	0	0	1
total	142	700	44	1	3	890

Cumulative AIDS cases for Palm Beach County by mode, race and sex
Through March 2002

By-> Sex of patient=(1)Male

Mode of exposure (row) vs. Patient Race/Ethnicity (column)
frequency

	(1)White	(2)Black	(3)Hispanic	(4)Asian	(5)Indian	total
(01)Homo-Bi Male	1564	635	196	3	3	2401
(02)IV drug user	171	487	69	0	0	727
(03)Homo & IDU	126	108	17	0	0	251
(04)Adult Hemophl	13	3	2	0	0	18
(05)Hetsx Contact	76	1235	87	1	1	1400
(06)Transfus,Trpl	25	13	2	0	0	40
(08)Confirmed Oth	1	0	0	0	0	1
(09)Risk not specifi	146	682	56	0	0	884
(12)M w HIV HIV-Risk	4	109	8	0	0	121
(18)Confirmed Oth	1	1	0	0	0	2
(19)Ped Oth/Und	0	2	0	0	0	2
total	2127	3275	437	4	4	5847

By-> Sex of patient=(2)Female

Mode of exposure (row) vs. Patient Race/Ethnicity (column)
frequency

	(1)White	(2)Black	(3)Hispanic	(4)Asian	total
(02)IV drug user	138	351	27	0	516
(04)Adult Hemophl	2	2	0	0	4
(05)Hetsx Contact	138	1201	67	2	1408
(06)Transfus,Trpl	17	16	3	0	36
(08)Confirmed Oth	0	2	0	0	2
(09)Risk not specifi	52	365	14	0	431
(12)M w HIV HIV-Risk	4	96	7	0	107
(13)P Trnsfus,Trpl	0	1	0	0	1
(19)Ped Oth/Und	0	1	1	0	2
total	351	2035	119	2	2507

Acquired Immunodeficiency Syndrome (AIDS)
AIDS CASES FOR TOTAL PALM BEACH COUNTY
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1. Disease Category	Adult/Adolescent * Cases (%)	Adult/Adolescent * Deaths (%)	Pediatric * Cases (%)	Pediatric * Deaths (%)	Total Cases (%)	Total Deaths (%)
PCP	1903 (23)	1434 (75)	89 (38)	48 (54)	1992 (24)	1482 (74)
Other Disease w/o PCP	3825 (47)	2221 (58)	146 (62)	73 (50)	3971 (47)	2294 (58)
KS Alone	93 (1)	66 (71)	0 (0)	0 (.)	93 (1)	66 (71)
No Diseases Listed	2335 (29)	521 (22)	0 (0)	0 (.)	2335 (28)	521 (22)
Total	8156 (100)	4242 (52)	235 (100)	121 (51)	8391 (100)	4363 (52)

2. Age *	Cases (%)
Under 5	197 (2)
5-12	38 (0)
13-19	81 (1)
20-29	1426 (17)
30-39	3274 (39)
40-49	2031 (24)
Over 49	1344 (16)
Unknown	0 (0)
Total	8391 (100)

3. Race/Ethnicity	Adult/Adolescent * Cases (%)	Pediatric * Cases (%)	Total Cases (%)
White, Not Hispanic	2472 (30)	9 (4)	2481 (30)
Black, Not Hispanic	5132 (63)	210 (89)	5342 (64)
Hispanic	541 (7)	16 (7)	557 (7)
Asian/Pacific Is.	7 (0)	0 (0)	7 (0)
Am. Indian/Alaska Native	4 (0)	0 (0)	4 (0)
Unknown	0 (0)	0 (0)	0 (0)
Total	8156 (100)	235 (100)	8391 (100)

4. Exposure Category	Adult/Adolescent Transmission Modes Males (%)	Females (%)	Total (%)
Men who have sex with men	2405 (42)	0 (0)	2405 (29)
Injecting drug use	727 (13)	516 (21)	1243 (15)
Men who have sex with men and inject drugs	251 (4)	0 (0)	251 (3)
Hemophilia/coagulation disorder	18 (0)	3 (0)	21 (0)
Heterosexual contact	1420 (25)	1419 (59)	2839 (35)
Receipt of blood, components, or tissue	40 (1)	36 (1)	76 (1)
Risk not reported/Other	889 (15)	432 (18)	1321 (16)
Total	5750 (100)	2406 (100)	8156 (100)

	Pediatric Transmission Modes Males (%)	Females (%)	Total (%)
Hemophilia/coagulation disorder	0 (0)	0 (0)	0 (0)
Mother with/at risk for HIV infection	121 (97)	107 (97)	228 (97)
Receipt of blood, components, or tissue	0 (0)	1 (1)	1 (0)
Risk not reported/Other	4 (3)	2 (2)	6 (3)
Total	125 (100)	110 (100)	235 (100)

* Classification at time of AIDS dx if patient met the AIDS case definition (otherwise age at first HIV report).

Acquired Immunodeficiency Syndrome (AIDS)
AIDS CASES FOR COASTAL PALM BEACH COUNTY
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1. Disease Category

Disease Category	Adult/Adolescent * Cases (%)	Adult/Adolescent * Deaths (%)	Pediatric * Cases (%)	Pediatric * Deaths (%)	Total Cases (%)	Total Deaths (%)
PCP	1576 (24)	1158 (73)	71 (38)	38 (54)	1647 (24)	1196 (73)
Other Disease w/o PCP	2941 (44)	1652 (56)	114 (62)	54 (47)	3055 (45)	1706 (56)
KS Alone	87 (1)	61 (70)	0 (0)	0 (.)	87 (1)	61 (70)
No Diseases Listed	2069 (31)	445 (22)	0 (0)	0 (.)	2069 (30)	445 (22)
Total	6673 (100)	3316 (50)	185 (100)	92 (50)	6858 (100)	3408 (50)

2. Age *

Age *	Cases (%)
Under 5	154 (2)
5-12	31 (0)
13-19	64 (1)
20-29	1118 (16)
30-39	2785 (41)
40-49	1677 (24)
Over 49	1029 (15)
Unknown	0 (0)
Total	6858 (100)

3. Race/Ethnicity

Race/Ethnicity	Adult/Adolescent * Cases (%)	Pediatric * Cases (%)	Total Cases (%)
White, Not Hispanic	2437 (37)	9 (5)	2446 (36)
Black, Not Hispanic	3731 (56)	160 (86)	3891 (57)
Hispanic	494 (7)	16 (9)	510 (7)
Asian/Pacific Is.	7 (0)	0 (0)	7 (0)
Am. Indian/Alaska Native	4 (0)	0 (0)	4 (0)
Unknown	0 (0)	0 (0)	0 (0)
Total	6673 (100)	185 (100)	6858 (100)

4. Exposure Category

Exposure Category	Adult/Adolescent Transmission Modes Males (%)	Females (%)	Total (%)
Men who have sex with men	2253 (47)	0 (0)	2253 (34)
Injecting drug use	601 (13)	413 (22)	1014 (15)
Men who have sex with men and inject drugs	209 (4)	0 (0)	209 (3)
Hemophilia/coagulation disorder	17 (0)	3 (0)	20 (0)
Heterosexual contact	940 (20)	1069 (57)	2009 (30)
Receipt of blood, components, or tissue	37 (1)	33 (2)	70 (1)
Risk not reported/Other	739 (15)	359 (19)	1098 (16)
Total	4796 (100)	1877 (100)	6673 (100)

	Pediatric Transmission Modes Males (%)	Females (%)	Total (%)
Hemophilia/coagulation disorder	0 (0)	0 (0)	0 (0)
Mother with/at risk for HIV infection	95 (96)	83 (97)	178 (96)
Receipt of blood, components, or tissue	0 (0)	1 (1)	1 (1)
Risk not reported/Other	4 (4)	2 (2)	6 (3)
Total	99 (100)	86 (100)	185 (100)

* Classification at time of AIDS dx if patient met the AIDS case definition (otherwise age at first HIV report).

Acquired Immunodeficiency Syndrome (AIDS)
AIDS CASES FOR WESTERN PALM BEACH COUNTY
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Disease Category	Adult/Adolescent * Cases (%)	Adult/Adolescent * Deaths (%)	Pediatric * Cases (%)	Pediatric * Deaths (%)	Total Cases (%)	Total Deaths (%)
PCP	327 (22)	276 (84)	18 (36)	10 (56)	345 (23)	286 (83)
Other Disease w/o PCP	884 (60)	569 (64)	32 (64)	19 (59)	916 (60)	588 (64)
KS Alone	6 (0)	5 (83)	0 (0)	0 (.)	6 (0)	5 (83)
No Diseases Listed	266 (18)	76 (29)	0 (0)	0 (.)	266 (17)	76 (29)
Total	1483 (100)	926 (62)	50 (100)	29 (58)	1533 (100)	955 (62)

2

Age *	Cases (%)
Under 5	43 (3)
5-12	7 (0)
13-19	17 (1)
20-29	308 (20)
30-39	489 (32)
40-49	354 (23)
Over 49	315 (21)
Unknown	0 (0)
Total	1533 (100)

3.

Race/Ethnicity	Adult/Adolescent * Cases (%)	Pediatric * Cases (%)	Total Cases (%)
White, Not Hispanic	35 (2)	0 (0)	35 (2)
Black, Not Hispanic	1401 (94)	50 (100)	1451 (95)
Hispanic	47 (3)	0 (0)	47 (3)
Asian/Pacific Is.	0 (0)	0 (0)	0 (0)
Am. Indian/Alaska Native	0 (0)	0 (0)	0 (0)
Unknown	0 (0)	0 (0)	0 (0)
Total	1483 (100)	50 (100)	1533 (100)

4.

Exposure Category	Adult/Adolescent Transmission Modes Males (%)	Females (%)	Total (%)
Men who have sex with men	152 (16)	0 (0)	152 (10)
Injecting drug use	126 (13)	103 (19)	229 (15)
Men who have sex with men and inject drugs	42 (4)	0 (0)	42 (3)
Hemophilia/coagulation disorder	1 (0)	0 (0)	1 (0)
Heterosexual contact	480 (50)	350 (66)	830 (56)
Receipt of blood, components, or tissue	3 (0)	3 (1)	6 (0)
Risk not reported/Other	150 (16)	73 (14)	223 (15)
Total	954 (100)	529 (100)	1483 (100)

	Pediatric Transmission Modes Males (%)	Females (%)	Total (%)
Hemophilia/coagulation disorder	0 (0)	0 (0)	0 (0)
Mother with/at risk for HIV infection	26 (100)	24 (100)	50 (100)
Receipt of blood, components, or tissue	0 (0)	0 (0)	0 (0)
Risk not reported/Other	0 (0)	0 (0)	0 (0)
Total	26 (100)	24 (100)	50 (100)

* Classification at time of AIDS dx if patient met the AIDS case definition (otherwise age at first HIV report).

Acquired Immunodeficiency Syndrome (AIDS)
HIV CASES FOR TOTAL PALM BEACH COUNTY
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Disease Category	Adult/Adolescent * Cases (%)	Adult/Adolescent * Deaths (%)	Pediatric * Cases (%)	Pediatric * Deaths (%)	Total Cases (%)	Total Deaths (%)
PCP	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
Other Disease w/o PCP	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
KS Alone	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
No Diseases Listed	1930 (100)	52 (3)	11 (100)	1 (9)	1941 (100)	53 (3)
Total	1930 (100)	52 (3)	11 (100)	1 (9)	1941 (100)	53 (3)

2.

Age *	Cases (%)
Under 5	6 (0)
5-12	5 (0)
13-19	84 (4)
20-29	466 (24)
30-39	675 (35)
40-49	435 (22)
Over 49	270 (14)
Unknown	0 (0)
Total	1941 (100)

3.

Race/Ethnicity	Adult/Adolescent * Cases (%)	Pediatric * Cases (%)	Total Cases (%)
White, Not Hispanic	455 (24)	0 (0)	455 (23)
Black, Not Hispanic	1316 (68)	11 (100)	1327 (68)
Hispanic	145 (8)	0 (0)	145 (7)
Asian/Pacific Is.	6 (0)	0 (0)	6 (0)
Am. Indian/Alaska Native	0 (0)	0 (0)	0 (0)
Unknown	8 (0)	0 (0)	8 (0)
Total	1930 (100)	11 (100)	1941 (100)

4.

Exposure Category	Adult/Adolescent Transmission Modes Males (%)	Females (%)	Total (%)
Men who have sex with men	303 (29)	0 (0)	303 (16)
Injecting drug use	48 (5)	64 (7)	112 (6)
Men who have sex with men and inject drugs	33 (3)	0 (0)	33 (2)
Hemophilia/coagulation disorder	1 (0)	6 (1)	7 (0)
Heterosexual contact	347 (33)	546 (62)	893 (46)
Receipt of blood, components, or tissue	2 (0)	1 (0)	3 (0)
Risk not reported/Other	311 (30)	268 (30)	579 (30)
Total	1045 (100)	885 (100)	1930 (100)

	Pediatric Transmission Modes Males (%)	Females (%)	Total (%)
Hemophilia/coagulation disorder	0 (0)	0 (0)	0 (0)
Mother with/at risk for HIV infection	2 (100)	7 (78)	9 (82)
Receipt of blood, components, or tissue	0 (0)	0 (0)	0 (0)
Risk not reported/Other	0 (0)	2 (22)	2 (18)
Total	2 (100)	9 (100)	11 (100)

* Classification at time of AIDS dx if patient met the AIDS case definition (otherwise age at first HIV report).

Acquired Immunodeficiency Syndrome (AIDS)
HIV CASES FOR COASTAL PALM BEACH COUNTY
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1. Disease Category	Adult/Adolescent * Cases (%)	Adult/Adolescent * Deaths (%)	Pediatric * Cases (%)	Pediatric * Deaths (%)	Total Cases (%)	Total Deaths (%)
PCP	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
Other Disease w/o PCP	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
KS Alone	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
No Diseases Listed	1747 (100)	43 (2)	10 (100)	1 (10)	1757 (100)	44 (3)
Total	1747 (100)	43 (2)	10 (100)	1 (10)	1757 (100)	44 (3)

2. Age *	Cases (%)
Under 5	5 (0)
5-12	5 (0)
13-19	76 (4)
20-29	421 (24)
30-39	621 (35)
40-49	399 (23)
Over 49	230 (13)
Unknown	0 (0)
Total	1757 (100)

3. Race/Ethnicity	Adult/Adolescent * Cases (%)	Pediatric * Cases (%)	Total Cases (%)
White, Not Hispanic	446 (26)	0 (0)	446 (25)
Black, Not Hispanic	1149 (66)	10 (100)	1159 (66)
Hispanic	138 (8)	0 (0)	138 (8)
Asian/Pacific Is.	6 (0)	0 (0)	6 (0)
Am. Indian/Alaska Native	0 (0)	0 (0)	0 (0)
Unknown	8 (0)	0 (0)	8 (0)
Total	1747 (100)	10 (100)	1757 (100)

4. Exposure Category	Adult/Adolescent Transmission Modes Males (%)	Females (%)	Total (%)
Men who have sex with men	294 (31)	0 (0)	294 (17)
Injecting drug use	45 (5)	60 (8)	105 (6)
Men who have sex with men and inject drugs	31 (3)	0 (0)	31 (2)
Hemophilia/coagulation disorder	1 (0)	6 (1)	7 (0)
Heterosexual contact	297 (31)	487 (61)	784 (45)
Receipt of blood, components, or tissue	2 (0)	1 (0)	3 (0)
Risk not reported/Other	284 (30)	239 (30)	523 (30)
Total	954 (100)	793 (100)	1747 (100)

	Pediatric Transmission Modes Males (%)	Females (%)	Total (%)
Hemophilia/coagulation disorder	0 (0)	0 (0)	0 (0)
Mother with/at risk for HIV infection	2 (100)	6 (75)	8 (80)
Receipt of blood, components, or tissue	0 (0)	0 (0)	0 (0)
Risk not reported/Other	0 (0)	2 (25)	2 (20)
Total	2 (100)	8 (100)	10 (100)

* Classification at time of AIDS dx if patient met the AIDS case definition (otherwise age at first HIV report).

Acquired Immunodeficiency Syndrome (AIDS)
HIV CASES FOR WESTERN PALM BEACH COUNTY
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1. Disease Category	Adult/Adolescent * Cases (%)	Adult/Adolescent * Deaths (%)	Pediatric * Cases (%)	Pediatric * Deaths (%)	Total Cases (%)	Total Deaths (%)
PCP	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
Other Disease w/o PCP	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
KS Alone	0 (0)	0 (.)	0 (0)	0 (.)	0 (0)	0 (.)
No Diseases Listed	183 (100)	9 (5)	1 (100)	0 (0)	184 (100)	9 (5)
Total	183 (100)	9 (5)	1 (100)	0 (0)	184 (100)	9 (5)

2. Age *	Cases (%)
Under 5	1 (1)
5-12	0 (0)
13-19	8 (4)
20-29	45 (24)
30-39	54 (29)
40-49	36 (20)
Over 49	40 (22)
Unknown	0 (0)
Total	184 (100)

3. Race/Ethnicity	Adult/Adolescent * Cases (%)	Pediatric * Cases (%)	Total Cases (%)
White, Not Hispanic	9 (5)	0 (0)	9 (5)
Black, Not Hispanic	167 (91)	1 (100)	168 (91)
Hispanic	7 (4)	0 (0)	7 (4)
Asian/Pacific Is.	0 (0)	0 (0)	0 (0)
Am. Indian/Alaska Native	0 (0)	0 (0)	0 (0)
Unknown	0 (0)	0 (0)	0 (0)
Total	183 (100)	1 (100)	184 (100)

4. Exposure Category	Adult/Adolescent Transmission Modes Males (%)	Females (%)	Total (%)
Men who have sex with men	9 (10)	0 (0)	9 (5)
Injecting drug use	3 (3)	4 (4)	7 (4)
Men who have sex with men and inject drugs	2 (2)	0 (0)	2 (1)
Hemophilia/coagulation disorder	0 (0)	0 (0)	0 (0)
Heterosexual contact	50 (55)	59 (64)	109 (60)
Receipt of blood, components, or tissue	0 (0)	0 (0)	0 (0)
Risk not reported/Other	27 (30)	29 (32)	56 (31)
Total	91 (100)	92 (100)	183 (100)

	Pediatric Transmission Modes Males (%)	Females (%)	Total (%)
Hemophilia/coagulation disorder	0 (.)	0 (0)	0 (0)
Mother with/at risk for HIV infection	0 (.)	1 (100)	1 (100)
Receipt of blood, components, or tissue	0 (.)	0 (0)	0 (0)
Risk not reported/Other	0 (.)	0 (0)	0 (0)
Total	0 (100)	1 (100)	1 (100)

* Classification at time of AIDS dx if patient met the AIDS case definition (otherwise age at first HIV report).