



*Areas 3/13 HIV/AIDS Prevention
Needs Assessment*

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Area 3/13 HIV/AIDS Prevention Needs Assessment

WellFlorida Council

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EXECUTIVE SUMMARY

INTRODUCTION

This document is the result of a comprehensive needs assessment completed by WellFlorida Council, Inc. Assessment of needs is essential and is designed to gather information from a variety of sources to better identify the current need for HIV Prevention Services. One of the main objectives of this needs assessment is to provide data to assist Area 3/13 in establishing service and spending priorities.

Lead Agency

WellFlorida Council, Inc. is a private, non-profit organization designated by the State of Florida Department of Health as the lead agency for Ryan White Part B funding in north central Florida and as a project sponsor for the Housing Opportunities Program for Persons with AIDS (HOPWA) program. As the fiscal agent of the Part B program in Area 3/13, WellFlorida Council develops and manages subcontracts with service providers; monitors providers for compliance; performs quality assurance assessments; provides fiscal management; prepares and submits all programmatic reports; and provides administrative support to the Consortium.

This report presents qualitative and quantitative data on numerous areas of interest related to the prevention of HIV/AIDS including demographics, socioeconomic, health status and access, and the epidemic profile.

METHODOLOGY

The modes of data collection consisted of focus groups, HIV/AIDS key informant interviews, and epidemiological analysis. Anonymity and confidentiality of all participants was a priority throughout the process. Names were not collected, and individuals were not tracked.

During the months of May and June 2010, four focus groups were conducted in Alachua County targeting Black/African American men and women, men who have sex with men, and teens. Participation ranged from eight to 17 participants in each group with a total of 51 participants.

Between May and June 2010, a standard questionnaire was used to conduct interviews with ten individuals identified as key HIV/AIDS informants within Area 3/13 communities. Due to cost and travel constraints, interviews were conducted by WellFlorida staff via telephone.

Epidemiological data was provided by the Florida Department of Health, Bureau of HIV/AIDS.

GENERAL FINDINGS

Area Profile

Clearly, the sheer number of people in a community is the leading determinant of the demand for health care services. Area 3/13 covers approximately 20 percent of the state's total land area and sustains 7.7 percent of the state's total population. The 15-county area includes the counties of Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union. The largest county in Area 3/13 by population size is Marion County, followed by Lake and Alachua counties. Nine of the area's counties are considered rural.

The racial composition of Area 3/13's population is similar to that of the state with 79.1 percent White/Caucasian, 14.8 percent Black/African American, 1.7 percent Asian/Pacific Islander, and 4.4 percent all others. The Hispanic population in the area, however, differs with 8 percent of Hispanic

residents in Area 3/13 compared to the state's 21.5 percent. Area 3/13 has a slightly higher percentage of females than males (50.4 and 49.6 percent, respectively).

As a whole, the 15-county area has a slightly higher percentage of residents living in poverty than the state; and the median household income for each county in the area is less than Florida's median household income of \$50,413. The 2009 unemployment rates in Area 3/13 were the same (at a rate of 10.5) as the state at the time of assessment. The rate of the uninsured varies from 19.2 to 25.5 percent in Area 3/13. This is comparable to the state's 19.2 to 24.9 percent based on 2004 and 2006 reports.

Twenty-two of Florida's 60 correctional institutions are located in Area 3/13. In the area overall, 2.6 percent of the total population is incarcerated compared to 0.7 percent for the state.

There is a low density of primary care physicians (family practice, internal medicine, obstetrics/gynecology and pediatrics); and all counties have been designated by the Secretary of Health and Human Services as health professional shortage areas (HPSA). HPSAs may have shortages of primary medical care, dental or mental health providers and may be urban or rural areas, populations groups or medical or other public facilities. These areas are designated because of their low physician-to-population ratio or the over utilization, excessively distant or inaccessibility of resources.

HIV/AIDS Disease Profile

In the most current data available at the time of this report, the Florida Department of Health, Bureau of HIV/AIDS (excluding Department of Corrections) estimates there are 1,157 living adult and pediatric HIV cases and 1715 living adult and pediatric AIDS cases for a total of 2,872 living adult and pediatric HIV/AIDS cases (ACHD, March 2010).

As expected, the three counties with the highest population in Area 3/13 have the highest number of living HIV/AIDS cases. There are 858 persons living with HIV/ AIDS in Alachua County; 637 persons in Marion, and 487 persons in Lake County.

There were 4,659 reported HIV/AIDS cases cumulative in Area 3/13 (excluding Department of Corrections) as of March 2010. Of these 4,659 cases:

- 49 percent are Black/African American.
- 42 percent are White/Caucasian.
- 8 percent are Hispanic.
- 1 percent is multi-racial.

Of the adult cases (excluding Department of Corrections):

- 33 percent are MSM (male-to-male sexual contact).
- 13 percent are IDU (injection drug use).
- 5 percent have combined risk factors of MSM and IDU.
- 32 percent are heterosexual.
- 1 percent reports a risk factor of transfusion/hemophilia.
- 14 percent have no reported risk factor.

KEY ISSUES/RECOMMENDATIONS

As a result of the needs assessment, there are three emergent themes in Area 3/13. Many of these issues are long standing and require an on-going effort to obtain a significant change. Expanded discussions of each of these key issues are presented within the report. The following issues/recommendations are presented in no particular order.

□ Condom Use

Lack of condom use appears to be an on-going issue. According to focus group members and key informants, conversation regarding the use of condoms prior to engaging in sexual activity is low. Men who have sex with men reported using condoms regularly only when participating in anal sex. Furthermore, in long term relationships, condom use is often discarded because monogamy is expected; however, monogamy is not always practiced.

Collect information regarding monogamy status expected and actual monogamy status and utilize to educate individuals about risks in long term relationships.

Increase perceived susceptibility to contracting HIV outside of anal sex in order to encourage condom use during other sexual activities.

Develop and expand programs targeted to increase and improve communication regarding safer sex between sexual partners.

□ Substance Use

Results show that substance abuse is a common reason why individuals do not discuss and practice safer sex. This is often explained as “heat of the moment” experiences in which due to alcohol and drugs, safer sex is an afterthought.

Free condoms and sex education information at clubs, restaurants, and other social venues encourage safer sex and acts as a reminder to those that are intoxicated.

□ Awareness and Education

Lack of awareness and education is an emerging problem in the older population. Key informants identified middle-aged African American women at high risk for infection due to insufficient knowledge and perceived risk of HIV. Lack of awareness and education was identified several times by community members as an area of concern specifically in youth. These members suggested that sexual activity is often occurring prior to sexual education courses in the school system. Secondly, members suggested that the abstinence approach does not increase knowledge regarding how to effectively practice safer sex to individuals currently participating in sexual activities or individuals with intentions to participate in sexual activities.

Develop and expand community education programs targeting middle-aged women and men to increase awareness and perceived risk to individuals older than 35.

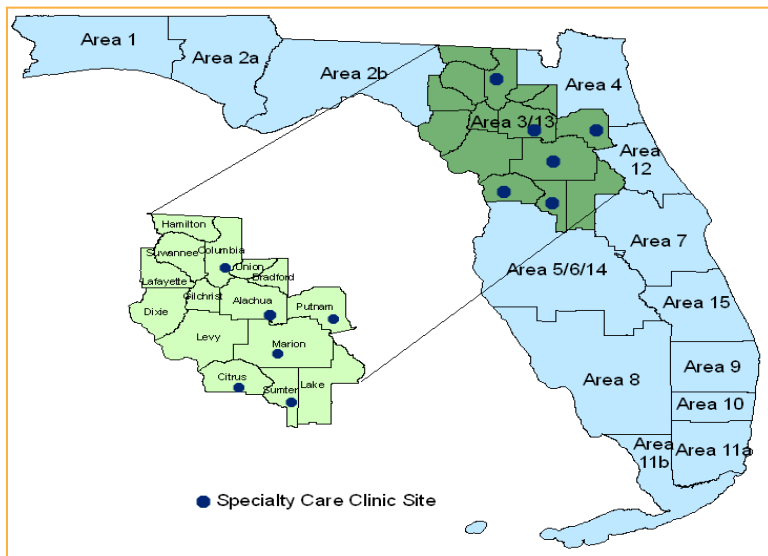
Offer sexual education courses a few years earlier than the current standard. Do not take an abstinence only approach.

INTRODUCTION

Area 3/13 Needs Assessment

The HIV Prevention Needs Assessment represents Area 3/13 of the Florida Department of Health, Bureau of HIV/AIDS which includes the following 15 counties in north central Florida: Alachua, Bradford, Citrus, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Lake, Levy, Marion, Putnam, Sumter, Suwannee, and Union (Figure 1-1).

Figure 1: Area 3/13 Needs Assessment Counties



Prepared by: WellFlorida Council, 2008.

Lead Agency

WellFlorida Council, Inc. is a private, non-profit organization designated since 1991 by the State of Florida Department of Health as the lead agency for Ryan White Part B (formerly Title II) funding in north central Florida and as the project sponsor (since 1993) for the Housing Opportunities Program for Persons with AIDS (HOPWA) Program. As the fiscal agent of the Ryan White Part B Program

in Area 3/13, WellFlorida Council develops and manages subcontracts with providers, monitors providers for compliance, performs quality assurance assessments, develops quality improvement plans, provides fiscal management, conducts the annual HIV/AIDS needs assessment, prepares and submits all programmatic reports, and provides administrative support to the Consortium.

NEEDS ASSESSMENT METHODOLOGY

This document is the result of a comprehensive assessment process completed by WellFlorida to identify service use, needs, availability, and gaps in HIV/AIDS prevention for Area 3/13. Information needed to accomplish a comprehensive review of the area was gleaned from:

Surveillance Data

The Florida Bureau of HIV/AIDS provides extensive case surveillance for the 15 service areas of the state. For some data in this report, the region is divided into two areas: the northern 11 counties of Area 3 and the southern four counties of Area 13. Unless otherwise noted, all surveillance data included in the this

document is from the Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS surveillance section.

Focus Groups

Focus groups were conducted in Alachua County. Participants for these groups were recruited through the health department and case managers. A \$20 cash incentive was offered as a participation incentive and was issued to participants at the conclusion of each meeting. All interested participants were encouraged to call WellFlorida to register. Participants completed a brief demographic survey requesting their age, race/ethnicity and location of residence. There were a total of 51 individuals who participated in the four focus groups. Participation ranged from 8-17 participants in each group. (See the Community Input section of this document for additional information on the focus groups.)

Interviews with Key Community Leaders

A questionnaire was used to conduct interviews with ten individuals identified as key community leaders. Initial contact was made via e-mail or phone to solicit participation. The list included governmental representatives, health care providers, and representatives of local businesses and community organizations. (See the Community Input section of this document for additional information on the interviews.)

SERVICE NEEDS AND ISSUES

Quantitative and qualitative data related to HIV/AIDS prevention in north central Florida have been compiled, organized, and evaluated. This information may be used to focus the direction of future planning to improve HIV/AIDS prevention services in Area 3/13.

DEMOGRAPHIC AND SOCIOECONOMIC PROFILE

INTRODUCTION

This section summarizes the demographic and socioeconomic characteristics of north central Florida residents. The characteristics of a community influence health care needs and the design of service delivery to meet those needs. Numerous health problems, including HIV/AIDS, disproportionately strike people in poverty, in certain racial and ethnic populations, and in other chronically underserved populations.

Data indicators selected for review in this section include: population growth and projections; population by age, gender, race, and ethnicity; education; income; poverty status; unemployment rates; migrant and seasonal farm work; homelessness; and incarceration rates.

The information in this section helps to provide a context for assessing the potential impact of HIV and AIDS in north central Florida. The epidemiological profile in the following section will delineate the current status of HIV/AIDS cases in Area 3/13 and among different populations.

Section Highlights

- ✘ Based on 2007 population growth estimates, the Census Bureau identifies Lake and Sumter counties on the list of the “100 fastest growing U.S. counties.” Lake ranks 32nd and Sumter ranks 39th on the Census Bureau list.
- ✘ Hamilton County has the greatest percentage of residents without a high school diploma (37.1 percent). Alachua County has slightly over 48 percent of residents with a college degree or higher.
- ✘ Area 3/13 has a high prison population with 22 of Florida’s 60 correctional institutions located in the area.
- ✘ Hispanic residents accounted for about 8 percent of Area 3/13’s population compared to 21.5 percent of Florida’s in 2009. Rural Lafayette County has the highest percentage of Hispanic residents in Area 3/13 with 13.8 percent.
- ✘ Population projections for Dixie, Lake, Levy, Marion and Sumter counties predict over 20 percent increase in Hispanic residents by 2015.
- ✘ Overall, 15.3 percent of the area’s population lives below 100 percent of poverty as compared to 12.5 percent of the state’s population.

DEMOGRAPHIC CHARACTERISTICS

Clearly, the sheer number of people in a community is the leading determinant of the demand for health care services. Florida, a diverse state with nearly 18.5 million people, is the fourth largest state in terms of population according to the 2007 annual estimate by the United States Census Bureau. Area 3/13 covers approximately 20 percent of the state’s total land area – about 10,505 square miles – and sustains 7.7 percent of the state’s total population (Table 1).

The largest county in Area 3/13 by population size is Marion County with an estimated 2009 population of 341,870. The second most populated county is Lake County with an estimated 305,150 residents. Alachua County with a population of 247,537 is third in terms of population size (Table 1, Figure 2).

A county with a population density of less than 100 individuals per square mile is defined as “rural” by Florida Statute.¹ Of Florida’s 33 rural counties, nine are in Area 3/13 – Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Suwannee, and Union (Table 1).

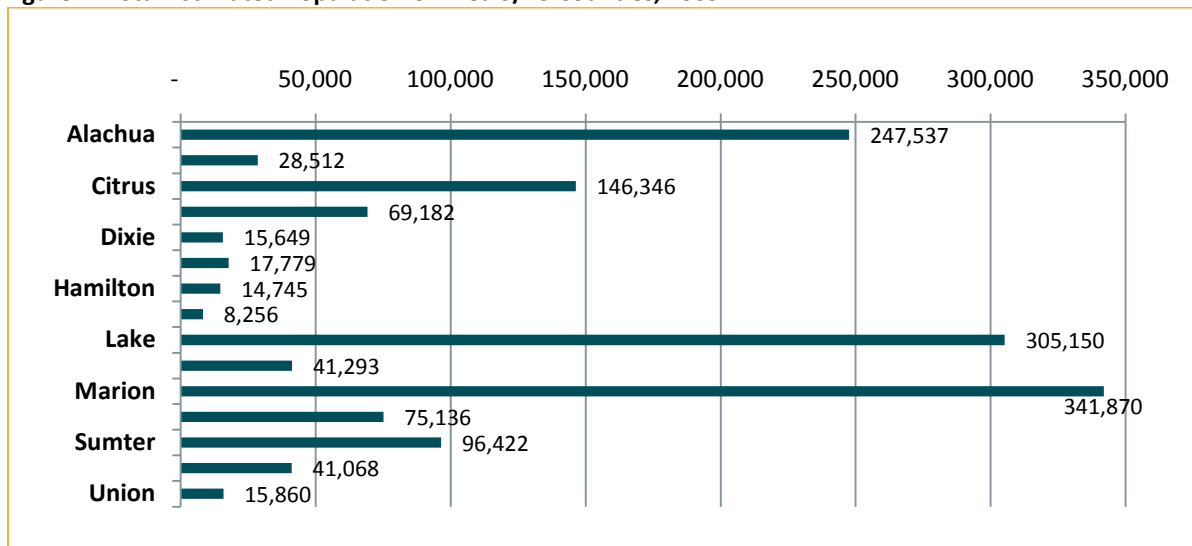
Table 1 also shows the population density of Area 3/13 counties. Population density is calculated by dividing the total population by the total number of square miles. Area 3/13’s population density is only 39 percent of the state average. Area 3/13 population is estimated by summing the population of the identified counties.

Table 1: Total Estimated Population and Density by County, Area 3/13 and Florida, 2009.

Area	2009 Population	Land Area (Square Miles)	Density (Persons Per Square Mile)
Alachua	247,537	874.3	283.1
Bradford	28,512	293.1	97.3
Citrus	146,346	583.8	250.7
Columbia	69,182	797.1	86.8
Dixie	15,649	704.0	22.2
Gilchrist	17,779	348.9	51.0
Hamilton	14,745	514.9	28.6
Lafayette	8,256	542.8	15.2
Lake	305,150	953.2	320.1
Levy	41,293	1,118.4	36.9
Marion	341,870	1,578.9	216.5
Putnam	75,136	721.9	104.1
Sumter	96,422	545.7	176.7
Suwannee	41,068	687.6	59.7
Union	15,860	240.3	66.0
Area 3/13	1,464,805	10,504.9	139.4
Florida	19,021,613	53,926.8	352.7

Source: University of Florida, Bureau of Economic and Business Research, Florida Statistical Abstract, 2008; ESRI Business Solutions, 2009.
Prepared by: WellFlorida Council, 2010.

Figure 2: Total Estimated Population of Area 3/13 Counties, 2009.



Source: University of Florida, Bureau of Economic and Business Research, Florida Statistical Abstract, 2008. ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

Living in a rural area in itself is a health risk factor because of many associated factors that can negatively impact health and access to health care. Florida’s Office of Rural Health identifies the following issues relative to Florida’s rural residents:

- disproportionately higher death rates
- large populations of uninsured or underinsured persons
- recruitment/retention problems for emergency medical services
- shortage of health care providers
- limited access to services
- significant financial hardships.ⁱⁱ

Because of these issues, persons living with HIV/AIDS who reside in the rural areas often face exaggerated barriers when accessing health care.

Population Growth and Projections

Population growth is anticipated in all 15 counties of Area 3/13 (Table 2). The 2009 to 2014 percentage change varies across the area from an estimated 2.7 percent increase in Hamilton County, to an estimated 29 percent increase in population in Sumter County (Table 3).

Table 2: Projected Population by Area 3/13 Counties and Florida, 2000-2014.

Area	2000 Population	2003 Population	2005 Population	2007 Population	2009 Population	2014 Population
Alachua	217,955	228,316	237,372	244,351	247,537	263,364
Bradford	26,088	26,748	27,380	29,254	28,512	28,785
Citrus	118,085	125,887	132,823	142,431	146,346	161,352
Columbia	56,513	59,799	60,717	65,939	69,182	75,557
Dixie	13,827	14,257	14,601	15,879	15,649	16,279
Gilchrist	14,437	15,415	15,940	17,216	17,779	19,663

Hamilton	13,327	14,048	14,045	14,763	14,745	15,141
Lafayette	7,022	7,479	7,509	8,089	8,256	8,634
Lake	210,528	238,991	260,927	292,691	305,150	359,121
Levy	34,450	36,820	37,315	40,218	41,293	44,936
Marion	258,916	277,141	302,001	328,656	341,870	386,063
Putnam	70,423	71,088	72,193	76,969	75,136	76,749
Sumter	53,345	61,126	70,659	86,433	96,422	124,416
Suwannee	34,844	37,158	38,710	39,714	41,068	44,575
Union	13,442	14,194	14,070	15,282	15,860	16,509
Area 3/13	1,143,202	1,228,467	1,306,262	1,417,885	1,464,805	1,641,144
Florida	15,982,378	16,995,730	17,926,011	18,893,813	19,021,613	20,472,562

Source: ESRI Business Solutions, 2003, 2005, 2007, and 2009. Prepared by: WellFlorida Council, 2010.

As seen in Table 3, the eight counties of Citrus (10.3 percent), Columbia (9.2 percent), Gilchrist (10.6 percent), Lake (17.7 percent), Levy (8.8 percent), Marion (12.9 percent), Sumter (29 percent), and Suwannee (8.5 percent) are expected to exceed Florida's anticipated 7.6 percentage change from 2009 to 2014 whereas seven counties of Area 3/13 are expected to increase their population from 2009 to 2014 by 7 percent or less (Alachua, Bradford, Dixie, Hamilton, Lafayette, Putnam, and Union).

The United States Census Bureau, based on 2009 population growth estimates, identifies Lake and Sumter counties in Area 3/13 on the list of the "100 fastest growing United States counties with a 10,000 or more population." Lake County is ranked at number 32 while Sumter County makes the list ranked in the 39th spot.

When making decisions about health and health services, it is important to examine future population trends. An increase or decrease in population within a given area (rural or urban) results in a change in the demand for services and ultimately, an increase or decrease in the need for service capacity.

Table 3: Percent Change in Population Growth by Area 3/13 Counties and Florida, 2000-2014

Area	2000	2000	2000	2000	2000	2003	2005	2007	2009
	-	-	-	-	-	-	-	-	-
	2003	2005	2007	2009	2014	2005	2007	2009	2014
Alachua	4.8	8.9	12.1	13.6	20.8	4.0	2.9	1.3	6.4
Bradford	2.5	5.0	12.1	9.3	10.3	2.4	6.8	(2.5)	1.0
Citrus	6.6	12.5	20.6	23.9	36.6	5.5	7.2	2.7	10.3
Columbia	5.8	7.4	16.7	22.4	33.7	1.5	8.6	4.9	9.2
Dixie	3.1	5.6	14.8	13.2	17.7	2.4	8.8	(1.4)	4.0
Gilchrist	6.8	10.4	19.2	23.1	36.2	3.4	8.0	3.3	10.6
Hamilton	5.4	5.4	10.8	10.6	13.6	(0.0)	5.1	(0.1)	2.7
Lafayette	6.5	6.9	15.2	17.6	23.0	0.4	7.7	2.1	4.6
Lake	13.5	23.9	39.0	44.9	70.6	9.2	12.2	4.3	17.7
Levy	6.9	8.3	16.7	19.9	30.4	1.3	7.8	2.7	8.8
Marion	7.0	16.6	26.9	32.0	49.1	9.0	8.8	4.0	12.9
Putnam	0.9	2.5	9.3	6.7	9.0	1.6	6.6	(2.4)	2.1

Sumter	14.6	32.5	62.0	80.8	133.2	15.6	22.3	11.6	29.0
Suwannee	6.6	11.1	14.0	17.9	27.9	4.2	2.6	3.4	8.5
Union	5.6	4.7	13.7	18.0	22.8	(0.9)	8.6	3.8	4.1
Area 3/13	7.5	14.3	24.0	28.1	43.6	6.3	8.5	3.3	12.0
Florida	6.3	12.2	18.2	19.0	28.1	5.5	5.4	0.7	7.6

Source: ESRI Business Solutions, 2003, 2005, 2007, and 2009. Prepared by: WellFlorida Council, 2010.

Population by Age, Gender, Race, and Ethnicity

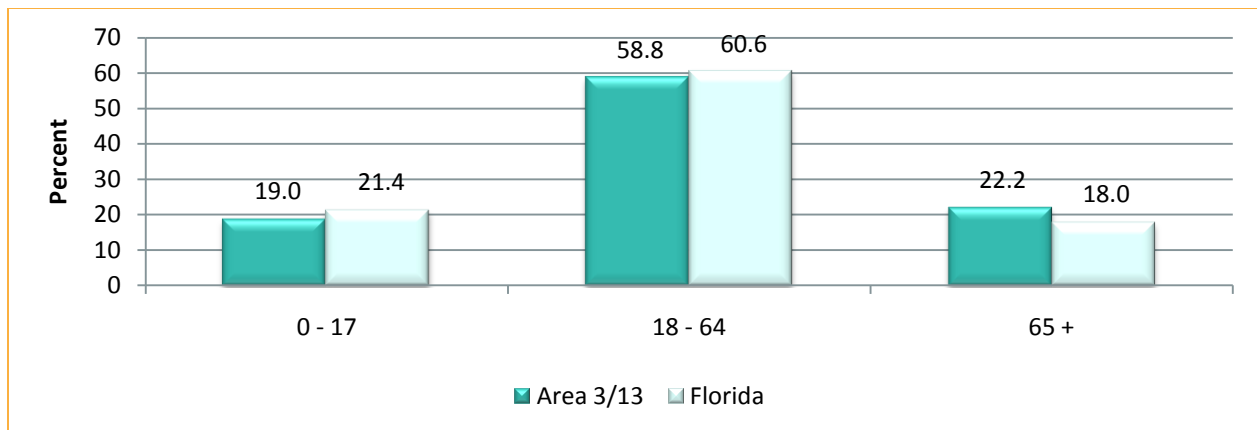
Age, gender, race, and ethnicity are all factors that play a role in health care access and health outcome. Typically, older persons will have greater health care service needs than their younger counterparts; and health care research has long shown racial/ethnic disparities exist in access to health care and in key health outcomes. In addition, the primary health care needs of males and females can differ greatly, especially at critical stages of life. Reviewing population characteristics based on these factors shows disparities existing in certain population groups.

Age

The total United States population increased from 151 million to 296 million from 1950 to 2005, representing an average annual growth rate of 1.2 percent. During the same period, the population 65 years of age and over grew an average of 2 percent. The fastest growing population was 75 years and older averaging 2.8 percent per year.ⁱⁱⁱ It is anticipated the older age groups will continue to grow more rapidly than the total population until 2050. Florida has the largest proportion of elderly residents in the United States with approximately 18 percent of the population 65 years or older.^{iv}

Figure 3 compares the percentage of population by age group for Area 3/13 and Florida. As expected because of the greater number of years within the category, individuals 18 to 64 years of age represent the largest proportion of the population in Area 3/13 and Florida. Area 3/13 shows a slightly higher percentage of people age 65 and over, and slightly lower in the 0 to 17 age group when compared to Florida’s population.

Figure 3 Percent of Population by Age Group in Area 3/13 and Florida.



Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

To identify anticipated service needs for a given area, it is important to examine age distribution of the population. Table 4 displays the age distribution for the population in each county of Area 3/13 and Florida in 2009.

- 73.2 percent of Union County's population is in the 18 to 64 age group. Alachua County has 71.4 percent of its population in this age group, while Sumter is on the lower end with 53.1 percent.
- The 65 and older age group comprises approximately 34.2 percent of Citrus County and 32.2 percent of Sumter County, compared to 18 percent of Florida's population. Union County has the lowest 65 and older population with 7.5 percent.
- Lake and Marion, the two largest counties of Area 3/13 in terms of numbers of residents, have similar percentages when compared to one another across all three age categories.
- Alachua County, the third in terms of population size, varies from Lake and Marion counties with a higher percentage of residents in the 18 to 64 age group. It is noted that Gainesville is the home of the University of Florida.
- The age distributions in Levy, Suwannee and Putnam counties are the most similar to the age distribution of the state.

Table 4: Population by Age in Area 3/13 Counties and Florida, 2009.

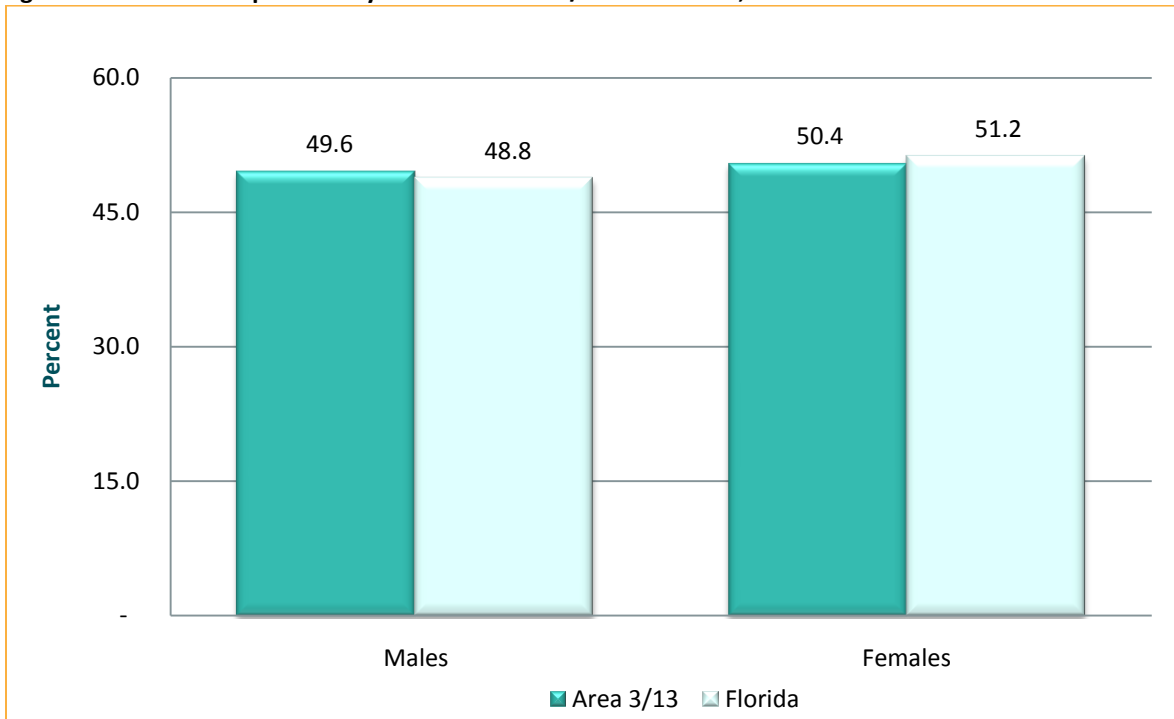
Area	2009 Population	0 - 17		18 - 64		65 +	
		Number	Percent	Number	Percent	Number	Percent
Alachua	247,537	45,220	18.3	176,692	71.4	25,625	10.4
Bradford	28,512	5,616	19.7	18,952	66.5	3,944	13.8
Citrus	146,346	20,950	14.3	75,296	51.5	50,100	34.2
Columbia	69,182	15,905	23.0	42,842	61.9	10,435	15.1
Dixie	15,649	3,134	20.0	9,467	60.5	3,048	19.5
Gilchrist	17,779	3,949	22.2	11,132	62.6	2,698	15.2
Hamilton	14,745	3,231	21.9	9,807	66.5	1,707	11.6
Lafayette	8,256	1,647	19.9	5,523	66.9	1,086	13.2
Lake	305,150	60,407	19.8	166,855	54.7	77,888	25.5
Levy	41,293	8,828	21.4	24,759	60.0	7,706	18.7
Marion	341,870	65,605	19.2	189,249	55.4	87,016	25.5
Putnam	75,136	16,718	22.3	43,975	58.5	14,443	19.2
Sumter	96,422	14,100	14.6	51,238	53.1	31,084	32.2
Suwannee	41,068	9,258	22.5	24,352	59.3	7,458	18.2
Union	15,860	3,056	19.3	11,612	73.2	1,192	7.5
Area 3/13	1,464,805	277,624	19.0	861,751	58.8	325,430	22.2
Florida	19,021,613	4,074,811	21.4	11,521,275	60.6	3,425,527	18.0

Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

Gender

In Florida, according to the 2009 population estimates, 51.2 percent of residents are female and 48.8 percent of residents are male (Figure 4). Like the state, Area 3/13 has a slightly higher percentage of females than males (50.5 and 49.6 percent, respectively).

Figure 4: Percent of Population by Gender in Area 3/13 and Florida, 2009.



Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

Table 5 depicts eight counties in Area 3/13 with higher male than female populations: Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Sumter, and Union. In general, communities with a greater percentage of males may be expected to have higher rates of HIV/ AIDS since men are more likely to be infected. It is important to note the individual county population numbers in Area 3/13 also include the Florida Department of Corrections’ inmate population. In some cases, the corrections population may skew the county population numbers. For example, in Union County where there is a major institution, the male population is almost double that of females.

Table 5: Population by Gender in Area 3/13 Counties and Florida, 2007.

Area	2009 Population	Males		Females	
		Number	Percent	Number	Percent
Alachua	247,537	121,221	49.0	126,316	51.0
Bradford	28,512	16,240	57.0	12,272	43.0
Citrus	146,346	70,185	48.0	76,161	52.0
Columbia	69,182	35,359	51.1	33,823	48.9
Dixie	15,649	8,376	53.5	7,273	46.5
Gilchrist	17,779	9,268	52.1	8,511	47.9
Hamilton	14,745	8,651	58.7	6,094	41.3
Lafayette	8,256	5,114	61.9	3,142	38.1
Lake	305,150	147,652	48.4	157,498	51.6
Levy	41,293	20,166	48.8	21,127	51.2

Marion	341,870	165,378	48.4	176,492	51.6
Putnam	75,136	37,220	49.5	37,916	50.5
Sumter	96,422	50,598	52.5	45,824	47.5
Suwannee	41,068	20,093	48.9	20,975	51.1
Union	15,860	10,476	66.1	5,384	33.9
Area 3/13	1,464,805	725,997	49.6	738,808	50.4
Florida	19,021,613	9,281,896	48.8	9,739,717	51.2

Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

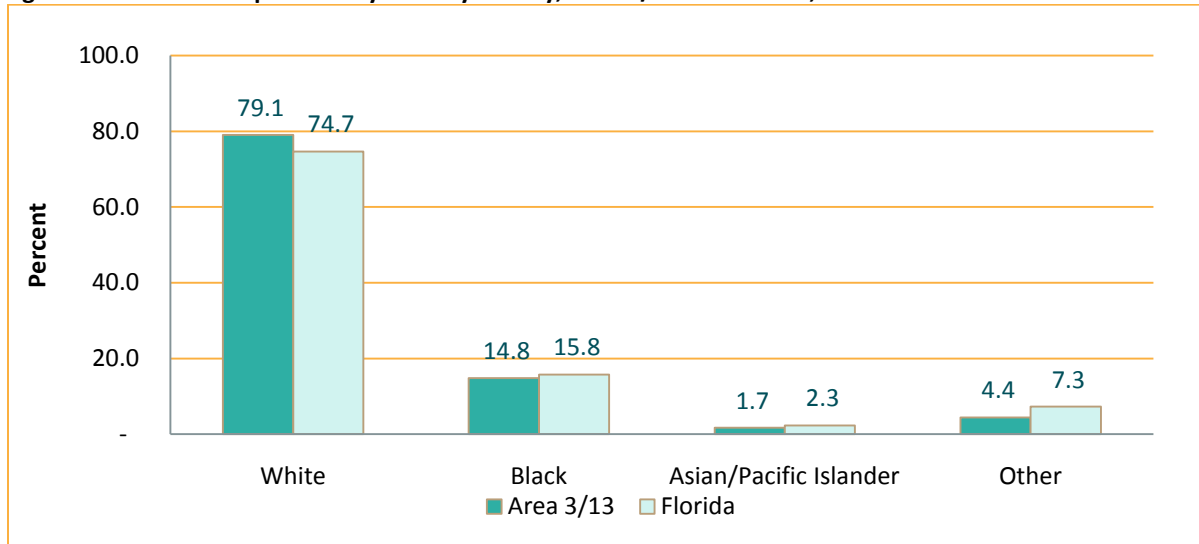
Race and Ethnicity

The racial and ethnic composition of a population can have important consequences since many measures of disease differ significantly by race and ethnicity. The Centers for Disease Control and Prevention reports that although Blacks/ African Americans made up only 13 percent of the population in 2006, they accounted for almost half of the estimated number of HIV/AIDS diagnoses.^v

Given this information, examining the racial makeup of the general population of Area 3/13 will help to predict the potential impact of HIV spread. The Hispanic population is considered separately because it is identified as an ethnicity, rather than a race. This means a person could be Hispanic and White/Caucasian, Hispanic and Asian, or Hispanic and Black/African American.

Figure 5 summarizes the general population by race in Area 3/13 counties and Florida. Florida’s population is 74.7 percent White/Caucasian, 15.8 percent Black/African American, and 2.3 percent Asian/Pacific Islander. All others combined account for 7.3 percent of the population.

Figure 5: Percent of Population by Race by County, Area 3/13 and Florida, 2009.



Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

The general population of Area 3/13 is 79.1 percent White/Caucasian, 14.8 percent Black/African American, 1.7 percent Asian/Pacific Islander, and 4.4 percent all others. Table 6 depicts the greater individual variances within each county:

- Alachua has over twice the percentage of residents (4.7 percent) who identified as Asian/Pacific Islander compared to 2.2 percent of Florida. Eleven of the 15 counties have less than one percent of residents who identified as Asian/Pacific Islander.
- Significantly lower than the state average (15.6 percent) of the Black/ African American population are the counties of Citrus (2.9 percent), Gilchrist (8.4 percent), and Lake (9.8 percent).
- The Black/African American population is above the state average in the counties of Alachua (21.9 percent), Bradford (24.1 percent), Hamilton (41.6 percent), and Union (26.3 percent) as compared to 15.6 percent of Florida.
- Conversely, the counties mentioned above who are significantly lower in the Black/African American population are higher in the White/Caucasian population. For example, Citrus County has 2.9 percent of its
- population identified as Black/African American and 93.8 percent of its population White/Caucasian.
- With the exception of Lafayette (8.9 percent), all other Area 3/13 counties are lower than the “others” population of Florida (7.3 percent).

Table 6: Population by Race in Area 3/13 Counties and Florida, 2009.

Area	2009 Population	Asian/Pacific Islander		Black		Other		White	
		Number	Percent	Number	Percent	Number	Percent	Number	Percent
Alachua	247,537	12,370	5.0	55,383	22.4	11,712	4.7	168,072	67.9
Bradford	28,512	273	1.0	7,099	24.9	820	2.9	20,320	71.3
Citrus	146,346	1,753	1.2	4,371	3.0	3,413	2.3	136,809	93.5
Columbia	69,182	705	1.0	14,210	20.5	2,248	3.2	52,019	75.2
Dixie	15,649	65	0.4	1,748	11.2	401	2.6	13,435	85.9
Gilchrist	17,779	44	0.2	1,549	8.7	554	3.1	15,632	87.9
Hamilton	14,745	41	0.3	6,245	42.4	640	4.3	7,819	53.0
Lafayette	8,256	16	0.2	1,393	16.9	735	8.9	6,112	74.0
Lake	305,150	3,697	1.2	30,828	10.1	14,830	4.9	255,795	83.8
Levy	41,293	243	0.6	5,526	13.4	1,479	3.6	34,045	82.4
Marion	341,870	3,547	1.0	47,459	13.9	16,908	4.9	273,956	80.1
Putnam	75,136	516	0.7	15,163	20.2	4,873	6.5	54,584	72.6
Sumter	96,422	638	0.7	15,890	16.5	4,117	4.3	75,777	78.6
Suwannee	41,068	326	0.8	6,009	14.6	1,547	3.8	33,186	80.8
Union	15,860	76	0.5	4,290	27.0	672	4.2	10,822	68.2
Area 3/13	1,464,805	24,310	1.7	217,163	14.8	64,949	4.4	1,158,383	79.1
Florida	19,021,613	434,951	2.3	2,995,929	15.8	1,385,340	7.3	14,205,393	74.7

Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

The population projections through 2015 by race are presented in Table 7. Florida's population is projected to increase from 2010 to 2015 by approximately 6.5 percent, which includes a 7.6 percent increase in Black/African Americans, a 6.1 percent increase in White/Caucasians and a 12.9 percent increase in all others.

Table 7: Population Projections by Race by Area 3/13 Counties and Florida, 2005-2015.

Area	Race	Population by Year			Percent Change		
		2005	2010	2015	2005-2010	2005-2015	2010-2015
Alachua	Black	51,122	53,785	57,843	5.2	13.1	7.5
	Other	11,007	12,012	13,364	9.1	21.4	11.3
	White	179,729	190,552	199,858	6.0	11.2	4.9
	Total	241,858	256,349	271,065	6.0	12.1	5.7
Bradford	Black	6,209	6,566	7,071	5.7	13.9	7.7
	Other	394	460	537	16.8	36.3	16.7
	White	21,592	22,105	23,026	2.4	6.6	4.2
	Total	28,195	29,131	30,634	3.3	8.7	5.2
Citrus	Black	3,873	4,230	4,778	9.2	23.4	13.0
	Other	1,983	2,181	2,465	10.0	24.3	13.0
	White	127,616	138,196	149,229	8.3	16.9	8.0
	Total	133,472	144,607	156,472	8.3	17.2	8.2

Table continued on next page...

Continued Table 7: Population Projections by Race by Area 3/13 Counties and Florida, 2005-2015.

Area	Race	Population by Year			Percent Change		
		2005	2010	2015	2005-2010	2005-2015	2010-2015
Columbia	Black	10,558	12,280	12,855	16.3	21.8	4.7
	Other	933	1,179	1,320	26.4	41.5	12.0
	White	50,253	54,476	57,992	8.4	15.4	6.5
	Total	61,744	67,935	72,167	10.0	16.9	6.2
Dixie	Black	1,408	1,603	1,864	13.8	32.4	16.3
	Other	132	168	199	27.3	50.8	18.5
	White	13,942	14,403	15,402	3.3	10.5	6.9
	Total	15,482	16,174	17,465	4.5	12.8	8.0
Gilchrist	Black	1,116	1,425	1,570	27.7	40.7	10.2
	Other	101	149	174	47.5	72.3	16.8
	White	15,086	16,116	17,342	6.8	15.0	7.6
	Total	16,303	17,690	19,086	8.5	17.1	7.9
Hamilton	Black	5,350	5,654	5,747	5.7	7.4	1.6
	Other	157	206	244	31.2	55.4	18.4
	White	8,812	8,901	9,174	1.0	4.1	3.1
	Total	14,319	14,761	15,165	3.1	5.9	2.7
Lafayette	Black	1,188	2,276	2,299	91.6	93.5	1.0
	Other	84	176	196	109.5	133.3	11.4
	White	6,792	7,422	7,643	9.3	12.5	3.0
	Total	8,064	9,874	10,138	22.4	25.7	2.7
Lake	Black	22,605	25,831	28,869	14.3	27.7	11.8
	Other	3,919	4,748	5,561	21.2	41.9	17.1
	White	239,192	263,678	295,924	10.2	23.7	12.2
	Total	265,716	294,257	330,354	10.7	24.3	12.3
Levy	Black	4,134	4,486	4,764	8.5	15.2	6.2
	Other	394	484	553	22.8	40.4	14.3
	White	33,608	36,877	39,944	9.7	18.9	8.3
	Total	38,136	41,847	45,261	9.7	18.7	8.2
Marion	Black	35,966	39,994	43,586	11.2	21.2	9.0
	Other	4,402	5,214	5,997	18.4	36.2	15.0
	White	267,278	286,980	314,858	7.4	17.8	9.7
	Total	307,646	332,188	364,441	8.0	18.5	9.7
Putnam	Black	12,539	12,517	12,626	(0.2)	0.7	0.9
	Other	891	978	1,071	9.8	20.2	9.5
	White	60,467	61,489	62,986	1.7	4.2	2.4
	Total	73,897	74,984	76,683	1.5	3.8	2.3
Sumter	Black	9,642	11,765	12,907	22.0	33.9	9.7
	Other	935	1,222	1,435	30.7	53.5	17.4
	White	65,083	85,959	104,333	32.1	60.3	21.4
	Total	75,660	98,946	118,675	30.8	56.9	19.9

Continued Table 7: Population Projections by Race by Area 3/13 Counties and Florida, 2005-2015.

Area	Race	Population by Year			Percent Change		
		2005	2010	2015	2005-2010	2005-2015	2010-2015
Suwannee	Black	4,389	6,475	6,585	47.5	50.0	1.7
	Other	417	659	724	58.0	73.6	9.9
	White	33,513	38,873	41,460	16.0	23.7	6.7
	Total	38,319	46,007	48,769	20.1	27.3	6.0
Union	Black	3,544	3,972	4,107	12.1	15.9	3.4
	Other	200	249	282	24.5	41.0	13.3
	White	11,391	12,090	12,687	6.1	11.4	4.9
	Total	15,135	16,311	17,076	7.8	12.8	4.7
Area 3/13	Black	173,643	192,859	207,471	11.1	19.5	7.6
	Other	25,949	30,085	34,122	15.9	31.5	13.4
	White	1,134,354	1,238,117	1,351,858	9.1	19.2	9.2
	Total	1,333,946	1,461,061	1,593,451	9.5	19.5	9.1
Florida	Black	2,949,668	3,113,900	3,350,955	5.6	13.6	7.6
	Other	487,164	544,192	614,330	11.7	26.1	12.9
	White	14,581,665	15,241,320	16,167,027	4.5	10.9	6.1
	Total	18,018,497	18,899,412	20,132,312	4.9	11.7	6.5

Source: www.FloridaCHARTS.com, accessed March 2010. Prepared by: WellFlorida Council, 2010.

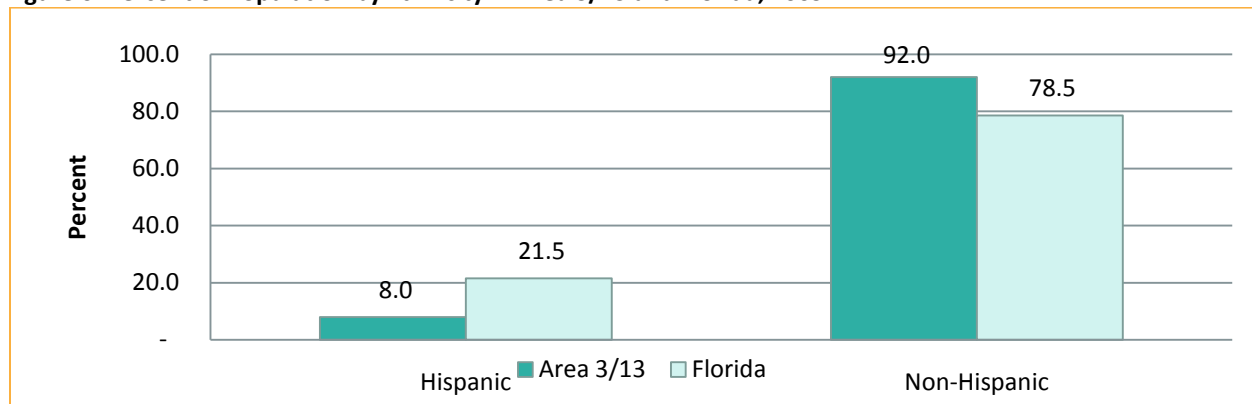
As previously noted, the Hispanic population is considered separately because it is identified as an ethnicity, rather than a race. This means a person could be Hispanic and any race. Factors that contribute to poor health outcomes among Hispanics include language and cultural barriers, lack of access to preventative health care, and lack of health insurance.^{vi}

According to the 2000 Census, Hispanics of all races represent 13.3 percent of the United States population, about 37.4 million individuals. The Census Bureau projects that by the year 2040, there will be 87.5 million Hispanic individuals, comprising 22.3 percent of the population.^{vii}

Between 1990 and 2000, Florida's Hispanic population increased from 1.6 million to 2.7 million persons (70.4 percent increase). As Florida's largest minority group, Hispanics are projected to account for about 23 percent of Florida's population by 2030 according to University of Florida's Bureau of Economic and Business Research.

As seen in Figure 6, Area 3/13's 8 percent Hispanic population is notably less than the 21.5 percent of Florida's residents. In Table 2-8, Area 3/13 county population by ethnicity is detailed. Five of Area 3/13 counties have five percent or less of county residents identified as Hispanic (Bradford, Citrus, Columbia, Dixie, Gilchrist, and Union counties). The remaining ten counties range from 5.4 percent to 13.8 percent of Hispanic residents. Rural Lafayette County has the highest percentage of Hispanic residents with 13.8 percent.

Figure 6: Percent of Population by Ethnicity in Area 3/13 and Florida, 2009.



Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

Table 8: Population by Ethnicity by Area 3/13 Counties and Florida, 2009.

Area	2009 Population	Hispanic		Non-Hispanic	
		Number	Percent	Number	Percent
Alachua	247,537	21,254	8.6	226,283	91.4
Bradford	28,512	1,040	3.6	27,472	96.4
Citrus	146,346	6,288	4.3	140,058	95.7
Columbia	69,182	2,942	4.3	66,240	95.7
Dixie	15,649	450	2.9	15,199	97.1
Gilchrist	17,779	796	4.5	16,983	95.5
Hamilton	14,745	1,357	9.2	13,388	90.8
Lafayette	8,256	1,143	13.8	7,113	86.2
Lake	305,150	26,886	8.8	278,264	91.2
Levy	41,293	2,507	6.1	38,786	93.9
Marion	341,870	31,963	9.3	309,907	90.7
Putnam	75,136	6,830	9.1	68,306	90.9
Sumter	96,422	9,341	9.7	87,081	90.3
Suwannee	41,068	3,127	7.6	37,941	92.4
Union	15,860	864	5.4	14,996	94.6
Area 3/13	1,464,805	116,788	8.0	1,348,017	92.0
Florida	19,021,613	4,085,950	21.5	14,935,663	78.5

Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

The population projections by ethnicity are examined in Table 9. Overall, the Hispanic population in Area 3/13 is expected to increase at a faster rate than the state (20.2 percent and 12.1 percent, respectively) between 2010 and 2015. All counties, except Union County, in Area 3/13 are also expected to exceed the state's anticipated growth in the Hispanic population ranging from 12.9 percent to 24.6 percent. The population projections for Levy and Lake show the highest percentage increase in Hispanic residents, 23.4 percent and 24.6 percent, respectively.

Table 9: Population Projections by Ethnicity by Area 3/13 Counties and Florida, 2005-2015.

Area	Race	Population by Year			Percent Change		
		2005	2010	2015	2005-2010	2005-2015	2010-2015
Alachua	Hispanic	17,641	22,058	25,403	25.0	44.0	15.2
	Non-Hispanic	224,217	234,291	245,662	4.5	9.6	4.9
	Total	241,858	256,349	271,065	6.0	12.1	5.7
Bradford	Hispanic	788	943	1,082	19.7	37.3	14.7
	Non-Hispanic	27,407	28,188	29,552	2.8	7.8	4.8
	Total	28,195	29,131	30,634	3.3	8.7	5.2
Citrus	Hispanic	4,439	6,385	7,652	43.8	72.4	19.8
	Non-Hispanic	129,033	138,222	148,820	7.1	15.3	7.7
	Total	133,472	144,607	156,472	8.3	17.2	8.2
Columbia	Hispanic	2,034	3,065	3,609	50.7	77.4	17.7
	Non-Hispanic	59,710	64,870	68,558	8.6	14.8	5.7
	Total	61,744	67,935	72,167	10.0	16.9	6.2
Dixie	Hispanic	365	311	377	(14.8)	3.3	21.2
	Non-Hispanic	15,117	15,863	17,088	4.9	13.0	7.7
	Total	15,482	16,174	17,465	4.5	12.8	8.0
Gilchrist	Hispanic	535	804	964	50.3	80.2	19.9
	Non-Hispanic	15,768	16,886	18,122	7.1	14.9	7.3
	Total	16,303	17,690	19,086	8.5	17.1	7.9
Hamilton	Hispanic	1,416	1,587	1,813	12.1	28.0	14.2
	Non-Hispanic	12,903	13,174	13,352	2.1	3.5	1.4
	Total	14,319	14,761	15,165	3.1	5.9	2.7
Lafayette	Hispanic	722	1,405	1,590	94.6	120.2	13.2
	Non-Hispanic	7,342	8,469	8,548	15.4	16.4	0.9
	Total	8,064	9,874	10,138	22.4	25.7	2.7
Lake	Hispanic	22,474	31,378	39,107	39.6	74.0	24.6
	Non-Hispanic	243,242	262,879	291,247	8.1	19.7	10.8
	Total	265,716	294,257	330,354	10.7	24.3	12.3

Table continued on next page...

Continued Table 9: Population Projections by Ethnicity by Area 3/13 Counties and Florida, 2005-2015.

Area	Race	Population by Year			Percent Change		
		2005	2010	2015	2005-2010	2005-2015	2010-2015
Levy	Hispanic	1,962	3,298	4,070	68.1	107.4	23.4
	Non-Hispanic	36,174	38,549	41,191	6.6	13.9	6.9
	Total	38,136	41,847	45,261	9.7	18.7	8.2
Marion	Hispanic	25,366	33,998	41,309	34.0	62.9	21.5
	Non-Hispanic	282,280	298,190	323,132	5.6	14.5	8.4
	Total	307,646	332,188	364,441	8.0	18.5	9.7
Putnam	Hispanic	5,887	6,690	7,556	13.6	28.4	12.9
	Non-Hispanic	68,010	68,294	69,127	0.4	1.6	1.2
	Total	73,897	74,984	76,683	1.5	3.8	2.3
Sumter	Hispanic	6,881	9,083	11,096	32.0	61.3	22.2
	Non-Hispanic	68,779	89,863	107,579	30.7	56.4	19.7
	Total	75,660	98,946	118,675	30.8	56.9	19.9
Suwannee	Hispanic	2,490	4,032	4,786	61.9	92.2	18.7
	Non-Hispanic	35,829	41,975	43,983	17.2	22.8	4.8
	Total	38,319	46,007	48,769	20.1	27.3	6.0
Union	Hispanic	657	757	819	15.2	24.7	8.2
	Non-Hispanic	14,478	15,554	16,257	7.4	12.3	4.5
	Total	15,135	16,311	17,076	7.8	12.8	4.7
Area 3/13	Hispanic	93,657	125,794	151,233	34.3	61.5	20.2
	Non-Hispanic	1,240,289	1,335,267	1,442,218	7.7	16.3	8.0
	Total	1,333,946	1,461,061	1,593,451	9.5	19.5	9.1
Florida	Hispanic	3,467,417	4,057,480	4,548,778	17.0	31.2	12.1
	Non-Hispanic	14,551,080	14,841,932	15,583,534	2.0	7.1	5.0
	Total	18,018,497	18,899,412	20,132,312	4.9	11.7	6.5

Source: www.FloridaCHARTS.com, accessed March 2010. Prepared by: WellFlorida Council, 2010.

SOCIOECONOMIC CHARACTERISTICS

The socioeconomic status and often the health status of a region and its residents can be assessed by examining a variety of economic characteristics and social factors. Some of the most critical include income, poverty status, and employment. Higher incomes, lower poverty and better employment have all been shown to impact health access and health outcomes favorably. Conversely, lower income, higher poverty and poorer employment are definite predictors of a lack of access to health care and adverse health outcomes.

Beyond the economic factors are interrelated social issues. Poverty and homelessness are strongly connected to one another. Income remains one of the most significant factors in homelessness. Homelessness, mental illness, and co-occurring substance abuse are often associated with incarceration. This section looks at the standard measures of education, income, poverty status, and employment; and

also examines the interrelated social factors of homelessness, migrant and seasonal farm work, and incarceration as indicators of a community's health.

Education

Today's complex health care systems and treatment guidelines are often difficult to navigate and understand. Generally, persons with higher educational levels use health care systems somewhat more effectively than persons with little formal education. Research also suggests that educational level has a bearing on health outcome.

Approximately 20 percent of Florida residents (age 25 and over) have no high school diploma (Table 10). In Area 3/13, Hamilton County has the greatest percentage (37.1) of residents without a high school diploma; other counties range from 11.9 percent to 34.1 percent.

Table 10: Population by Level of Schooling Completed for Area 3/13 Counties and Florida, 2009.

Area	2009 Population (25+)	No High School Diploma		High School Diploma *		College Degree or Higher **	
		Number	Percent	Number	Percent	Number	Percent
Alachua	141,144	16,796	11.9	56,034	39.7	68,173	48.3
Bradford	19,902	5,135	25.8	11,901	59.8	2,866	14.4
Citrus	111,117	24,112	21.7	66,115	59.5	20,890	18.8
Columbia	45,492	11,509	25.3	25,885	56.9	8,052	17.7
Dixie	11,101	3,785	34.1	6,205	55.9	1,110	10.0
Gilchrist	11,157	3,079	27.6	6,404	57.4	1,674	15.0
Hamilton	9,701	3,599	37.1	4,957	51.1	1,135	11.7
Lafayette	5,665	1,801	31.8	3,212	56.7	651	11.5
Lake	214,453	43,320	20.2	122,882	57.3	48,252	22.5
Levy	28,595	7,463	26.1	16,699	58.4	4,432	15.5
Marion	240,719	52,477	21.8	139,858	58.1	48,385	20.1
Putnam	50,979	15,090	29.6	28,752	56.4	7,137	14.0
Sumter	73,868	16,768	22.7	44,469	60.2	12,631	17.1
Suwannee	27,765	7,441	26.8	16,020	57.7	4,331	15.6
Union	11,209	3,082	27.5	6,725	60.0	1,390	12.4
Area 3/13	1,002,867	215,459	21.5	556,119	55.5	231,109	23.0
Florida	12,755,241	2,563,803	20.1	6,441,397	50.5	3,750,041	29.4

* High school diploma includes those who have some college but no college degree. ** College degree includes, Associate, Bachelors, Masters, Professional School, and Doctorate Degrees.

Source: U.S. Department of Commerce, Census Bureau, 2000; ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

For just over 50 percent of the Florida population, a high school diploma is their highest level of education. The percentage of people receiving a high school diploma as their highest level of education in Area 3/13 counties ranges from 39.7 in Alachua County percent to 60.2 percent in Sumter County.

A college degree or higher has been earned by 29.4 percent of the population of Florida. In Alachua County, home of the University of Florida, slightly over 48 percent of residents have a college degree or higher. The other counties in Area 3/13 range from 10 percent in Dixie County to 22.5 percent in Lake County.

Income

Increased income is associated with increased access to health care and related services. Per capita income and median household income are used as indicators of wealth for a given area. Per capita income is the total income for a given population divided by the number of people within the population. Median household income is the amount that divides the income distribution into two equal groups, half of the population having an income above that amount and half of the population having an income below that amount.

Table 11 displays the per capita and median household income for Florida and counties in Area 3/13. Florida's income is \$27,128 per capita. No counties in Area 3/13 have per capita income levels as high as the state per capita income level. Hamilton County has the lowest per capita income with \$15,557. The highest per capita income in Area 3/13 is Lake County with \$25,273.

Table 11: Average Household Income, Per Capita and Median Household Income by Area 3/13 County and Florida, 2009.

Area	Average Household Income	Per Capita Income	Median household Income
Alachua	56,216	24,047	40,654
Bradford	50,016	19,071	40,984
Citrus	51,720	23,307	39,719
Columbia	47,466	18,664	38,778
Dixie	42,396	17,532	31,694
Gilchrist	45,732	17,498	36,315
Hamilton	38,871	15,557	30,313
Lafayette	46,865	17,453	36,104
Lake	60,280	25,273	47,759
Levy	44,258	18,331	33,911
Marion	52,274	22,125	40,201
Putnam	47,238	18,847	34,733
Sumter	48,946	21,562	39,720
Suwannee	44,242	17,594	35,920
Union	51,851	18,171	43,171
Florida	67,518	27,128	50,413

Source: ESRI Business Solutions, 2009. Prepared by: WellFlorida Council, 2010.

Florida's median household income is \$50,413. The median household income in Area 3/13 ranges from a low of \$30,313 in Hamilton County to a high of \$47,759 in Lake County.

Poverty

Income and poverty status can indicate the relative need for services in a community. Federal poverty levels are established by the United States Department of Health and Human Services (Table 12). These guidelines are used to determine income eligibility for many local, state, and federal programs and are established by comparing annual income to poverty thresholds. The thresholds vary by family size. For example, in 2007, a family of four is considered to be living in poverty if the household income is below \$20,650.

Poor persons are defined as those with incomes below the federal poverty threshold. Persons with incomes of 100% to less than 200% of the poverty threshold are classified as “near poor.” Low-income persons are defined as those with incomes less than 200% of the poverty threshold. A poverty rate for a county is the percentage of the county’s residents who have an annual income or live in a household with an annual income below the poverty threshold.

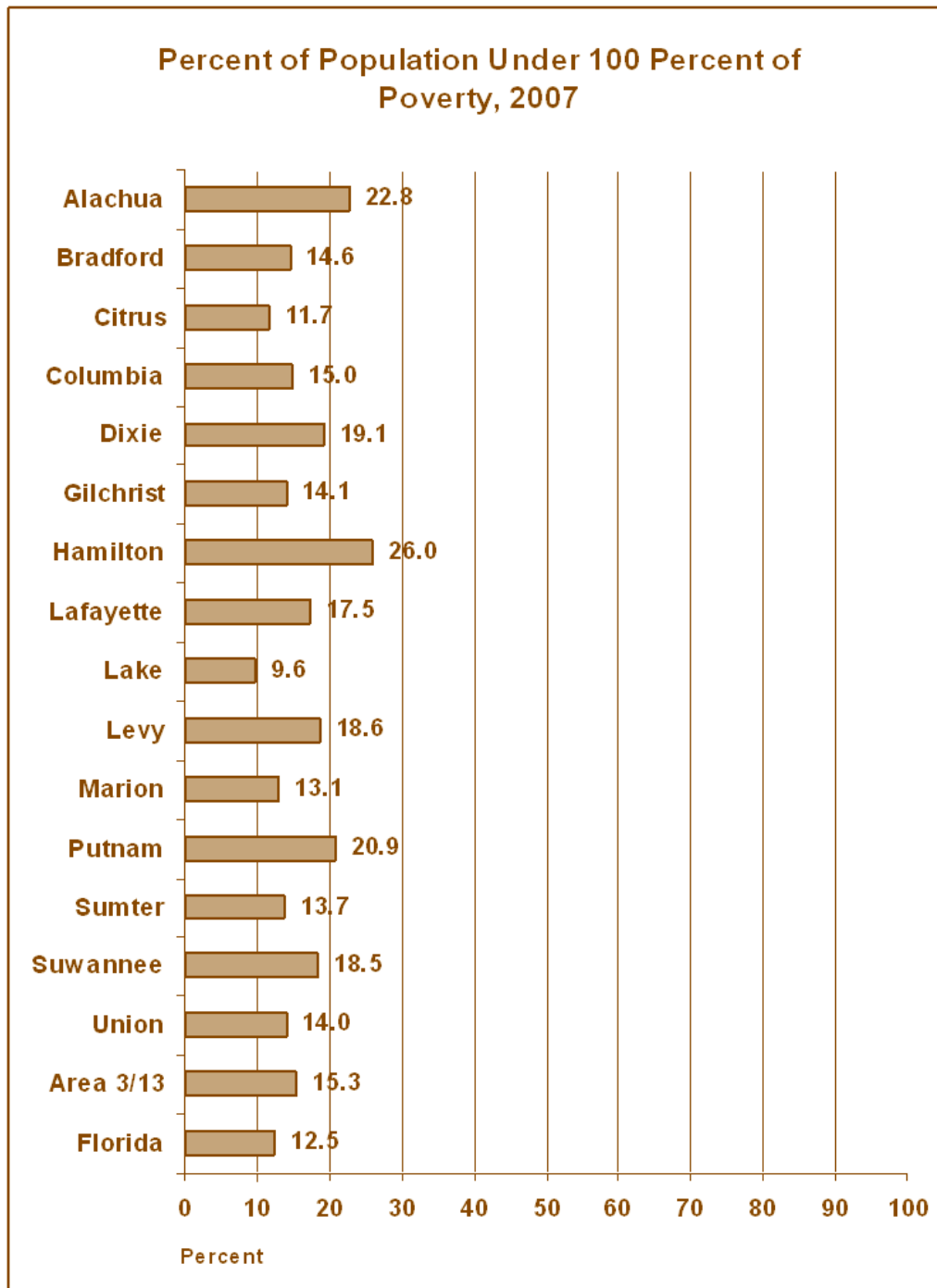
Figure 7 shows the percentage of the population who live under 100 percent of poverty in Area 3/13 as compared to Florida. Overall, 15.3 percent of the area’s population lives below 100 percent of poverty as compared to 12.5 percent of the state’s population. Three of the area’s counties have more than 20 percent of their population living under 100 percent of poverty – Alachua, Hamilton, and Putnam. Lake County has the lowest percentage of people living in poverty with 9.6 percent, well below the state percentage.

Table 12: Federal Poverty Levels (FPL) by Family Size, as of March 2010.

Family Size	100 Percent	150 Percent	200 Percent	300 Percent
1	10,830	16,245	21,660	32,490
2	14,570	21,855	29,140	43,710
3	18,310	27,465	36,620	54,930
4	22,050	33,075	44,100	66,150
5	25,790	38,685	51,580	77,370
6	29,530	44,295	59,060	88,590
7	33,270	49,905	66,540	99,810
8	37,010	55,515	74,020	111,030
Each additional person add:	3,740	5,610	7,480	11,220

Source: Federal Register, Vol. 74, No. 14, January 23, 2009. Prepared by: WellFlorida Council, 2010.

Figure 7: Percent of Population Who Live Under 100 Percent of Poverty in Area 3/13 Counties and Florida, 2007.



Source: U.S. Department of Commerce, Census Bureau, 2000 Summary Files. Prepared by: WellFlorida Council, 2008.

Employment

Being employed with health benefits or being the spouse or dependent of someone whose employer provides health insurance is still the most common way to obtain private health insurance. Unemployed individuals are less likely to have private health insurance coverage. Table 13 displays the

unemployment rates for Area 3/13 counties and Florida from 2004 to 2009. The downward trend changed in 2006 with unemployment rates climbing upward in 2007 in Area 3/13 and Florida.

The highest unemployment rate in Area 3/13 in 2009 was in Marion County with 12.9 percent, above the 10.5 percent rate of the state. Seven counties in Area 3/13 had unemployment rates above the Florida rate: Citrus (12.3 percent), Dixie (11.4 percent), Hamilton (11.1 percent), Lake (11.1 percent), Levy (11.7 percent), Marion (12.9 percent), and Putnam (12.0 percent).

Table 13: Unemployment Rate by Area 3/13 Counties and Florida, 2004 - 2009.

Area	2004	2005	2006	2007	2008	2009
Alachua	3.4	2.9	2.6	3.0	4.2	7.1
Bradford	3.8	3.1	2.8	3.4	4.7	8.2
Citrus	5.4	4.2	3.8	5.0	8.0	12.3
Columbia	4.2	3.4	3.2	3.6	5.4	9.4
Dixie	5.1	3.7	3.4	4.3	7.3	11.4
Gilchrist	3.9	3.1	2.8	3.8	5.6	9.3
Hamilton	4.7	4.0	3.8	4.6	7.1	11.1
Lafayette	3.2	3.0	2.8	3.0	4.4	7.6
Lake	4.4	3.7	3.3	4.1	6.4	11.1
Levy	4.6	3.7	3.5	4.2	6.9	11.7
Marion	4.6	3.7	3.4	4.5	7.7	12.9
Putnam	5.2	4.2	3.7	4.7	7.2	12.0
Sumter	4.5	3.3	2.8	3.5	5.4	9.1
Suwannee	4.2	3.6	3.2	3.6	5.6	10.0
Union	3.6	3.0	2.6	3.1	4.8	7.9
Area 3/13	4.3	3.5	3.2	4.0	6.2	10.5
Florida	4.7	3.8	3.4	4.1	6.3	10.5

Source: Florida Research Economic Database, Labor Market Statistics, <http://fred.labormarketinfor.com> accessed April 5, 2010. Prepared by: WellFlorida Council, 2010.

Migrant and Seasonal Farmworkers

According to the National Center for Farmworker Health, it is estimated there are over three million migrant and seasonal farmworkers in the United States.^{viii} The National Agricultural Workers Survey (NAQS) defines a “migrant” as a person traveling more than 75 miles to find farm work. Seasonal workers also perform labor in crop agriculture but do not migrate.^{ix}

The farmworker population has special health care concerns including lack of access to health care due to financial, geographical, and cultural and language barriers. The vast majority of farmworkers have no health benefits, no paid vacations, no sick leave, and few housing options available to them. Migrant life (high mobility, physical isolation, lack of health education, and cultural attitudes about condoms and needle sharing) puts this population at higher than normal risk for contracting HIV.

An estimated 135,000 migrant and seasonal farmers worked in Florida in 2002 according to the 2002 USDA National Agricultural Statistics Service Farm Labor Survey (FLS) and the 2001 and 2003 National Agricultural Workers Survey (NAWS).^x The estimate of the farmworker population varies due to the difficulties in counting and surveying such a highly mobile population.

In Table 14, estimated numbers are used from the Migrant and Seasonal Farmworker Enumeration Profiles Study. Area 3/13, as a whole, has an estimated 19,234 farmworkers including 11,891 migrant and 7,343 seasonal farmworkers. Alachua (2,782), Lake (6,420), Putnam (2,043), and Suwannee (2,003) have the highest estimated numbers of farmworkers in individual Area 3/13 counties. (See http://flhousingdata.shimberg.ufl.edu/docs/04RMS_FarmworkerHousing.pdf for additional information.)

Table 14: Estimated Numbers of Migrant and Seasonal Farmworkers by Area 3/13 Counties and Florida, 2000.

Area	Adjusted MSFW Farmworker Estimate	Migrant Farmworkers	Seasonal Farmworkers	Non-Farmworkers in Migrant Households	Non-Farmworkers in Seasonal Households	MSFW Farmworkers and Non-Farmworkers
Alachua	2,782	1,720	1,062	636	627	4,045
Bradford	100	62	38	23	22	145
Citrus	24	15	9	5	5	35
Columbia	1,047	647	400	239	236	1,522
Dixie	3	2	1	1	1	4
Gilchrist	671	415	256	154	151	976
Hamilton	485	300	185	111	109	705
Lafayette	207	128	79	47	47	301
Lake	6,420	3,968	2,451	1,468	1,447	9,335
Levy	1,193	738	456	273	269	1,735
Marion	1,703	1,053	650	389	384	2,476
Putnam	2,043	1,263	780	467	460	2,970
Sumter	393	243	150	90	89	571
Suwannee	2,003	1,238	765	458	451	2,913
Union	160	99	61	36	36	232
Area 3/13	19,234	11,891	7,343	4,397	4,334	27,965
Florida	194,817	120,430	74,387	44,556	43,914	283,287

Source: Migrant and Seasonal Farmworker Enumeration Profiles Study, Florida Final Report, September 2000. Prepared by: WellFlorida Council, 2008.

Homelessness

The homeless population presents challenges to successful health care delivery. This population is difficult to locate, has few resources, and often has a high rate of mental illness. The Florida Department of Children and Family estimate the 2009 homeless population to be 5,307 in Area 3/13 (Table 2-15). The estimates were based on a range of resources including street counts, agency records, and multipliers according to the *Annual Report on Homeless Conditions in Florida*.

In Table 15, the greatest change from 2008 to 2009 is evident in Marion County with 2009 estimated homeless population numbers at 458 (10.4 percent of population of the area) compared to an increase to 678 (12.8 percent of population of the area in 2009). Although the numbers are relatively small, Columbia, Hamilton and Lafayette counties nearly tripled their estimated homeless population from 2005 to 2006.

Table 15: Estimated Homeless Population by Area 3/13 County and Florida, 2008-2009.

Area	2008				2009			
	Number of Homeless Population	Percent of Total County Population that are Homeless	Percent of Area Homeless Population	Percent of State Homeless Population	Number of Homeless Population	Percent of Total County Population that are Homeless	Percent of Area Homeless Population	Percent of State Homeless Population
Alachua	1,381	0.5	31.3	2.3	1,596	0.6	30.1	2.8
Bradford	67	0.2	1.5	0.1	78	0.3	1.5	0.1
Citrus	293	0.2	6.6	0.5	297	0.2	5.6	0.5
Columbia	362	0.5	8.2	0.6	554	0.8	10.4	1.0
Dixie	N/C	---	---	---	N/C	---	---	---
Gilchrist	N/C	---	---	---	N/C	---	---	---
Hamilton	81	0.5	1.8	0.1	123	0.8	2.3	0.2
Lafayette	44	0.5	1.0	0.1	69	0.8	1.3	0.1
Lake	518	0.2	11.7	0.9	491	0.2	9.3	0.9
Levy	99	0.2	2.2	0.2	115	0.3	2.2	0.2
Marion	458	0.1	10.4	0.8	678	0.2	12.8	1.2
Putnam	789	1.1	17.9	1.3	911	1.2	17.2	1.6
Sumter	97	0.1	2.2	0.2	52	0.1	1.0	0.1
Suwannee	220	0.5	5.0	0.4	343	0.8	6.5	0.6
Union	N/C	---	---	---	N/C	---	---	---
Area 3/13	4,409	0.3	100.0	7.5	5,307	0.4	100.0	9.2
Florida	59,036	0.3	---	---	57,687	0.3	---	---

N/C = No count performed.

Source:

Department of Children and Families; Homeless Conditions in Florida, 2009; www.FloridaCHARTS.com, Population Estimates, 2008-2009.

Prepared by: WellFlorida Council, 2010.

Incarceration

Overall, the number of inmates in Florida prisons rose 20.1 percent over the five year period from June 2003 to June 2007. In Florida, the majority of inmates in prison on June 30, 2007 were male (92.9 percent) and Black/African American (50.2 percent).^{xi}

Twenty-two of Florida's 60 correctional institutions (37 percent) and over 30 percent of the state's inmate population are located in Area 3/13. A correctional institution is found in all but three of the area's 15 counties (Citrus, Levy and Suwannee). Although there are no correctional institutions in Citrus or Levy counties, there is a work/forestry camp in Levy and a detention center in Citrus. Suwannee is the only county in the area without any type of correctional facility.

Of the total area population, 2.6 percent is incarcerated compared to 0.7 percent of Florida's population (Table 16). Union County has the highest percentage of inmate population with 29.7 percent followed by Hamilton (19.8 percent) and Lafayette (19.6 percent). (Total population numbers for Area 3/13 counties include the Department of Corrections' population housed within each county.)

Table 16: Total Population and Percent of Inmates by Area 3/13 and Florida, April 2009.

Area	Total Population	Number of Inmates	Percent of Total Population	Population Without Inmates
Alachua	256,232	1,632	0.6	254,600
Bradford	29,085	4,577	15.7	24,508
Citrus	142,609	190	0.1	142,419
Columbia	66,409	3,612	5.4	62,797
Dixie	16,221	1,309	8.1	14,912
Gilchrist	17,393	922	5.3	16,471
Hamilton	14,783	2,931	19.8	11,852
Lafayette	8,183	1,604	19.6	6,579
Lake	291,993	1,183	0.4	290,810
Levy	40,674	257	0.6	40,417
Marion	330,440	4,480	1.4	325,960
Putnam	74,608	456	0.6	74,152
Sumter	95,326	9,275	9.7	86,051
Suwannee	40,230	195	0.5	40,035
Union	15,576	4,619	29.7	10,957
Area 3/13	1,439,762	37,242	2.6	1,402,520
Florida	18,750,483	126,459	0.7	18,624,024

Source: University of Florida BEBR, Florida Estimates of Population, 2009. Prepared by: WellFlorida Council, 2010.

HEALTH STATUS AND ACCESS

INTRODUCTION

Numerous factors have a significant impact on good health: lifestyle and behavior, human biology, and environmental and socioeconomic conditions as well as the individual's access to adequate and appropriate health care and medical services. This section of the assessment reviews the health status of Area 3/13 residents as well as their access to available health care.

LEADING CAUSES OF DEATH

Section Highlights

- ✘ In Area 3/13, cancer is the leading cause of death with heart disease in the number two position.
- ✘ In the Black/African American population in Area 3/13, the sixth leading cause of death is HIV. This is in sharp contrast to all other categories where HIV ranks no higher than 14.
- ✘ Chlamydia is the most frequently reported sexually transmitted disease in Area 3/13 in 2007 and 2008.
- ✘ Small, rural Dixie County has the highest substance abuse treatment numbers with over double the number of the state.
- ✘ Of 3,920 total psychoses discharges for Area 3/13 in 2008, the majority were female (54.7 percent) and White/Caucasian (85 percent).

Mortality rates are used to identify major causes of death in an area and assist in planning for health service needs. Since the 1950s, heart disease has been the leading cause of death in the nation and the state. However, in Area 3/13 cancer is the leading cause of death with heart disease in the number two position.

Tables 17 through 23 show the top ten causes of death and ranking by race, ethnicity, and gender. Cancer tops the list in White/Caucasian and Black/African American populations with heart disease in the second position. However, when broken out by gender, heart disease becomes the number one cause of death in females.

The greatest disparity relative to this report is in the Black/African American population where HIV is in sixth place (Table 19) but is not a top 10 cause of death for any other race.

Table 17: Number and Ranking of All Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2008.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	16,051	---	All Causes	170,473	---
Cancer	4109	1	Heart Diseases	41,931	1
Heart Diseases	3782	2	Cancer	40,549	2
Chronic Lower Respiratory Diseases	1088	3	Chronic Lower Respiratory Diseases	10,154	3
Unintentional Injuries	846	4	Unintentional Injuries	8,918	4
Motor Vehicle Crashes	343		Motor Vehicle Crashes	3,028	
Stroke	830	5	Stroke	8,472	5

Table 17 Continued

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
Diabetes	517	6	Diabetes	5,154	6
Alzheimer's Disease	476	7	Alzheimer's Disease	4,724	7
Nephritis	263	8	Nephritis	2,935	8
Liver Diseases	229	9	Suicide	2,723	9
Suicide	228	10	Liver Diseases	2,323	10

Source: www.FloridaCHARTS.com, accessed April 6, 2010. Prepared by: WellFlorida Council, 2008

Table 18: White/Caucasian Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2008.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	14,555	---	All Causes	149,966	---
Cancer	3745	1	Heart Diseases	37,427	1
Heart Diseases	3458	2	Cancer	36,031	2
Chronic Lower Respiratory Diseases	1044	3	Chronic Lower Respiratory Diseases	9,565	3
Unintentional Injuries	770	4	Unintentional Injuries	7,845	4
Motor Vehicle Crashes	304		Motor Vehicle Crashes	2,537	
Stroke	739	5	Stroke	7,253	5
Alzheimer's Disease	445	6	Alzheimer's Disease	4,448	6
Diabetes	435	7	Diabetes	4,135	7
Nephritis	231	8	Suicide	2,556	8
Suicide	222	9	Nephritis	2,373	9
Liver Diseases	215	10	Liver Diseases	2,148	10

Source: www.FloridaCHARTS.com, accessed April 6, 2010. Prepared by: WellFlorida Council, 2008.

Table 19: Black/African American Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2008.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	1,343	---	All Causes	18,286	---
Cancer	326	1	Heart Diseases	4,029	1
Heart Diseases	296	2	Cancer	3,941	2
Stroke	77	3	Stroke	1,099	3
Diabetes	77	3	Diabetes	922	4
Unintentional Injuries	60	5	Unintentional Injuries	894	5
Motor Vehicle Crashes	30		Motor Vehicle Crashes	401	
HIV	42	6	HIV	872	6
Chronic Lower Respiratory Diseases	35	7	Homicide	616	7
Nephritis	30	8	Nephritis	520	8
Perinatal Conditions	25	9	Chronic Lower Respiratory Diseases	517	9
Alzheimer's Disease	23	10	Perinatal Conditions	360	10
Hypertension	23	10	Hypertension	344	11

Source: www.FloridaCHARTS.com, accessed April 6, 2010. Prepared by: WellFlorida Council, 2008.

Table 20: Hispanic Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2008.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	404	---	All Causes	18,886	---
Cancer	89	1	Heart Diseases	4,753	1
Heart Diseases	77	2	Cancer	4,018	2
Unintentional Injuries	46	3	Unintentional Injuries	1,264	3
Motor Vehicle Crashes	30		Motor Vehicle Crashes	640	
Stroke	18	4	Stroke	924	4
Diabetes	14	5	Chronic Lower Respiratory Diseases	782	5
Alzheimer's Disease	13	6	Diabetes	752	6
Liver Diseases	11	7	Alzheimer's Disease	589	7
Chronic Lower Respiratory Diseases	11	7	Nephritis	378	8
Suicide	9	9	Suicide	321	9
Perinatal Conditions	7	10	Liver Diseases	298	10

Source: www.FloridaCHARTS.com, accessed April 6, 2010. Prepared by: WellFlorida Council, 2008.

Table 21: Female Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2008.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	7,355	---	All Causes	81,916	---
Cancer	1765	1	Heart Diseases	19,778	1
Heart Diseases	1660	2	Cancer	18,580	2
Chronic Lower Respiratory Diseases	527	3	Chronic Lower Respiratory Diseases	5,313	3
Stroke	462	4	Stroke	4,838	4
Alzheimer's Disease	315	5	Alzheimer's Disease	3,165	5
Unintentional Injuries	314	6	Unintentional Injuries	3,003	6
Motor Vehicle Crashes	99		Motor Vehicle Crashes	841	
Diabetes	210	7	Diabetes	2,380	7
Nephritis	127	8	Nephritis	1,344	8
Influenza & Pneumonia	108	9	Influenza & Pneumonia	1,182	9
Septicemia	80	10	Hypertension	1,022	10

Source: www.FloridaCHARTS.com, accessed April 6, 2010. Prepared by: WellFlorida Council, 2008.

Table 22: Male Resident Deaths by Top 10 Causes for Area 3/13 and Florida, 2008.

Cause of Death	Area 3/13		Cause of Death	Florida	
	Number	Rank		Number	Rank
All Causes	8,690	---	All Causes	88,524	---
Cancer	2344	1	Heart Diseases	22,147	1
Heart Diseases	2122	2	Cancer	21,966	2
Chronic Lower Respiratory Diseases	561	3	Unintentional Injuries	5,909	3

Cause of Death	Area 3/13 Number	Area 3/13 Rank	Cause of Death	Florida Number	Florida Rank
Unintentional Injuries	531	4	Motor Vehicle Crashes	2,184	
Motor Vehicle Crashes	243		Chronic Lower Respiratory Diseases	4,840	4
Stroke	368	5	Stroke	3,633	5
Diabetes	306	6	Diabetes	2,772	6
Suicide	181	7	Suicide	2,114	7
Liver Diseases	166	8	Nephritis	1,591	8
Alzheimer's Disease	161	9	Liver Diseases	1,564	9
Nephritis	136	10	Alzheimer's Disease	1,558	10

Source: www.FloridaCHARTS.com, accessed April 6, 2010. Prepared by: WellFlorida Council, 2008

Table 23: Deaths from All Causes (All Ages) in Area 3/13 Counties, 2008.

Cause of Death	All Races		Black		White		Males		Females		Hispanic	
	Number	Rank	Number	Rank	Number	Rank	Number	Rank	Number	Rank	Number	Rank
All Causes	16,051	---	1,343	---	14,555	---	8,690	---	7,355	---	404	---
Cancer	4,109	1	326	1	3,745	1	2,344	1	1,765	1	89	1
Heart Diseases	3,782	2	296	2	3,458	2	2,122	2	1,660	2	77	2
Chronic Lower Respiratory	1,088	3	35	7	1,044	3	561	3	527	3	11	7
Unintentional Injuries	846	4	60	5	770	4	531	4	314	6	46	3
Motor Vehicle Crashes	343	---	30	---	304	---	243	---	99	---	30	---
Stroke	830	5	77	3	739	5	368	5	462	4	18	4
Diabetes	517	6	77	3	435	7	306	6	210	7	14	5
Alzheimer's Disease	476	7	23	10	445	6	161	9	315	5	13	6
Nephritis	263	8	30	8	231	8	136	10	127	8	4	15
Liver Diseases	229	9	13	14	215	10	166	8	63	12	11	7
Suicide	228	10	4	19	222	9	181	7	47	13	9	9

Source: www.FloridaCHARTS.com, accessed April 6, 2010. Prepared by: WellFlorida Council, 2008.

HOSPITALIZATION

Diagnosis related groups (DRGs) were developed as a patient classification system consisting of classes of patients who were similar clinically and in terms of their consumption of hospital resources. All principal diagnoses were divided into 25 areas. Table 24 depicts hospital discharges for all races, while Tables 25 through 30 depict hospital discharges by the top 10 DRGs and show comparisons by race, ethnicity, and gender.

Overall, the leading cause of hospitalization in Area 3/13 in 2006 was a normal newborn birth. Vaginal delivery without complicating diagnosis was the top cause of hospitalization for area females with normal newborn in second place (Table 27).

The top two leading causes for hospitalization for All Races, Black/African Americans and for White/Caucasians in Area 3/13 were the same (Tables 24, 25, and 26)

- normal newborn
- vaginal delivery without complicating diagnoses

Table 24: Top 10 DRGs for All Races Area 3/13 Residents, 2008.

DRG	Discharges	Percent
Normal Newborn (795)	10,090	4.9
Vaginal delivery without complicating diagnoses (775)	8,571	4.2
Major Joint Replacement or reattachment of lower extremity without MCC (470)	6,418	3.1
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (392)	4,710	2.3
Psychoses (885)	3,920	1.9
Chest Pain (313)	3,568	1.7
Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC (287)	3,565	1.7
Neonate with other significant problems (794)	3,427	1.7
Cesarean section without CC/MCC (766)	3,301	1.6
Percutaneous cardiovascular procedure with non drug-eluting stent with MCC or 4+ Vessels/Steints (247)	2,734	1.3
All Others	154,511	75.4
Total	204,815	100.0

Source: Agency for Health Care Administration Discharge Data, 2008. Prepared by: WellFlorida Council, 2010.

Table 25: Top 10 DRGs for Black/African American Area 3/13 Residents, 2008.

DRG	Discharges	Percent
Normal Newborn (795)	1701	6.5
Vaginal delivery without complicating diagnoses (775)	1514	5.8
Neonate with other significant problems (794)	720	2.8
Chest Pain (313)	587	2.3
Red Blood Cell Disorders with MCC (812)	584	2.2
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (392)	554	2.1
Cesarean section without CC/MCC (766)	548	2.1
Psychoses (885)	506	1.9
Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC (287)	440	1.7
Cesarean section with CC/MCC (765)	379	1.5
All Others	18,552	71.1
Total	26,085	100.0

Source: Agency for Health Care Administration Discharge Data, 2008. Prepared by: WellFlorida Council, 2010.

Table 26: Top 10 DRGs for White/Caucasian Area 3/13 Residents, 2008.

DRG	Discharges	Percent
Normal Newborn (795)	7,815	4.5
Vaginal delivery without complicating diagnoses (775)	6,566	3.8
Major Joint Replacement ore reattachment of lower extremity without MCC (470)	5,920	3.4
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (392)	4,028	2.3
Psychoses (885)	3,331	1.9
Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC (287)	3,027	1.8
Chest Pain (313)	2,913	1.7
Cesarean section without CC/MCC (766)	2,558	1.5
Percutaneous cardiovascular procedure with non drug-eluting steint with MCC or 4+ Vessels/Steints '(247)	2,520	1.5
Neonate with other significant problems (794)	2,517	1.5
All Others	131,264	76.1
Total	172,459	100.0

Source: Agency for Health Care Administration Discharge Data, 2008. Prepared by: WellFlorida Council, 2010.

Table 27: Top 10 DRGs for Other Races Area 3/13 Residents, 2008.

DRG	Discharges	Percent
Normal Newborn (795)	574	9.2
Vaginal delivery without complicating diagnoses (775)	491	7.8
Major Joint Replacement ore reattachment of lower extremity without MCC (470)	203	3.2
Cesarean section without CC/MCC (766)	195	3.1
Neonate with other significant problems (794)	190	3.0
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (392)	128	2.0
Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC (287)	98	1.6
Percutaneous cardiovascular procedure with non drug-eluting steint with MCC or 4+ Vessels/Steints (247)	86	1.4
Psychoses (885)	83	1.3
Uterine and Adnexa Procedures for Nonmalignancy without CC/MCC (743)	71	1.1
All Others	4,152	66.2
Total	6,271	100.0

Source: Agency for Health Care Administration Discharge Data, 2008. Prepared by: WellFlorida Council, 2010.

Table 28: Top 10 DRGs for Hispanic Area 3/13 Residents, 2008.

DRG	Discharges	Percent
Normal Newborn (795)	976	12.8
Vaginal delivery without complicating diagnoses (775)	788	10.3
Neonate with other significant problems (794)	390	5.1
Cesarean section without CC/MCC (766)	344	4.5
Psychoses (885)	184	2.4
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (392)	173	2.3
Cesarean section with CC/MCC (765)	135	1.8
Chest Pain (313)	133	1.7
Vaginal Delivery with Complicating Diagnoses (774)	109	1.4
Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC (287)	91	1.2

All Others	4,298	56.4
Total	7,621	100.0

Source: Agency for Health Care Administration Discharge Data, 2008. Prepared by: WellFlorida Council, 2010.

Table 29: Top 10 DRGs for Females Area 3/13 Residents, 2008.

DRG	Discharges	Percent
Vaginal delivery without complicating diagnoses (775)	8571	7.5
Normal Newborn (795)	5041	4.4
Major Joint Replacement ore reattachment of lower extremity without MCC (470)	3798	3.3
Cesarean section without CC/MCC (766)	3301	2.9
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (392)	3065	2.7
Psychoses (885)	2145	1.9
Uterine and Adnexa Procedures for Nonmalignancy without CC/MCC (743)	2030	1.8
Chest Pain (313)	2024	1.8
Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC (287)	1770	1.5
Neonate with other significant problems (794)	1607	1.4
All Others	81,535	71.0
Total	114,887	100.0

Source: Agency for Health Care Administration Discharge Data, 2008. Prepared by: WellFlorida Council, 2010.

Table 30: Top 10 DRGs for Males Area 3/13 Residents, 2008.

DRG	Discharges	Percent
Normal Newborn (795)	5049	5.6
Major Joint Replacement ore reattachment of lower extremity without MCC (470)	2620	2.9
Neonate with other significant problems (794)	1820	2.0
Circulatory disorders except acute myocardial infarction, with cardiac catheterization without MCC (287)	1795	2.0
Psychoses (885)	1773	2.0
Percutaneous Cardiovascular Procedure with Drug-Eluting Stent without MCC (247)	1746	1.9
Esophagitis, gastroenteritis and miscellaneous digestive disorders without MCC (392)	1645	1.8
Chest Pain (313)	1544	1.7
Septicemia or Severe Sepsis without Mechanical Ventilation 96+ Hours with MCC (871)	1309	1.5
Cellulities without MCC (603)	1301	1.4
All Others	69,321	77.1
Total	89,923	100.0

Source: Agency for Health Care Administration Discharge Data, 2008. Prepared by: WellFlorida Council, 2010.

RISK BEHAVIOR

Because HIV has unique transmission vectors, this part of the report focuses on high-risk behavior including unsafe sexual practices, substance abuse, and mental illness.

Sexually Transmitted Diseases

Sexually transmitted disease (STD) surveillance data may indicate unsafe sexual practices increasing the risk for HIV infection. Tables 31-36 review Chlamydia, gonorrhea, and infectious syphilis cases by gender, race, ethnicity, and age at diagnoses for Area 3/13 in 2007 and 2008.^{xii}

- Chlamydia is the most frequently reported sexually transmitted disease with 4,792 cases (1,216 males and 3,569 females) reported in 2007 and 5,227 cases (1,353 males and 3,868 females) reported in 2008.
- In ^{xiii}2007, there were 1,176 cases (60^{xiv}9 percent) of gonorrhea reported in the Black/African American, non-Hispanic population compared to 441 cases (22.8 percent) in the White/Caucasian, non-Hispanic population. In 2008, there were 1,028 cases (60.6 percent) reported in the Black/African American, non-Hispanic population compared to 391 cases (23.1 percent) in the White/Caucasian, non-Hispanic population.
- Infectious syphilis cases reported in 2007 and 2008 were 27 and 43 cases, respectively. The majority of cases were reported by males (88.9 percent male and 11.1 percent female in 2007; 69.8 percent male and 30.2 percent female in 2008).

Table 31: Chlamydia Cases (and Rates per 100,000 Population) by Race, Ethnicity, Gender, Age at Diagnosis and Year of Report for Area 3, 2008.

2007				2008			
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	633	24.0%	218.5	0 - 12	0	0.0%	0.0
Female	2,001	75.9%	712.9	13 - 19	981	37.2%	1706.1
Other/Unknown	1	0.0%	N/A	20 - 24	1,047	39.7%	1576.4
Total	2,635	100.0%	462.0	25 - 29	354	13.4%	855.0
				30 - 39	188	7.1%	274.1
Race/Ethnicity	Cases	% Total	Rate	40 - 49	50	1.9%	67.0
White, Non-Hispanic	730	27.7%	176.6	50 - 59	9	0.3%	12.6
Black, Non-Hispanic	1,454	55.2%	1419.4	60+	6	0.2%	5.7
Hispanic	73	2.8%	182.6	Unknown	0	0.0%	N/A
Asian/Pacific Islander	12	0.5%	N/A	Total	2,635	100.0%	462.0
Amer. Indian/Alaskan	0	0.0%	N/A				
Other/Unknown	366	13.9%	N/A				
Total	2,635	100.0%	462.0				
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	734	25.8%	250.6	0-12	0	0.0%	0.0
Female	2,112	74.2%	749.8	13 - 19	1,008	35.4%	1804.2
Other/Unknown	0	0.0%	N/A	20 - 24	1,154	40.5%	1758.9
Total	2,846	100.0%	495.3	25 - 29	410	14.4%	984.7
				30 - 39	197	6.9%	294.6
Race/Ethnicity	Cases	% Total	Rate	40 - 49	60	2.1%	83.9
White, Non-Hispanic	860	30.2%	208.4	50 - 59	15	0.5%	21.4
Black, Non-Hispanic	1,543	54.2%	1495.0	60+	2	0.1%	1.9
Hispanic	54	1.9%	122.8	Unknown	0	0.0%	N/A
Asian/Pacific Islander	9	0.3%	N/A	Total	2,846	100.0%	508.3
Amer. Indian/Alaskan	2	0.1%	N/A				
Other/Unknown	378	13.3%	N/A				
Total	2,846	100.0%	495.3				

2008 data provisional.

Table 32: Chlamydia Cases (and Rates per 100,000 Population) by Race, Ethnicity, Gender, Age at Diagnosis and Year of Report for Area 13, 2008.

2007							
Gender				Age Groups			
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	583	27.0%	140.6	0 - 12	0	0.0%	0.0
Female	1,568	72.7%	362.3	13 - 19	878	40.7%	1348.1
Other/Unknown	6	0.3%	N/A	20 - 24	788	36.5%	1941.7
Total	2,157	100.0%	254.5	25 - 29	292	13.5%	789.9
				30 - 39	146	6.8%	171.8
				40 - 49	36	1.7%	33.3
				50 - 59	10	0.5%	8.8
				60+	7	0.3%	2.4
				Unknown	0	0.0%	N/A
				Total	2,157	100.0%	254.5
Race/Ethnicity							
Race/Ethnicity	Cases	% Total	Rate				
White, Non-Hispanic	854	39.6%	123.6				
Black, Non-Hispanic	838	38.9%	1137.6				
Hispanic	109	5.1%	151.2				
Asian/Pacific Islander	8	0.4%	N/A				
Amer. Indian/Alaskan	2	0.1%	N/A				
Other/Unknown	346	16.0%	N/A				
Total	2,157	100.0%	254.5				
2008							
Gender				Age Groups			
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	619	26.0%	146.7	0-12	0	0.0%	0.0
Female	1,756	73.8%	399.8	13 - 19	870	36.5%	1322.8
Other/Unknown	6	0.3%	N/A	20 - 24	929	39.0%	2231.1
Total	2,381	100.0%	276.4	25 - 29	338	14.2%	874.9
				30 - 39	187	7.9%	218.6
				40 - 49	38	1.6%	35.0
				50 - 59	15	0.6%	12.9
				60+	4	0.2%	1.4
				Unknown	0	0.0%	N/A
				Total	2,381	100.0%	276.4
Race/Ethnicity							
Race/Ethnicity	Cases	% Total	Rate				
White, Non-Hispanic	991	41.6%	143.1				
Black, Non-Hispanic	944	39.6%	1224.6				
Hispanic	103	4.3%	128.5				
Asian/Pacific Islander	11	0.5%	N/A				
Amer. Indian/Alaskan	4	0.2%	N/A				
Other/Unknown	328	13.8%	N/A				
Total	2,381	100.0%	276.4				

2008 data provisional.

Source: Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2008 Provisional Data.

Table 33: Gonorrhea Cases and Rates per 100,000 Population by Race, Ethnicity, Gender, Age at Diagnosis and Year of Report for Area 3

2007							
Gender				Age Groups			
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	493	43.8%	170.2	0 - 12	0	0.0%	0.0
Female	632	56.2%	225.2	13 - 19	308	27.4%	535.7
Other/Unknown	0	0.0%	N/A	20 - 24	402	35.7%	605.2
Total	1,125	100.0%	197.2	25 - 29	191	17.0%	461.3
				30 - 39	138	12.3%	201.2
				40 - 49	64	5.7%	85.8
				50 - 59	18	1.6%	25.2
				60+	4	0.4%	3.8
				Unknown	0	0.0%	N/A
				Total	1,125	100.0%	197.2
Race/Ethnicity							
Race/Ethnicity	Cases	% Total	Rate				
White, Non-Hispanic	220	19.6%	53.2				
Black, Non-Hispanic	750	66.7%	732.1				
Hispanic	15	1.3%	37.5				
Asian/Pacific Islander	5	0.4%	N/A				
Amer. Indian/Alaskan	0	0.0%	N/A				
Other/Unknown	135	12.0%	N/A				
Total	1,125	100.0%	197.2				
2008							
Gender				Age Groups			
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	414	42.5%	141.3	0-12	0	0.0%	0.0
Female	559	57.5%	198.4	13 - 19	298	30.6%	533.4
Other/Unknown	0	0.0%	N/A	20 - 24	328	33.7%	499.9
Total	973	100.0%	169.3	25 - 29	170	17.5%	408.3
				30 - 39	109	11.2%	163.0
				40 - 49	39	4.0%	54.6
				50 - 59	25	2.6%	35.6
				60+	4	0.4%	3.8
				Unknown	0	0.0%	N/A
				Total	973	100.0%	173.8
Race/Ethnicity							
Race/Ethnicity	Cases	% Total	Rate				
White, Non-Hispanic	206	21.2%	49.9				
Black, Non-Hispanic	622	63.9%	602.6				
Hispanic	10	1.0%	22.7				
Asian/Pacific Islander	4	0.4%	N/A				
Amer. Indian/Alaskan	2	0.2%	N/A				
Other/Unknown	129	13.3%	N/A				
Total	973	100.0%	169.3				

2008 data provisional.

Source: Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2008 Provisional Data.

Table 34: Gonorrhea Cases (and Rates per 100,000 Population) by Race, Ethnicity, Gender, Age at Diagnosis and Year of Report for Area 13, 2008.

2007				2008			
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	348	43.1%	83.9	0 - 12	0	0.0%	0.0
Female	459	56.9%	106.1	13 - 19	246	30.5%	377.7
Other/Unknown	0	0.0%	N/A	20 - 24	256	31.7%	630.8
Total	807	100.0%	95.2	25 - 29	142	17.6%	384.1
				30 - 39	96	11.9%	113.0
Race/Ethnicity	Cases	% Total	Rate	40 - 49	46	5.7%	42.5
White, Non-Hispanic	221	27.4%	32.0	50 - 59	14	1.7%	12.4
Black, Non-Hispanic	426	52.8%	578.3	60+	7	0.9%	2.4
Hispanic	36	4.5%	49.9	Unknown	0	0.0%	N/A
Asian/Pacific Islander	0	0.0%	N/A	Total	807	100.0%	95.2
Amer. Indian/Alaskan	1	0.1%	N/A				
Other/Unknown	123	15.2%	N/A				
Total	807	100.0%	95.2				
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	339	46.9%	80.3	0-12	0	0.0%	0.0
Female	383	53.0%	87.2	13 - 19	229	31.7%	348.2
Other/Unknown	1	0.1%	N/A	20 - 24	229	31.7%	550.0
Total	723	100.0%	83.9	25 - 29	125	17.3%	323.6
				30 - 39	88	12.2%	102.9
Race/Ethnicity	Cases	% Total	Rate	40 - 49	33	4.6%	30.4
White, Non-Hispanic	185	25.6%	26.7	50 - 59	17	2.4%	14.6
Black, Non-Hispanic	406	56.2%	526.7	60+	2	0.3%	0.7
Hispanic	22	3.0%	27.4	Unknown	0	0.0%	N/A
Asian/Pacific Islander	0	0.0%	N/A	Total	723	100.0%	83.9
Amer. Indian/Alaskan	1	0.1%	N/A				
Other/Unknown	109	15.1%	N/A				
Total	723	100.0%	83.9				

2008 data provisional.

Source: Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2008 Provisional Data.

Table 35: Infectious Syphilis Cases and Rates/100,000 Population by Age at Diagnosis and Year of Report Area 3.

2007				2008			
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	13	100.0%	4.5	0 - 12	0	0.0%	0.0
Female	0	0.0%	0.0	13 - 19	1	7.7%	1.7
Other/Unknown	0	0.0%	N/A	20 - 24	5	38.5%	7.5
Total	13	100.0%	2.3	25 - 29	3	23.1%	7.2
				30 - 39	1	7.7%	1.5
Race/Ethnicity	Cases	% Total	Rate	40 - 49	2	15.4%	2.7
White, Non-Hispanic	4	30.8%	1.0	50 - 59	1	7.7%	1.4
Black, Non-Hispanic	7	53.8%	6.8	60+	0	0.0%	0.0
Hispanic	0	0.0%	0.0	Other/Unknown	0	0.0%	N/A
Asian/Pacific Islander	1	7.7%	N/A	Total	13	100.0%	2.3
Amer. Indian/Alaskan	0	0.0%	N/A				
Other/Unknown	1	7.7%	N/A				
Total	13	100.0%	2.3				
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	14	63.6%	4.8	0 - 12	0	0.0%	0.0
Female	8	36.4%	2.8	13 - 19	3	13.6%	5.4
Other/Unknown	0	0.0%	N/A	20 - 24	5	22.7%	7.6
Total	22	100.0%	3.8	25 - 29	4	18.2%	9.6
				30 - 39	3	13.6%	4.5
Race/Ethnicity	Cases	% Total	Rate	40 - 49	6	27.3%	8.4
White, Non-Hispanic	5	22.7%	1.2	50 - 59	1	4.5%	1.4
Black, Non-Hispanic	15	68.2%	14.5	60+	0	0.0%	0.0
Hispanic	2	9.1%	4.5	Other/Unknown	0	0.0%	N/A
Asian/Pacific Islander	0	0.0%	N/A	Total	22	100.0%	3.9
Amer. Indian/Alaskan	0	0.0%	N/A				
Other/Unknown	0	0.0%	N/A				
Total	22	100.0%	3.8				

2008 data provisional.

Source: Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2008 Provisional Data.

Table 36: Infectious Syphilis Cases (and Rates per 100,000 Population) by Race, Ethnicity, Gender, Age at Diagnosis and Year of Report for Area 13, 2008.

2007							
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	11	78.6%	2.7	0 - 12	0	0.0%	0.0
Female	3	21.4%	0.7	13 - 19	0	0.0%	0.0
Other/Unknown	0	0.0%	N/A	20 - 24	2	14.3%	4.9
Total	14	100.0%	1.7	25 - 29	2	14.3%	5.4
				30 - 39	3	21.4%	3.5
Race/Ethnicity	Cases	% Total	Rate	40 - 49	6	42.9%	5.5
White, Non-Hispanic	7	50.0%	1.0	50 - 59	1	7.1%	0.9
Black, Non-Hispanic	3	21.4%	4.1	60+	0	0.0%	0.0
Hispanic	2	14.3%	2.8	Other/Unknown	0	0.0%	N/A
Asian/Pacific Islander	0	0.0%	N/A	Total	14	100.0%	1.7
Amer. Indian/Alaskan	0	0.0%	N/A				
Other/Unknown	2	14.3%	N/A				
Total	14	100.0%	1.7				

2008							
Gender	Cases	% Total	Rate	Age Groups	Cases	% Total	Rate
Male	16	76.2%	3.8	0 - 12	0	0.0%	0.0
Female	5	23.8%	1.1	13 - 19	3	14.3%	4.6
Other/Unknown	0	0.0%	N/A	20 - 24	4	19.0%	9.6
Total	21	100.0%	2.4	25 - 29	3	14.3%	7.8
				30 - 39	4	19.0%	4.7
Race/Ethnicity	Cases	% Total	Rate	40 - 49	5	23.8%	4.6
White, Non-Hispanic	9	42.9%	1.3	50 - 59	2	9.5%	1.7
Black, Non-Hispanic	8	38.1%	10.4	60+	0	0.0%	0.0
Hispanic	2	9.5%	2.5	Other/Unknown	0	0.0%	N/A
Asian/Pacific Islander	0	0.0%	N/A	Total	21	100.0%	2.4
Amer. Indian/Alaskan	0	0.0%	N/A				
Other/Unknown	2	9.5%	N/A				
Total	21	100.0%	2.4				

2008 data provisional.

Source: Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2008 Provisional Data.

Substance Abuse

Adverse effects of excessive or inappropriate use of substances may be long term, e.g. morbidity and mortality associated with liver disease or almost immediate through unsafe sexual behavior, violence, injury, or experimentation with other drugs. Drug users are at greater risk of sexual transmission of HIV due to high-risk behaviors such as unprotected sexual intercourse, multiple partners, trading sex for drugs, or having sex with a drug user.^{xv}

While the use of alcohol and marijuana can affect judgment and lead to risky sexual behaviors, the sharing of injection drugs or equipment can directly lead to HIV transmission through the bloodstream.^{xvi} The Florida Bureau of HIV/AIDS estimates 96,300 injection drug users (IDUs) in the state as of 2006. Approximately 19 percent of IDUs are estimated to be HIV infected, and 81 percent or 78,000 are presently uninfected but at high risk of becoming HIV infected.^{xvii}

Table 37 provides a review of substance-related data in Area 3/13 counties from the 2007 Annual Report of Florida’s Epidemiology Workgroup:

- Alachua County has higher numbers than the state in both categories. Alachua also is the highest in the area in the “binge or heavy drinker” category. It is noted the University of Florida is in Alachua County.
- Small, rural Dixie County has the highest treatment numbers (575.6) with over double the state (265.0).

- Hamilton County shows the fewest treated per 100,000 in the entire area (88.3). The percentage of adults who engage in heavy or binge drinking is similar to that of Gilchrist County. However, Gilchrist County shows over twice as many persons treated for substances.

Additional related county data is available at www.cdrc.med.miami.edu/x59.xml.

Table 37. Substance-Related Data in Area 3/13 Counties, 2006.

Area 3/13 Counties	Indicators	
	Drug Treatment	Adult Consumption
	Persons Treated per 100,000	% of Adults who engage in heavy or binge drinking
Alachua	312.0	24.5
Bradford	245.5	13.6
Citrus	257.0	12.6
Columbia	339.1	13.7
Dixie	575.6	13.3
Gilchrist	183.4	16.1
Hamilton	88.3	16.1
Lafayette	163.67	14.8
Lake	309.0	10.3
Levy	315.36	12.4
Marion	172.0	12.0
Putnam	352.04	15.4
Sumter	205.0	10.2
Suwannee	162.42	8.6
Union	190.39	13.9
Florida	265.0	14.1

Source: University of Miami Comprehensive Drug Research Center. 2007 Annual Report of Florida's State Epidemiology Workgroup (SEW), June 2007.

Mental Illness

Mental illness is associated with HIV-related risk behavior in various ways. Studies show that people with serious mental illness have high rates of alcohol and substance use. As previously noted, the use of substances increases the risk for HIV in two ways: indirectly because of the association with unsafe sexual activity, and directly through needle sharing.^{xviii} There may also be reduced impulse control and impaired judgment in persons with mental illness leading to unsafe sexual activities including coerced sex or sexual contact with a partner met recently in a bar or on the street.^{xix}

In general, information on mental health status of an area is difficult to obtain. Diagnosis related groups (DRGs) are used as a way to relate the type of patient a hospital treats to the costs incurred by the hospital. For comparative purposes, the psychoses (mental disorder) DRG is utilized as a factor related to mental health status. Tables 24 through 30 (pages 37 to 39) provide Area 3/13 discharge data related to psychoses. Of 3,920 total psychoses discharges for Area 3/13 in 2008, the majority were female (54.7 percent) and White/Caucasian (85 percent). For purposes of this report, data will not be analyzed at any other level.

ACCESS TO HEALTH CARE

Area 3/13 has a low density of primary care physicians (family practice, internal medicine, obstetrics/gynecology and pediatrics) compared with the state. All counties in the area have been designated by the Secretary of Health and Human Services as health professional shortage areas (HPSA).

HPSAs may have shortages of primary medical care, dental or mental health providers and may be urban or rural areas, population groups or medical or other public facilities. These areas are designated as such due to the low physician-to-population ratio or the over utilization, excessively distant or inaccessibility of resources. All of Area 3/13 counties have been designated as HPSAs for a particular population group, low income or low income/migrant farmworker.

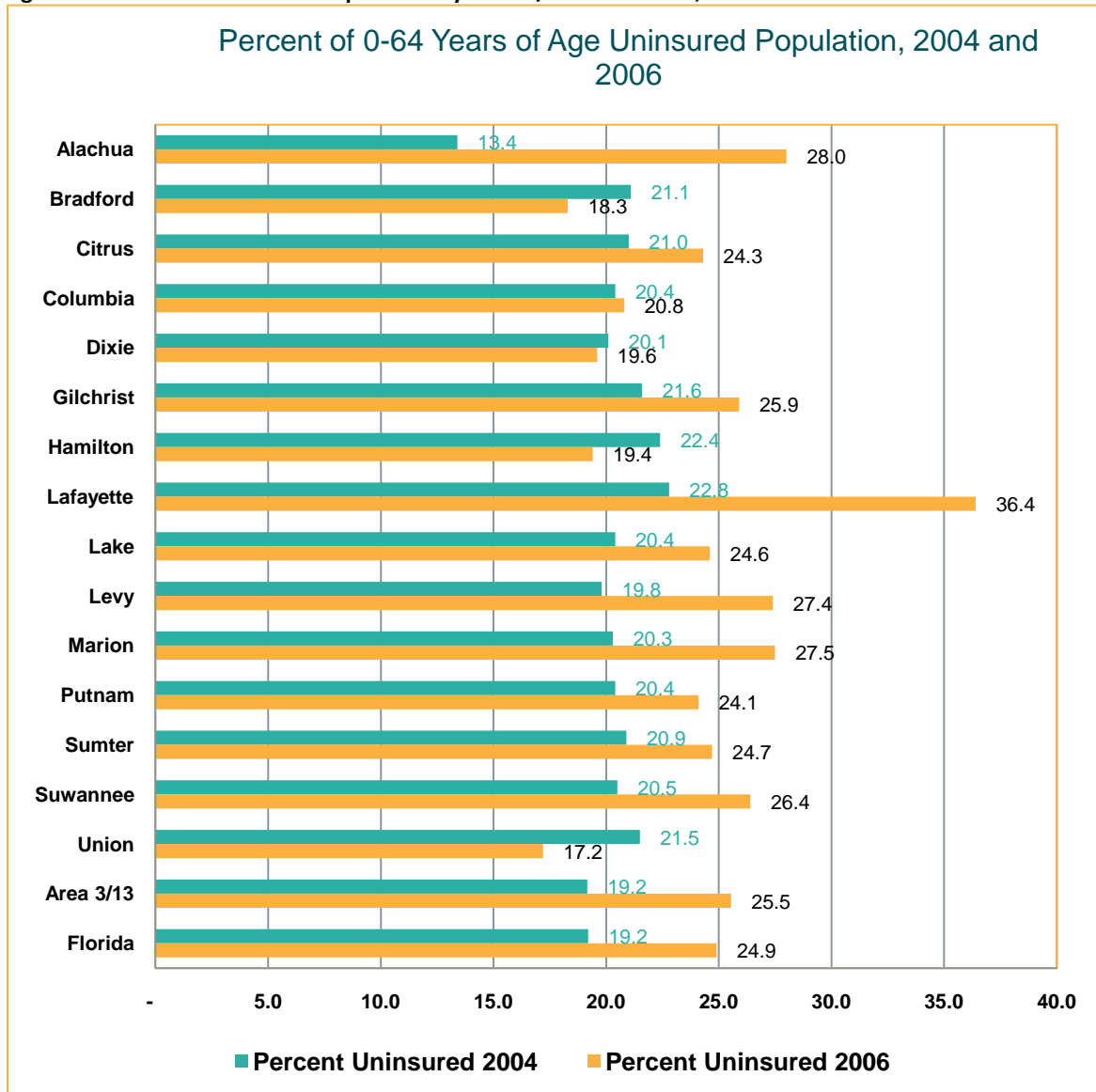
For additional information on HPSA designations, see: <http://hpsafind.hrsa.gov/HPSAsearch.aspx>.

Health Insurance

Very few people have the means to pay the full cost of health care services. Many have insurance coverage through an employer, receive benefits through Medicaid or Medicare, or qualify for health care services through the Department of Veterans Affairs. Without some form of coverage, it is extremely difficult to access and obtain necessary medical services. Problems associated with lack of insurance include higher rates of morbidity and mortality due to poor access to quality health care.

The two most readily available sources for estimating the number and percentage of uninsured at the county level are the Florida Agency for Health Care Administration's 2004 *Florida Health Insurance Study (FHIS)* and the 2006 Small Area Health Insurance Estimates (SAHIE) published by the U.S. Census, which was released in August 2009. Unfortunately, these two estimates differ dramatically (Figure 3-1).

Figure 8 Percent of Uninsured Population by Area 3/13 and Florida, 2007.



* Based on the 2004 Florida Health Insurance Study.** Based on the 2006 Small Area Health Insurance Estimates.

Source: ESRI Business Solutions, 2009; Florida Health Insurance Study, County Estimates of People Without Health Insurance, 2004; U.S. Census Bureau, 2006 Small Area Health Insurance Estimates (SAHIE) for Counties and States. Prepared by: WellFlorida Council, 2010.

EPIDEMIOLOGICAL PROFILE

INTRODUCTION

This section of the assessment describes the epidemiology of HIV and AIDS in north central Florida. Epidemiological information is presented on who is infected, how they became infected, and where cases are geographically distributed among different populations.

Standardized, confidential name-based reporting for AIDS has been in existence since the HIV/AIDS epidemic was first recognized in 1981. However, HIV name reporting, in addition to the reporting of persons with AIDS, did not begin until 1985 in the United States. In Florida, HIV became reportable in 1997.

Section Highlights

- ✘ In 2007, there were 87,500 persons living with HIV/AIDS in Florida (reported cases).
- ✘ There are 5,992 reported cases of HIV/AIDS in Area 3/13 including Department of Corrections (DOC) as of January 4, 2008.
- ✘ In Area 3/13, 49 percent of the 4,659 reported cases (excluding DOC) are Black/African American and 42 percent are White/Caucasian.
- ✘ Of the 4,659 reported cases in Area 3/13, 33 percent report male-to-male sexual contact (MSM) as the mode of transmission. Thirty-two percent report heterosexual transmission.

It is important to note reported numbers do not capture all persons living with HIV/AIDS. Anonymous tests are not reported; all infected persons have not been tested or reported. Revisions in testing and reporting also affect the data in the year of change as well as in subsequent years. For example, a new reporting law in November 2006 adding detectable viral loads and all CD4 counts will likely cause an increased number of reported HIV cases in Florida.

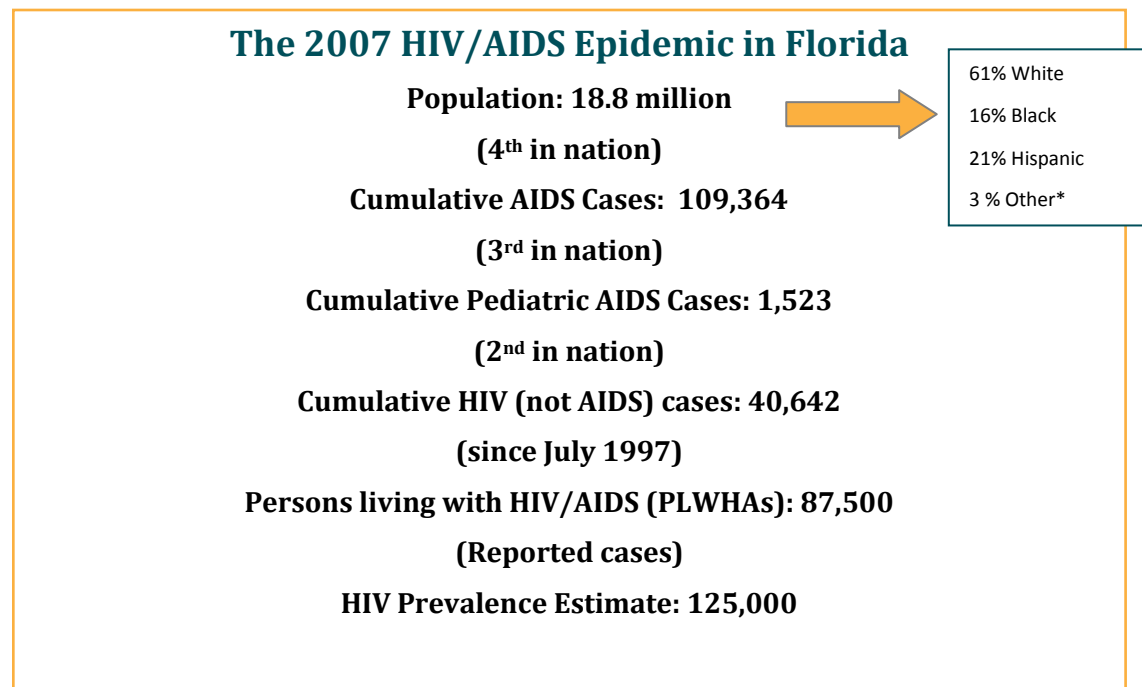
To understand better the HIV and AIDS surveillance data, it is helpful to provide definition for the following terms:

- *Incidence* is the number of new cases of HIV and AIDS reported in a specified time period.
- *Cumulative incidence* is the total number of new infections over an extended period of time, regardless of death status.
- *Prevalence* is the total number of persons currently living with HIV and AIDS at any given time.
- *Prevalence estimates* include those who are infected but are unaware of their HIV status (estimated at 20% in Florida). The prevalence estimates exclude those who have died.
- *Incidence* and *prevalence* are sometimes expressed as a *rate* or the number of cases per unit (usually 100,000) population.

Unless otherwise noted, all surveillance data is from the Florida Department of Health, Division of Disease Control, and Bureau of HIV/AIDS surveillance section. Although there is extensive surveillance data available, this section is designed to briefly capture the essence of the epidemic in Area 3/13. For in-depth information about HIV and AIDS for Area 3/13 and the state of Florida, please refer to the surveillance reports available on the Bureau of HIV/AIDS' website: http://www.doh.state.fl.us/disease_ctrl/aids.

EPIDEMIC PROFILE

According to the Centers for Disease Control and Prevention, the total number of new cases of HIV/AIDS remained stable from 2003 through 2006. However, HIV/AIDS prevalence (the number of persons living with HIV/AIDS) increased steadily. By the end of 2006, an estimated 491,727 persons were living with HIV/AIDS in the United States.^{xx} Increased numbers of persons living with HIV/AIDS are leading longer lives due to improved antiretroviral therapy; and the trend will be for prevalence to increase as deaths decrease.



* Other = Asian/Pacific Islanders, American Indians/Alaskan Natives, Multi-Racial

Source: Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS, Ryan White Program Annual Meeting, 2008. Florida Department of Health, Bureau of HIV/AIDS Mid-Year Population Estimates, 2008 Provisional Data.

Area 3/13 Reported Cases of HIV/AIDS

From 2006 to 2007 in Area 3/13, HIV case reporting was up 42 percent; AIDS cases were down by 12 percent. Most likely, this substantial increase in HIV case reporting was due to a lab reporting requirement passed in November 2006 adding all viral loads, all CD4s and exposed newborns. The system is now capturing new data on persons infected with HIV who may not be newly infected, e.g. infections diagnosed prior to 1997. With the more comprehensive reporting system, it is anticipated data will be skewed for the next several years.

According to the Area 3/13 HIV/AIDS Quarterly Report dated December 31, 2007, preliminary data from 2007 indicates 509 new cases were added to Area 3/13, of which 234 are AIDS and 275 are HIV not AIDS. Of the new HIV not AIDS cases:

- 43 percent are Black/African American.
- 46 percent are White/Caucasian.
- 9 percent are Hispanic.
- 26 percent are ages 20-29.
- 26 percent are ages 30-39.
- 28 percent are ages 40-49.

- 15 percent are over the age of 49.
- 5 percent are under 19.

Area 3/13 has 5,992 cumulative reported cases of HIV/AIDS (including Department of Corrections). Of these 5,992 reported cases:

- 57 percent are Black/African American.
- 35 percent are White/Caucasian.
- 1 percent is multi-racial.
- 7 percent are Hispanic
- 37 percent have died.

Of the adult (pediatric cases are 0-12 years old) cases:

- 31 percent report a risk factor of male having sex with male (MSM).
- 19 percent report intravenous drug use (IDU).
- 8 percent have combined risk factors of MSM and IDU.
- 37 percent report heterosexual risk factor.
- 1 percent report infection through blood products.
- 14 percent are not reported.

According to Alachua County Health Department statistics there were 4,659 reported HIV/AIDS cases cumulative in Area 3/13 (excluding Department of Corrections) as of March 2010. Of these 4,659 cases:

- 49 percent are Black/African American.
- 42 percent are White/Caucasian.
- 8 percent are Hispanic.
- 1 percent is multi-racial.

Of the adult cases (excluding Department of Corrections):

- 33 percent are MSM (male-to-male sexual contact).
- 13 percent are IDU (injection drug use).
- 5 percent have combined risk factors of MSM and IDU.
- 32 percent are heterosexual.
- 1 percent reports a risk factor of transfusion/hemophilia.
- 14 percent have no reported risk factor.

(See www.doh.state.fl.us/chdalachua/hiv/stats.htm for complete quarterly statistics.)

Area 3/13 Living HIV/AIDS Cases

The most recent data from the Florida Department of Health, Bureau of HIV/AIDS (excluding Department of Corrections) estimates that there are 1,157 living adult and pediatric HIV cases and 1715 living adult and pediatric AIDS cases for a total of 2,872 living adult and pediatric HIV/AIDS cases (ACHD, March 2010).

Table 38 details the living HIV/AIDS adult cases by Area 3/13 counties. As expected, the three counties with the highest population have the highest number of living HIV/AIDS cases. As seen in the demographic section of this report, the largest Area 3/13 county by population size is Marion County (341,870 estimated 2009 population) followed by Lake (305,150) and Alachua (247,537). In terms of living persons with HIV/AIDS, Alachua County has the highest population with 858, followed by Marion with 637 and Lake with 487.

Although Putnam County has less population in general (75,136 estimated 2009 population), the number of living HIV/AIDS cases exceeds both Citrus and Sumter counties with higher general

populations, 146,346 and 96,422 respectively. Putnam has 247 persons living with HIV/AIDS; Citrus has 118 persons living with HIV/AIDS; and Sumter has 99.

Table 37: Living HIV/AIDS Adult Cases (Excluding DOC) in Area 3/13 Counties as of March 2010.

County	Living AIDS	Living HIV (not AIDS)	Total Living HIV/AIDS
Alachua	535	323	858
Bradford	24	16	40
Citrus	66	52	118
Columbia	83	52	135
Dixie	17	13	30
Gilchrist	9	5	14
Hamilton	15	24	39
Lafayette	2	3	5
Lake	290	197	487
Levy	28	27	55
Marion	394	243	637
Putnam	138	109	247
Sumter	53	46	99
Suwannee	42	32	74
Union	17	15	32
Total Area 3/13	1,715	1,157	2,872

Source: Alachua County Health Department, 2010.

MORTALITY

Health problems and health status in an area can be better understood by evaluating deaths and death rate statistics. Table 39 depicts the leading causes of death in the state of Florida. [Note the information in Table 39 is specific to the age group of 25 to 44.] According to the Bureau of HIV/AIDS, HIV was the fourth leading cause of death for all Florida residents ages 25 to 44 in 2006 (same as 2005). Among Florida males, HIV was the first leading cause of death among Black/African Americans and the fourth leading cause among Hispanics. Among Florida females, HIV was the first leading cause among Black/African Americans, the third leading cause among Hispanics (up from fifth in 2004 and fourth in 2005), and the seventh leading cause among White/Caucasians (same as 2005).

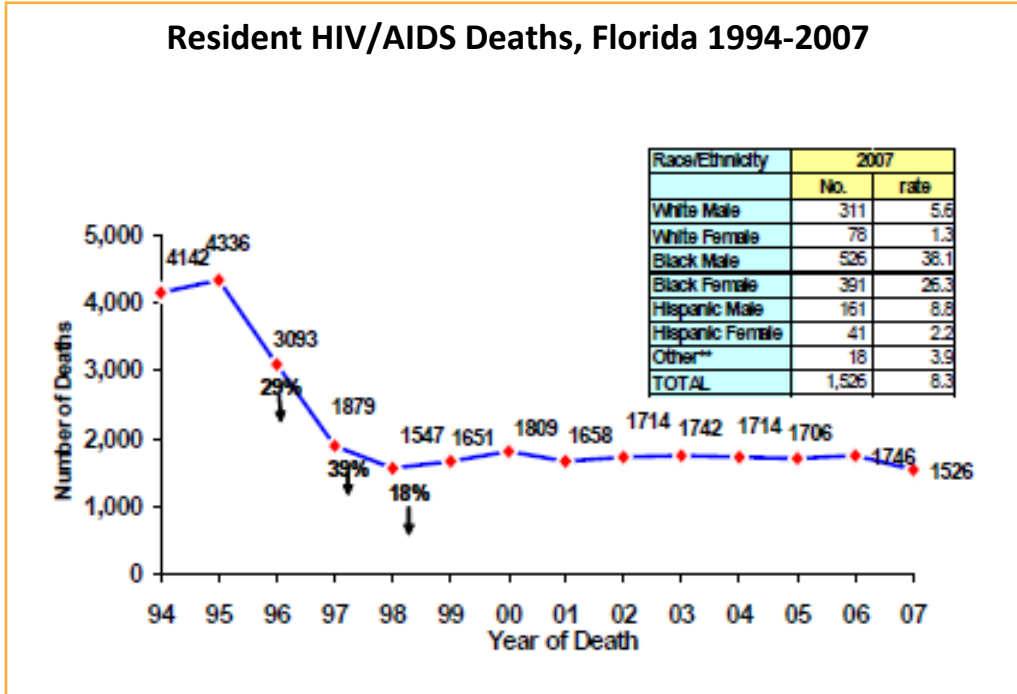
Table 38: Leading Causes of Death among FL Residents Ages 25-44 by Race/Ethnicity for both Genders, 2006.

Both Genders	Race and Ethnicity				
	All	White	Black	Hispanic	Other/Unknown
All Causes	9047	5355	2128	1366	198
Leading Cause of Death					
Accidents	2435	1675	276	436	48
Cancer	1110	662	226	191	31
Heart Disease	860	495	245	103	17
HIV	749	168	469	102	10
Suicide	715	579	44	75	17
Homicide	468	130	231	97	10
Liver Disease	206	160	16	26	4
Stroke	150	67	46	30	7
Diabetes	171	83	71	15	2
Residual	2183	1336	504	291	52

Source: Florida Department of Health, Bureau of HIV/AIDS, 2008.

With the advent of highly active antiretroviral therapy (HAART) in 1996, the prognosis for persons living with HIV dramatically improved. HIV/AIDS deaths decreased markedly from 1996 to 1998 (Figure 9). Statewide, deaths in 2006 were 60 percent lower than in the peak year of 1995.^{xxi} A leveling of the trend since 1998 may reflect factors such as viral resistance, late diagnosis of HIV, adherence problems, and lack of access to or acceptance of care.^{xxii}

Figure 9 Resident HIV/AIDS Deaths and Death Rates for Florida by Race, Ethnicity and Sex.



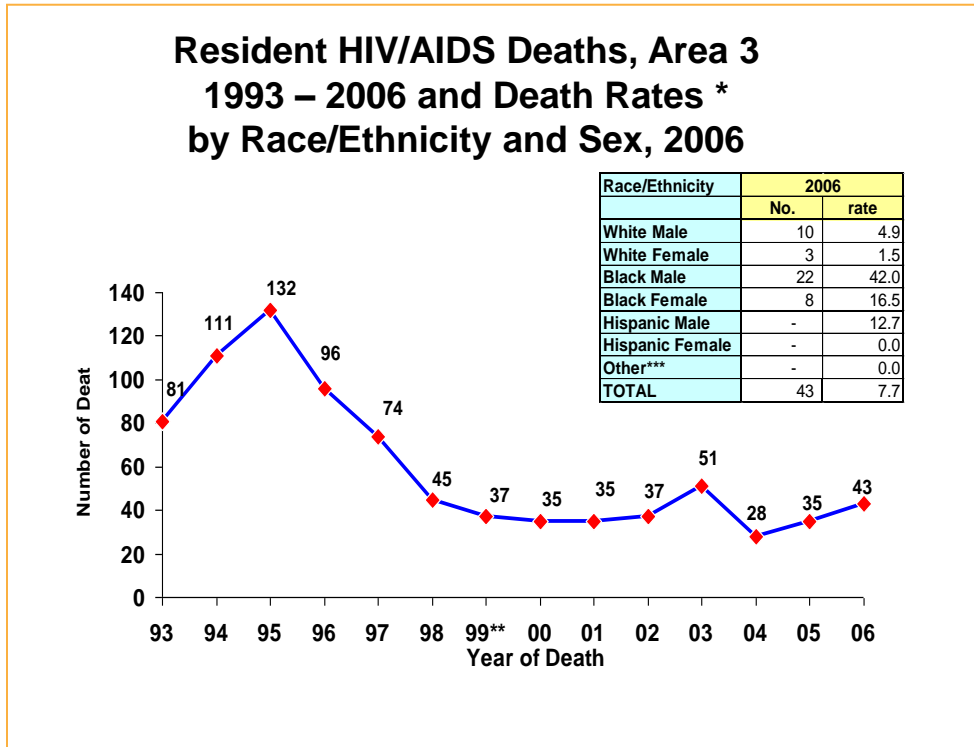
*Rates are expressed as deaths per 100,000 population based on 2006 population estimates, Department of Health, Office of Planning, Evaluation and Data Analysis. ** A new national system for coding death certifications began in 1999, which resulted in an increase of approximately 14 percent in the annual number of HIV/AIDS deaths. *** Other includes Asian/Pacific Islander, American Indian/Alaska Native, multiracial and/or other/unknown races. Males and females are combined per the low number of resident deaths. Source: Florida Department of Health, Office of Vital Statistics and Bureau of HIV/AIDS, 2008.

Racial/ethnic disparities are evident in the death rate data. Since 1999 HIV/AIDS death rates have been fairly level among Black/African American males and females. Yet, those rates are far above the White/Caucasian and Hispanic populations. According to the Florida Bureau of HIV/AIDS, this trend may signal, in the absence of any marked progress in effectiveness of antiretrovirals, a need for the following:

- better linkage to care and treatment
- increased HIV testing to detect more undiagnosed, HIV-infected persons
- earlier testing and diagnosis
- improved medication adherence.

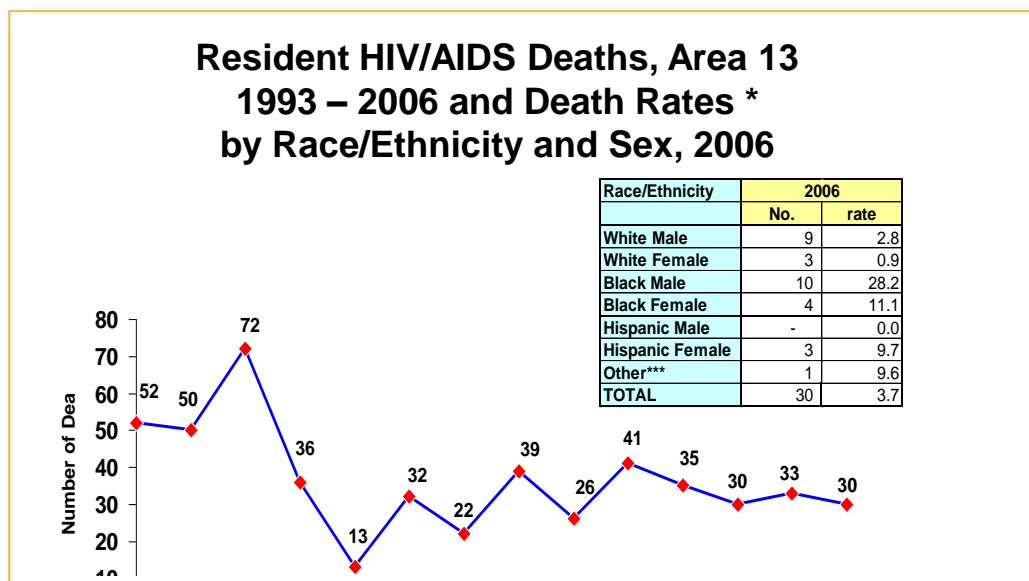
In Figures 10 and 11, the HIV/AIDS deaths for Area 3 and 13 are shown. A similar pattern to the state emerges with the highest rates of death from HIV/AIDS in the Black/African American population.

Figure 10 HIV/AIDS Deaths and Death Rates for Area 3 by Race, Ethnicity and Sex, 2006.



*Rates are expressed as deaths per 100,000 population based on 2006 population estimates, Department of Health, Office of Planning, Evaluation and Data Analysis. ** A new national system for coding death certifications began in 1999, which resulted in an increase of approximately 14 percent in the annual number of HIV/AIDS deaths. *** Other includes Asian/Pacific Islander, American Indian/Alaska Native, multiracial and/or other/unknown races. Males and females are combined per the low number of resident deaths.
Source: Florida Department of Health, Office of Vital Statistics and Bureau of HIV/AIDS, 2008

Figure 11 HIV/AIDS Deaths and Death Rates for Area 13 by Race, Ethnicity and Sex, 2006.



*Rates are expressed as deaths per 100,000 population based on 2006 population estimates, Department of Health, Office of Planning, Evaluation and Data Analysis. ** A new national system for coding death certifications began in 1999, which resulted in an increase of approximately 14 percent in the annual number of HIV/AIDS deaths. *** Other includes Asian/Pacific Islander, American Indian/Alaska Native, multiracial and/or other/unknown races. Males and females are combined per the low number of resident deaths.
Source: Florida Department of Health, Office of Vital Statistics and Bureau of HIV/AIDS, 2008.

OTHER INDICATORS

Selected socioeconomic indicators, co-morbidities, and other factors specifically linked to persons living with HIV/AIDS in Area 3/13 are captured in Table 4-5:

- The prevalence rate of tuberculosis in AIDS cases diagnosed through 2008 in the HIV/AIDS population of Area 3 is 72.5 as compared to 5.7 within the general population in this area.
- The prevalence rate of infectious syphilis reported in 2008 in the HIV/AIDS population of Area 3 and Area 13 are 144.9 and 80.2 respectively, as compared to 3.8 and 2.4 within the general population in these areas.
- The prevalence rate of gonorrhea reported in 2008 in the HIV/AIDS population of Area 3 and Area 13 are 869.6 and 481.2 respectively, as compared to 169.3 and 83.9 in the general population in these areas.
- The prevalence rate of Chlamydia reported in the 2008 HIV/AIDS population of Area 3 and Area 13 are 507.2 and 1,042.5 respectively, as compared to 495.3 and 276.4 in the general population in these areas.
- The prevalence rate of hepatitis C is 11,376.8 in Area 3 and 13,151.6 in Area 13 with no comparison available as of the date of the original report.
- The high prevalence rates reported in 2008 in the HIV/AIDS population in Areas 3 and 13 of substance abuse (32,536.2 and 23,897.4); chronic mental illness (3,188.4 and 2,325.6); MSM (36,681.0 and 44,828.7); and IDU (18,417.3 and 19,622.0) clearly shows the importance of assessing these factors in a community as related to HIV/AIDS. (Prevalence rates for the general population were not available in the original report.)

See http://www.doh.state.fl.us/disease_ctrl/aids/trends/msr/2008/msr_2008.html for additional indicator data.

Table 39: Co-Morbidities and Other Factors of HIV/AIDS Population in Area 3, 2008.

Documented Co-morbidity cases in 2008	Prevalence of the HIV/AIDS Population in this Area	Prevalence Rate of this Indicator per 100,000 living HIV/AIDS Cases from this Area	Data Source	Prevalence Rate of this Co-morbidity within the general population of this Disease in this Area
	N= 1,380			
AIDS Cases diagnosed through 2008 with Tuberculosis diagnosed in 2008	1	72.5	HARS	5.7
Infectious Syphilis reported in 2008 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	2	144.9	PRISM	3.8
Gonorrhea reported in 2008 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	12	869.6	PRISM	169.3
Chlamydia reported in 2008 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	7	507.2	PRISM	495.3
Hepatitis C (defined as any HIV/AIDS case noted with a history of acute and/or chronic viral Hepatitis C and documented in HARS and/or MERLIN)	157	11,376.8	HARS (local use variable) and/or matched with reported cases in the Hepatitis database	

Source: Florida Department of Public Health. "Epidemiological Profile, Partnership 3," October 14, 2009.

Other Factors / Surrogate Markers Documented in 2008	Prevalence of the HIV/AIDS Population in this Area	Prevalence Rate of this Indicator per 100,000 living HIV/AIDS Cases from this Area	Data Source
Homelessness (defined as any living HIV/AIDS case who was homeless at diagnosis of HIV or AIDS and documented in HARS)	5	362.3	HARS (address variable)
Substance Abuse (defined as any living HIV/AIDS case noted with a history of substance abuse, e.g., alcohol, methamphetamine, cocaine, inhalants, etc, and documented in HARS)	449	32,536.2	HARS (local use variable)
Chronic Mental Illness (defined as any living HIV/AIDS case noted with a history of mental illness and documented in HARS)	44	3,188.4	HARS (local use variable)
MSM (estimated seroprevalence of males with HIV/AIDS who have an MSM or MSM/IDU risk)	506	36,681.0	(Determined by PLWHA data)
IDU (estimated seroprevalence of persons with HIV/AIDS who have and IDU or MSM/IDU risk)	254	18,417.3	(Determined by PLWHA data)

Source: Florida Department of Public Health. "Epidemiological Profile, Partnership 3," October 14, 2009.

Table 40: Co-Morbidities and Other Factors of HIV/AIDS Population in Area 13, 2008.

Documented Co-morbidity cases in 2008	Prevalence of the HIV/AIDS Population in this Area	Prevalence Rate of this Indicator per 100,000 living HIV/AIDS Cases from this Area	Data Source	Prevalence Rate of this Co-morbidity within the general population of this Disease in this Area
	N= 1,247			
AIDS Cases diagnosed through 2008 with Tuberculosis diagnosed in 2008	-	-	HARS	1.7
Infectious Syphilis reported in 2008 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	1	80.2	PRISM	2.4
Gonorrhea reported in 2008 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	6	481.2	PRISM	83.9
Chlamydia reported in 2008 among HIV/AIDS patients by the County Health Department (minimal estimate, based on STD client data only)	13	1,042.5	PRISM	276.4
Hepatitis C (defined as <u>any</u> HIV/AIDS case noted with a history of acute and/or chronic viral Hepatitis C and documented in HARS and/or MERLIN)	164	13,151.6	HARS (local use variable) and/or matched with reported cases in the Hepatitis database	

MODE OF EXPOSURE

The risk categories used in this section are based on known HIV transmission and epidemiologic studies. Florida’s HIV/AIDS Reporting System (HARS) defines a route of transmission for each case of HIV and AIDS. HARS defines transmission in terms of the broad categories of:

- male-to-male sexual contact (MSM)
- injection drug use (IDU)
- heterosexual (female-to-male or male-to-female) sexual contact.^{xxiii}

Since the beginning of the HIV/AIDS epidemic in the United States, AIDS incidence has been highest among men who have sex with men (MSM).^{xxiv} MSM continue to account for the largest share of AIDS cases in the United States and Florida.

According to the Florida Department of Health's recent report, "Out in the Open: The Continuing Crisis of HIV/AIDS Among Florida's Men Who Have Sex with Men," MSM represent 44 percent (46,045) of all 105,500 AIDS cases and 41 percent (14,672) of all 36,127 HIV cases reported to the Florida Department of Health through 2006.^{xxv}

The data on males living with HIV/AIDS indicate considerably different behavioral risk profiles by race/ethnicity. According to the report, MSM account for 81 percent of non-Hispanic White/Caucasian males, 38 percent of non-Hispanic Black/African Americans, and 69 percent of Hispanic males living with HIV/AIDS. Conversely, heterosexual contact cases account for 5 percent of White/Caucasian males, 41 percent of Black/African American males, and 14 percent of Hispanic males. MSM/IDUs account for another 6 to 7 percent of cases across groups.^{xxvi}

Among adult females, heterosexual contact has been the main mode of exposure for AIDS and HIV cases for the past several years. Among the female AIDS and HIV cases reported in Florida in 2006, heterosexual contact was the highest mode of exposure (83 percent and 86 percent respectively) followed by IDU (15 percent and 14 percent respectively).^{xxvii}

The mode of exposure for Area 3/13 Ryan White clients in calendar year 2009 are analyzed in Table 4-6. Among clients in Area 3/13, heterosexual risk is the highest exposure with 58.4 percent. The MSM mode of exposure is 26.6 percent; 6.1 percent of clients' modes of exposure are unknown or unidentified in the database.

Table 41: Total Number of Ryan White Clients That Had a Outpatient/Ambulatory Medical Care Visit by Risk Factors, April 2009 - March 2010.

Risk Factor	Number	Percent
Men who have sex with men (MSM)	328	26.6
Injection drug use (IDU)	63	5.1
Men who have sex with men and injection drug use (MSM and IDU)	25	2.0
Hemophilia, coagulation disorder	4	0.3
Heterosexual contact	719	58.4
Receipt of transfusion of blood, blood components, or tissue	9	0.7
Mother with/at risk for HIV infection (perinatal transmission)	5	0.4
Other	4	0.3
Undetermined/unknown/ risk not reported or identified	75	6.1
Total	1232	100.0

Source: Ryan White Database, 2010. Prepared by: WellFlorida Council, 2010.

FUTURE TRENDS

The epidemiological data from the Florida Department of Health, Bureau of HIV/AIDS would suggest the following as possible future trends:

- significant disparity among racial/ethnic groups
- heterosexual contact gaining importance as a mode of transmission
- slight increase in the epidemic among Hispanics and White/Caucasians particularly among MSMs
- disparity in the geographical area within Area 3/13
- increase in transmission to women.

COMMUNITY INPUT

INTRODUCTION

The perspective and voices of community members, key informants and decision-makers (community input) are critical when assessing the health care needs of any community. Quantitative data on demographics and health status alone do not paint the full picture of a community's health care needs and issues or its ability to address those needs and issues.

This section details the findings from two critical areas of public perspective – community members and community leaders. The first part examines the results of four focus groups. The second perspective comes from interviews conducted with persons identified as key leaders who work in the field and who are knowledgeable about HIV/AIDS and health care.

Section Highlights

- ✘ Survey respondents expressed a high level of overall satisfaction with Ryan White Part B-funded clinic services, and Ryan White and Housing Opportunity Program case management services.
- ✘ The greatest anticipated service need next year is dental care followed by case management services.
- ✘ The highest anticipated service need not funded by Area 3/13 Part B is eye exams/glasses.
- ✘ Twenty-five percent of survey respondents reported they did not show for a clinic appointment and did not call to cancel or reschedule. The primary reason was "I forgot."
- ✘ Focus group members and key community leaders expressed a need for additional education on services and resources.

FOCUS GROUPS

Methodology

Trained focus group facilitators conducted four focus groups during the months of May and June 2010. These focus groups included an African American female group, an African American male group, a Teen group, and a MSM group. Focus groups were conducted in Alachua County; however, representatives from 27 zip codes were present.

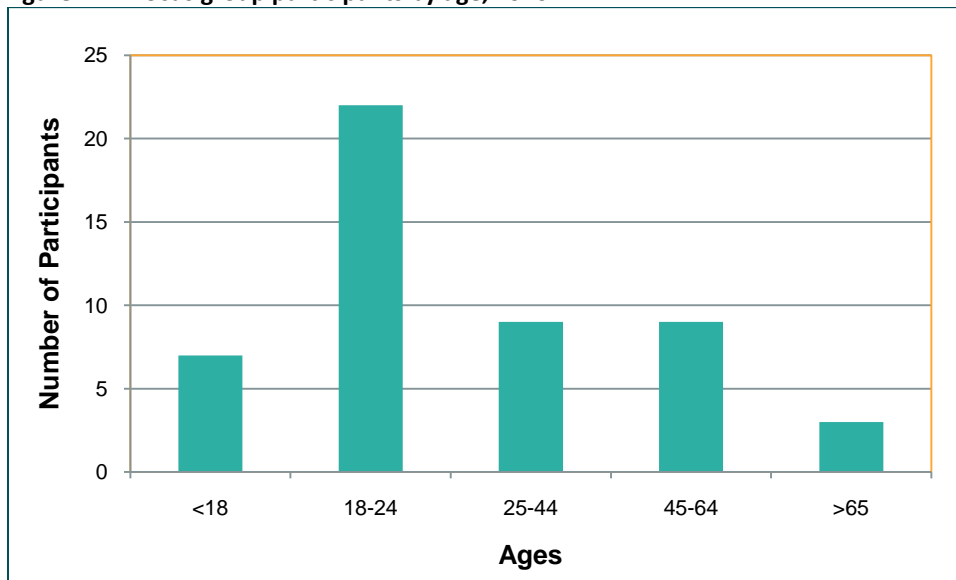
Participants in both African American groups as well as participants in the MSM group were given \$20.00 as a participation incentive. Incentives were issued to participants at the conclusion of each focus group. Participants were recruited with flyers and through the help of local partners. All interested participants were encouraged to call a designated telephone line at WellFlorida to register (with the exception of the teen group). Potential participants took part in a short demographic survey upon arrival at the focus group.

Group meetings were held at the Alachua County Health Department, community based organizations, and a facilitator's home. Meeting times varied between early afternoon and early evening. Meeting length was approximately one and one-half hours.

Participation ranged from 8-17 participants in each group. The meetings were audio tape recorded with the permission of all participants. After a short introduction and explanation of the meeting format,

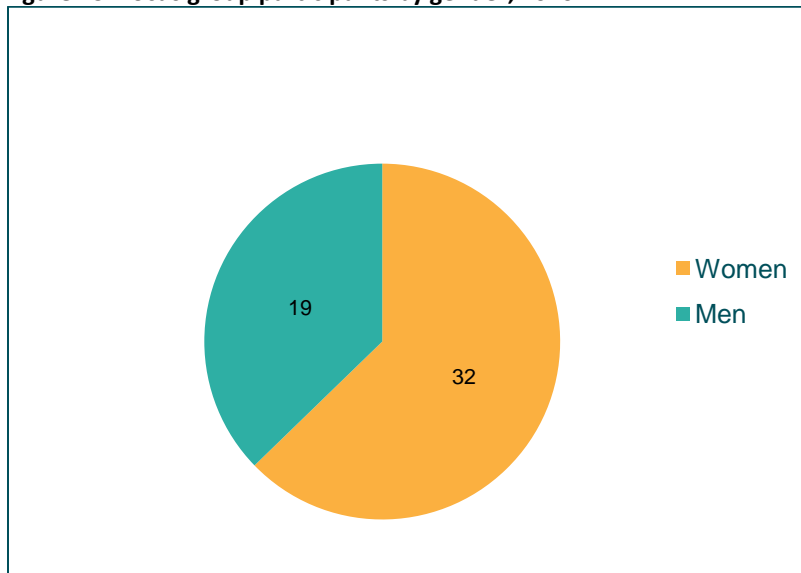
questions were presented to participants for discussion (See Appendices B through D). In total, there were 51 participants with varying ages; 19 men and 32 women.

Figure 12: . Focus group participants by age, 2010.



Source: WellFlorida Council, 2010

Figure 13: Focus group participants by gender, 2010.



Source: WellFlorida Council, 2010

African American Women and Teen Focus Groups Responses

17 women participated in the African American focus group and 15 teens participated in the Teen focus group. Due to the similarity, the responses from the African American and Teen focus groups have been merged. In these focus groups, nine women were under the age of 18, 12 women were between the ages of 18 – 24, three women were between the ages of 25 – 44, six women were between the ages 45 – 64, and two women were over 65 years old.

Meeting New Partners

Members indicated that they meet new partners at church, through friends, at the park, at the mall, on the internet, Facebook, MySpace, and just out and about. In order to entice/flirt with new partners, women suggested wearing certain types of clothes, striking conversation, and becoming friends. Oftentimes women met a man, starting hanging out/dating, and one thing led to another and they had sex. About half of the women agreed that they discussed safer sex before having sex with new partners. For those that admitted they do not always discuss safer sex prior to having sex said that they were often in the heat of the moment.

*“You start fondling then you’ve gone to the next mile, but you should talk about stuff like that first.”
(African American Women’s Focus Group)*

“These days you don’t even have to love that person to have sex with him. It’s like ‘wham bam thank you man, it’s time to go, I bust mine, you bust yours, let’s go.’” (African American Women’s Focus Group)

Relationships

Members suggested that long term relationships and casual relationships are very different. Casual relationships often have no “strings attached” while long-term relationships often require monogamy. Regarding casual relationships women said the following:

“Casual is just like, homeboy, home girl status like, ‘what’s up?’ Like friend status, like hey we going to speak but it was not going to be like ‘Oh what’s up, what you doing tonight? But long-term it’s like, this your baby, you with that person. But casual is just like, ‘Eh what you doing tonight? I’m bored. Yeah come scoop me.’” (Teen Female Focus Group)

“Like a ‘friend with benefits.’” that... that’s casual. And then when y’all done, y’all done. That’s about it.” (Teen Female Focus Group)

“Yeah it’s the same with casual, you don’t know if that person seeing somebody else” (African American Women’s Focus Group)

“But when you say casual sex, aren’t you saying well I can have casual sex with anybody, you know Joe Blow who comes along. And with a long-term relationship that means I’m seeing this one person.” (African American Women’s Focus Group)

Continuing to practice safer sex while in a long-term relationship is often difficult. Some of the reasons why it is difficult as suggested by the focus group members are: trust, pressure via guilt, and procreation.

*“You don’t trust me, I love you. ‘Oh you gonna be my baby mama’ and all this other type of stuff.”
(African American Women’s Focus Group)*

Commitments expected in long term relationships varied across individuals in the focus group. Some believed the goal of a long term relationship is marriage, while to others it meant monogamy, and to others it meant open conversation regarding current sexual partners (open relationships).

Sexual Experiences

While women agreed that both partners should have equal control over sex and the use of condoms, some women admitted that in their first relationships, men had more control than they did. Older women discussed their partners trying to force them to have sex. These women described physical struggle between them and their partners, and successfully escaping the situation before sexual intercourse.

“So he proceeds to tell me what we are going to do. I say ‘No, we’re not.’ So he slaps me, right then I know we don’t need to be here. And I jumped on him like a cat and when I got through clawing and beating him down under the steering wheel I said ‘Now you take me home to my mom and my dad.’”
—Past Experience (African American Women’s Focus Group)

Women had differing opinions on what sex meant to them. Some women described sex with a romantic tone, while others spoke of sex as a physical act. Casual sex was often described as a physical act used for instant gratification and pleasure. Sex between partners in a long-term relationship was more about intimacy and romance.

“Sex is something beautiful between two people, when it’s the right time.” (Teen Female Focus Group)

When asked “why women have sex when they do not want to” members mentioned peer pressure, force, lack of values, looking for unconditional love, and lack of a father figure.

“He (father) was never around but I longed for that security of a man, my father. And that made me turn to men. I didn’t feel complete; I didn’t feel as though I was a woman unless I had a man. And if it took me having sex with him in order to feel that security, then it only made me feel good for a certain amount of time, that’s what I looked for.” (African American Women’s Focus Group)

“I lost my father when I was 13, he passed away from cancer, so throughout my teenage years, I wanted that love, I just wanted attention from a man.” (African American Women’s Focus Group)

Condom Use

Women had varying definitions of safer sex. Some women said “no sex” while others said “using a condom, going to the health department and being tested, knowing your partner’s status, and doing a background check.” Women agreed that it is not hard to practice safer sex especially if you care about yourself and your health. One point that was brought up by multiple women was the idea of values instilled in the family. They believed that if values are taught in the home, women will have higher self-esteem and self-respect, which will in turn lead to practicing safer sex or abstinence. Alcohol and drugs were cited as reasons why people do not practice safer sex, especially in the case of drug addicts having sex for money.

“I got a drug addiction, I smoke crack. A lot of girls like me; we don’t be in a sane stage of mind as y’all because the only thing we crave for is the drugs. So it’s different. What y’all saying how I would have took it; I’m in rehab now, now I can think what I’m doing. I had to get off the streets, now I can think that it’s wrong. While we out there, we not thinking. We’ll do anything, stuff we thought we’d never do” (African American Women’s Focus Group)

“I’m also in residential treatment right now. I’ve been a crack/cocaine user for the past 12 years of my life and by the grace of God, tomorrow I’ll be 8 months sober. But in my addiction, if there was a condom, and he was willing to pay more money, I’d have unprotected sex. Or even if there wasn’t one, I’d have unprotected sex.” (African American Women’s Focus Group)

When asked if they ever had to ask a man to use a condom, most women said yes. Some of them mentioned bringing their own condoms and refusing to have sex if their partner will not comply with condom use.

“If you stand your ground and be like ‘Well you ain’t getting none if you ain’t using no condoms,’ they’re going to put on that condom. They want it bad enough, they going to put on a condom.”
(Teen Female Focus Group)

HIV Testing

Women indicated the following as reasons to get an HIV test: to know personal status, fear, to be safe, so if you are positive you can do something about it. About half of the women said their primary care physician spoke with them about HIV.

When convincing someone else to get an HIV test women mentioned telling the person where testing is offered, that it is confidential, that they should know their status, a lot of people get tested, and they often build trust before advising someone to get an HIV test.

A few women said they did have unprotected sex with men they thought may have HIV. These women were addicted to crack at the time and were having sex for money to support their drug habit.

*“My addiction had so much power over me, that it made me not care, I was willing to take that risk.”
(African American Women’s Focus Group)*

Key Findings for the African American Women Focus Group

- The internet has become a common place to find casual and long-term relationships
- Casual sex takes various forms, however, generally speaking, requires few, if any, commitments
- Condom use is generally expected, however, while under the influence (especially for drug addicts), women are not likely to demand partners use condoms
- Family values were considered a key factor contributing to self-esteem, personal values, and self-respect in determining most aspects of sexual relationships.

African American Men Focus Group Responses

Eight men participated in the focus group. Five men were between the ages of 18-24, two were between the ages of 45-64, and one man was above 65 years old.

Meeting New Partners

Focus group members indicated that they meet new partners at school, through networking, at church, clubs, in the neighborhood/apartment complex, through friends; work, on the bus, at social events, and basically at any place. A few young men said they meet women on Facebook. Strategies for meeting women included simply starting conversations, eye-contact, and talking about mutual interests.

“I start off with casual conversation, I just try being friendly, if anything good comes up then I ask for their number.”

“Eye contact is important, I try to read eyes and stuff like that, or talk about a class we both have, set up a study group, or if we play the same sport, it all depends on eye contact first.”

“Some people add me as a friend (on Facebook) because they say I am cute”

Although most men suggested that there were not differences in the way men meet women for casual relationships versus long-term relationships, however, the actions of the woman generally indicate what type of relationship she is looking for. If she wants to have sex right away, she is looking for something more casual. One gentleman suggested a “role-reversal” for men and women. Young men suggested girls have more power in deciding whether to have sex, but both partners are responsible for condoms and birth control. Older men suggested that men should be responsible for having sex with a girl, for providing protection, and for whatever consequences arise from having sex. Young men and older men in the focus group identified the family as the place where they should learn about sex and practicing safer sex. They agreed that discussions in the family were not occurring as often now as in the past. Men agreed that the commitments expected in long-term relationships versus casual relationships are

different. In long-term relationships, monogamy is expected, although this is very difficult to maintain. Men agreed that most young women are looking for a fling not a long-term relationship.

"The female often times becomes the aggressor, so the male who wants to lay back and be the respectful person is thrust into the position of having to have sexual relations otherwise being labeled as gay."

"It is one thing to see the young men walk around brazenly showing their underwear, it is another thing to see the women also."

Sexual Experiences

Before having sex with a new partner, most men said they ask friends and acquaintances about their new partner to learn about her reputation, specifically in regards to her sexual history. Unless alcohol and drugs are present, most men in the focus group either did discuss practicing safer sex or practiced safer sex without discussing it. When intoxicated, men agreed that it was more difficult to practice safer sex because they were in the heat of passion and were not thinking about condoms just about sex and physical pleasure.

"My life is at stake, it isn't just about pleasure."

"When I was drunk I had unprotected sex with her several times...When you are intoxicated your emotions are running but your mind isn't."

When asked to list some of the reasons why continuing to practice safer sex while in long-term relationships, men suggested that people trust their partners to be faithful. One individual said people forget about the risks and have an "out of sight, out of mind" mentality.

"They have less need to use a condom. People feel like they (partners) are safe and that their partners are not cheating on them."

"I used to get these vivid pictures of how ugly gonorrhea is...I believe they still do this at schools, but I think as soon as you walk away from it for a little bit you forget about it. It's like being in an accident, after being in the accident you watch your speed, but after a few days you are back to pedal to the metal."

"When they presented information about STDs and AIDS they presented the information too late, we were already having sex. Parents need to tell their kids at an earlier age about sex and what it is."

"Parents are very concerned about their daughters but don't tell their sons anything."

Although the older men did advocate for abstinence, most of the younger men did not believe in waiting to have sex. They felt it was a "fairytale." Furthermore, most of the young men said sex was a huge priority in their lives and their friends' lives, 50% or more of their lives revolve around sex. Men agreed that the term "safer sex" means to get tested regularly and use protection. The only way to have safe sex is to be abstinent. Some young men believed that marriage and faithfulness is less common now and society has influenced this situation.

HIV Testing

When asked why people get tested for HIV the common reasons were to protect themselves and protect others. One young man mentioned that because he is frequently sexually active it is very important to get tested on a more regular basis. Although, some people do know about the risks, but will not get tested until someone they know is diagnosed with HIV. Sexual education was mentioned throughout the focus group and most individuals agreed that sexual education should be taught earlier

in school and HIV/STIs testing should be covered in classes. They also suggested that cultural diversity is often lacking in sexual education and should be increased.

Key Findings for the African American Male Focus Group

- Overall, the community members feel there is a role reversal for women and men. Women are now pursuing men and looking for casual relationships versus long-term relationships.
- Alcohol and drugs were frequently mentioned as reasons why safer sex is often not practiced.
- Community members also suggested that the family should be educating their children about sex, safer sex, and HIV and STIs, but this has become less common in the recent years.
- Young community members advocated for sexual education to begin earlier in school. They suggested such education begin in elementary school.

Men Who Have Sex with Men Focus Group Responses

Eleven men participated in the focus group. Four men were between the ages of 18-24, six were between the ages 25-45, and one was between the ages of 45-64.

Meeting New Partners

Focus group members indicated that they meet new partners online, at clubs, parties, supermarkets, school, volleyball practice, through friends, at work, and at the pool. Members also indicated that they meet sexual partners through personal ads, campus, bathrooms, bathhouses, and the observation dock at Paynes Prairie (“*dick dock*”). Strategies for meeting men included simply starting conversations, asking them to dance or buying them a drink.

“A lot of times they approach me online and are very direct.”

“Talk to them and find out what they are looking for first by asking.”

“Kind of depends on where you are; if you are at a club you can ask someone to dance or have a drink.”

“I think most people go online for sex.”

Sexual Experiences

Men mentioned looking for the following things in sex: instant gratification, sexual pleasure, something long-term, “just want to get off,” fun, stress relief, intimacy, and distraction. Individuals varied on how much their life revolve around sex; however, they ranged from 25-85 percent.

Members suggested that before having sex some general conversation often occurs. This conversation includes asking about condom use, sexual roles, relationship status, HIV status, and level of commitment.

“Find out what their sexual interests are, what positions they play and what not, two bottoms don’t make a top, what their sexual role is.”

“Have to ask if they want a one night thing or if this is a long-term effect or just a here and now.” “I think in general STDs are not talked about beyond HIV, they assume HIV is the worst so that is the only thing people care about”

Although members said they were concerned with the consequences of having unsafe sex, and the consequences for both parties, certain environmental factors contributed to the likelihood of having

unsafe sex. Alcohol and drugs were common factors that inhibited decision making. Members suggested that people handing out condoms at clubs for free reminded them to use condoms when they were intoxicated. Members also indicated that condom use is not often practiced unless participating in anal sex.

"If you are wasted you will not think about the consequences,"

"A lot of times you may not expect to hook up with somebody like you are at a party and things get escalated and they might have gotten to a certain point already where your activity is questionably safe or unsafe and you are not sure if you should bring it up or not."

"if they are not having anal sex then most people don't think about using protection so I don't think those conversations are happening"

Commitment expectations varied depending on the type of relationship and all should be based on mutual arrangements. In open relationships partners could *"play together, play apart, or a combination, or maybe only one partner sleeps with other people and the other partner is monogamous."* Members suggested that men in long term relationships were more likely to be in open relationships.

Most men agreed that the responsibility of safer sex was on both partners. Although, one man mentioned, *"I think whosever place you are in they are expected to have the condoms—as long as one person wants safe sex then you do safe sex, you just do it."* In long term relationships it is often hard for men to continue practicing safer sex. Reasons discussed by the focus group included, trust, need, and mutual arrangement.

"You trust him, so do you need to continue practicing safe sex"

"Why do we need to have safe sex?"

When asked, "how easy it to practice safe sex?" members said the following:

"It is easier to talk about safe sex now than years before."

"Super easy, just carry a condom."

"It is physically easy, mentally not so much."

"Safe sex is not having sex, so not easy, it takes work."

Problems men had with maintaining safe sex with different men included going through the process of negotiating condom use.

Condom Use

Members generally agreed that they did not like using condoms, but that condoms are necessary. Reasons for not enjoying condoms varied but included: *lose erection, no easy access to condoms, buy accessories, just talking about it, can't keep it up with a condom, fear of rejection, doesn't feel as good, lose physical connection, barrier between you and the other person, lose sensation, in a long term relationship it may break trust if you suddenly start using condoms."*

Although members expressed guilt, panic, feeling dirty, and worrying for months while waiting for HIV testing results, they mentioned that not using a condom is more intimate and less casual. During long term relationships, both partners must agree to discontinue condom use before condom use is discontinued. Men said the most successful way to encourage their partners to use a condom was to have a *"my way or the highway"* mentality.

Within the local community members agreed that there seemed to be a lack of advertisements targeting HIV prevention and that fear based campaigns are not effective because people know HIV is a manageable condition. The local community does provide free testing; however, testing times are not always convenient, especially for individuals working normal hours.

HIV Testing

Members said they get tested for HIV because they want to know their status, and because it is free. One man said he goes with a group to get tested through Gator Wellness. Convincing other people to get an annual HIV test is difficult, but members agreed that this should be part of primary health care.

"It should be covered at the doctor during the annual exam"

"Doctors should have to ask before testing for it though."

Most men said their primary care physician does discuss HIV, STDs, and testing at each appointment. Men complained that terminology used by doctors was often outdated and made them uncomfortable.

"The terminology they use makes me irritated and annoyed."

Key Findings for the Men Who Have Sex with Men Focus Group

- Casual sex is common, and internet dating sites are frequently used to find sexual partners
- Condoms are often not used unless participating in anal sex
- Alcohol and drugs are often contributing factors to unsafe sex, however, free condoms at clubs and other venues (where men are likely to be meeting other men and be intoxicated) increase the likelihood safer sex will be practiced
- Condoms are often uncomfortable, affect erection, break, and take away from physical pleasure and condoms are less intimate especially in long term relationships

KEY INFORMANT INTERVIEWS

Introduction

WellFlorida Council staff and interns conducted interviews to better understand the perspective of HIV/AIDS community leaders on the prevention and prevention needs for those at risk for HIV/AIDS in Area 3/13.

Methodology

From a compiled list of possible interview subjects, initial contact was made via phone and over email to inform potential interviewees of the study and to stress the importance of their participation. The list included key HIV/AIDS community leaders in community organizations, government agencies, and health care providers.

Although conscious effort was made over a three month period to garner support and participation in key informant interviews, some subjects did not participate. Reasons for non-participation included, time constraints, lack of knowledge, and non-response. In total, 10 key informants agreed to be interviewed. The interviews were conducted in March, April, May, and June 2010 by telephone and email due to time and travel constraints. A standard questionnaire was used for all interviews (See Appendix E). No identifying information of the interviewees has been included in this report to assure confidentiality.

Interview Analysis

Each key informant interviewed responded to an identical set of interview questions. Questions have been grouped into sections: relationships, sexual experiences, safer sex, and HIV testing. Paraphrasing has been incorporated to reflect the commonly held opinions, and direct quoting is employed to emphasize strong feelings associated with statements.

Key Informant Responses

Relationships

According to the key informants, sex is a very high priority for most of their clients at risk for HIV. Some even suggested that 50-70% of their clients lives revolved around sex. When asked what their clients were looking for in sex most informants responded one of three ways: *just for sex, a relationship, and loneliness*. Most informants indicated that there was not a difference in how clients meet for casual sex versus for a long term relationship. Although most key informants believe their clients are meeting new partners for sex/relationships, at bars, clubs, parks, mutual friends, and the work place, one key informant mentioned church as a place where clients meet for longer relationships.

“They meet people that indulge in the same habits they have. Drug users meet other drug users.”

“My understanding is they do meet at church, or different homes for parties or community events.”

“Older guys use the bars as primary meeting place while younger (30 and younger) primarily use online websites/postings.”

“One develops into the other (casual relationship into long-term relationship)-if the casual sex turns into more lasting relationship.”

Regardless of the length of the relationships most key informants indicated their clients are often not discussing safer sex (STIs or HIV) with their partners. Generally, informants suggested their clients have unsafe sex about 60-75 percent of the time and many informants mentioned middle-aged women to be at higher risk.

“They are vulnerable and glad to meet somebody.”

“They are just diving in”

“The women over 40 are vulnerable and they will get in a relationship without even being knowledgeable or not even caring. They are more susceptible than the younger women are. The women over 40 are putting themselves in a serious predicament.”

Most are not discussing safer sex; many people are still complacent and believe that medications will keep them from getting ill.”

“Most of them are not even asking their partners to wear a condom.”

When asked if men and women have different expectations in relationships some key informants said “yes” while others said “no.” Those that believe there is a difference in men’s and women’s expectations within relationships agreed that women are more likely to pursue a long term relationship and look for men with financial stability while men do not generally look for long term relationships or financial stability in a partner.

Those that said there was not a difference in expectations within relationships believe casual relationships have become more common for both sexes.

“Lots more open relationships, the client will have a partner in life, but they agree to seek sexual relationships with others”.

“There are more single moms now than ever before.”

In long-term relationships, monogamy is often expected. While monogamy may be expected by one partner, the other may not share the same level of commitment. So, one partner may be sleeping with other people while the other partner believes his/her partner is practicing monogamy. This has contributed greatly to the reason why many couples are not continuing to practice safer sex in long-term relationships—they think their partner is being monogamous. However, all key informants agreed that there are no gender inequalities in determining whether to practice safer sex.

“I think they let their guard down and think since we don’t have it (HIV) we don’t need to practice safer sex.”

“They don’t want to talk about it—they escape the discussion or are just not concerned about it period.”

Safer Sex

Key informants indicated that there is no difference between the way they define safer sex and the way their clients define safer sex. Although clients have a clear understanding of how to practice safer sex they frequently participate in unsafe sex. Unsafe sex often occurs while under the influence of drugs and/or alcohol. Many informants mentioned drugs and alcohol as one of the main reasons why clients have failed to practice safer sex. Some recounted stories in which the client came in for testing not sure he used a condom or not due to drugs and alcohol.

“PNP (Party and Play: to use drugs while having sex) sex parties are very prominent. Once alcohol and drugs are concerned the inhibitions and safety go out the window.”

“Drug and alcohol heightens sexual need and then they go out to fix the need”

“Sometimes they get high and are not as responsible. They may use one without even thinking about it.”

Key informants pointed out that in general, most clients were receptive to condoms and often took free condoms when they were offered or available for pick-up. Some of the key informants pass out condoms regularly and are well received by those in the community.

“The guys love condoms, they see me and they want them. The ladies on the street they want condoms.”

Although condoms are generally accepted, one key informant mentioned that professionals and individuals in the church are less likely to take free condoms even though they are having sex.

“It is the professional people, church people, the ones that I have a hard time with. They get offended by the condoms. The ones that are coming to church regular-- the middle class people are in denial. “We don’t need condoms.” They are having unprotected sex but are in denial. They get offended and are in denial.”

Some clients do not like condoms and these are some of the reasons mentioned:

“Do not like them, say they do not fit, do not feel good, break, and cannot keep erection with condom.”

In order to convince clients to use condoms key informants have used the following strategies: tell them about the risks both for the individual client as well as the client's partner and by using VOICES.

Key informants mentioned that sometimes clients are able to convince their partners to use condoms with the following strategies: education (tell them about the risk), tell partner their own status, withhold sex unless a condom is used.

HIV Testing

Key informants indicated that convincing clients to get an annual HIV test is difficult. Strategies used include talking about getting testing (casually), mentioning the "fear of not knowing," telling them that HIV and STIs are in the community, and community events (with food and activities, especially where incentives are provided). Some key informants mentioned that it is harder to convince men to come into the clinic for testing than women.

"We try to convince them, we tell them it is a good idea to know where they stand, just by casually talking to them and offering it to them every time they come in."

"I don't think my primary care physician has ever asked me to get an HIV test. Not even my gynecologist."

"You can't look at someone and tell they have something, you just don't know, so you need to be tested."

"Tell them the faster they know, the faster they get treatment. No pain, no gain."

Key Findings for the Key Informant Interviews

- Older women are more vulnerable than younger women due to their general lack of knowledge and concern for HIV and STIs
- People are, on average, not discussing safer sex or condom use before participating in sexual activity
- In long term relationships, condom use is often discarded because monogamy is expected, however, monogamy is not always practiced
- Primary care physicians are not asking patients to get annual HIV tests.

Appendix A: Focus Group Scripts

African American Women and Teens Focus Groups Discussion Questions

1. Tell us how you meet new men for sex/relationship. Where, what kinds of places? (*Prompt: online, bars, club, mutual friends*)
2. What are your strategies (*Prompt: flirting, clothing*)? How do you go about it?
3. What are some of the things that come up when you meet someone and decide to have sex?
4. What did you talk about? Safer sex? Sexually transmitted infections? HIV? OR: Did the topic of sex come up? When did it come up? How did it come up? Who brought it up?
5. Tell me about the last time you met a new guy that you had safe/unsafe sex with.
6. Are there differences in the way you meet men for casual sex versus for longer relationships?
7. What are some of the problems in continuing to practice safer sex in long-term relationships?
8. What kinds of commitments are expected in these kinds (long-term) of relationships?
9. As far as safer sex is concerned, have you had experiences where one person is more in control than the other? (Where there are inequalities between partners?)
10. How do you define an open relationship, what is a closed relationship?
11. First, what are you looking for in sex? What does sex mean to you?
12. When you first had sex, did you practice safer sex? Did it change? When? Why?
13. Is sex a priority in your life? How much of your life revolves around sex?
14. Think about the last time you had sex with a man; did you and he talk about safer sex before having sex?
15. Who decides when to have sex and where?
16. In what ways do you let someone you are having safer sex with know what you want to do sexually? Do you get your way?
17. Were there times when you kept yourself from having unsafe sex even though you wanted to have it? Elaborate
18. Have you ever had sex with someone when you didn't want to?
19. You're having sex with someone and you did things sexually that you did not like doing or didn't want to do. Tell me about the last time you did that. What was going on?
20. How do you define "safer sex"?
21. What are some of the most difficult parts of practicing safer sex?
22. How easy is it to be safe?
23. What are the different problems you have with maintaining safe sex with different men?
24. Have you had experiences where drugs or alcohol were an issue in trying to have safe sex?
25. How do alcohol and drugs affect safer sex behavior?
26. How do you feel about using condoms?
27. In what situations or relationships do you feel you need to use them?
28. What are some of the things you consider before having unprotected anal VS oral sex? Tell me about one of those situations.

29. What has been the response of men when you ask them to use a condom? Have you ever had to insist?
30. Think about a time you wanted to use a condom but didn't. Tell me about that time.
31. Who usually supplies the condoms?
32. What happens if you don't have a condom?
33. Have you had an ongoing relationship in which you started off using condoms and then stopped? Whose idea was it to stop? What were some of the things that may have made you (or your partner) uncomfortable about stopping?
34. Tell me about the last time you had sex and didn't use a condom.
35. Tell me about the last time you were successful in convincing someone who didn't want to use a condom to use one.
36. What are some reasons your friends do HIV Testing/STD Testing?
37. What would convince you to get an annual HIV test?
38. Does your Primary Care Physician discuss STD? HIV testing?
39. Have you ever had sex with someone whom you thought might be at risk for AIDS? What made you think this person might be at risk for AIDS? Did you behave differently with this person than you would have otherwise? How?

African American Men Focus Group Discussion Questions

1. Tell us how you meet new partners for sex/relationship. Where, what kinds of places? (*Prompt: online, bars, club, mutual friends*)
2. What are your strategies (*Prompt: flirting, clothing*)? How do you go about it?
3. What are some of the things that come up when you meet someone and decide to have sex?
4. What did you talk about? Safer sex? Sexually transmitted infections? HIV? OR: Did the topic of sex come up? When did it come up? How did it come up? Who brought it up?
5. Tell me about the last time you met a new person that you had safe/unsafe sex with.
6. Are there differences in the way you meet people for casual sex versus for longer relationships?
7. What are some of the problems in continuing to practice safer sex in long-term relationships?
8. What kinds of commitments are expected in these kinds (long-term) of relationships?
9. As far as safer sex is concerned, have you had experiences where one person is more in control than the other? (Where there are inequalities between partners?)
10. How do you define an open relationship, what is a closed relationship?
11. First, what are you looking for in sex? What does sex mean to you?
12. When you first had sex, did you practice safer sex? Did it change? When? Why?
13. Is sex a priority in your life? How much of your life revolves around sex?
14. Think about the last time you had sex; did you talk about safer sex before having sex?
15. Who decides when to have sex?
16. Who decides where to have sex?

17. In what ways do you let someone you are having safer sex with know what you want to do sexually? Do you get your way?
18. Were there times when you kept yourself from having unsafe sex even though you wanted to have it? Elaborate.
19. Have you ever had sex with someone when you didn't want to?
20. You're having sex with someone and you did things sexually that you did not like doing or didn't want to do. Tell me about the last time you did that. What was going on?
21. How do you define "safer sex"?
22. What are some of the most difficult parts of practicing safer sex?
23. How easy is it to be safe?
24. What are the different problems you have with maintaining safe sex with different partners?
25. Have you had experiences where drugs or alcohol were an issue in trying to have safe sex? How do alcohol and drugs affect safer sex behavior?
26. How do you feel about using condoms?
27. In what situations or relationships do you feel you need to use them?
28. What are some of the things you consider before having unprotected anal VS oral sex? Tell me about one of those situations.
29. What has been the response of men when you ask them to use a condom? Have you ever had to insist?
30. Think about a time you wanted to use a condom but didn't. Tell me about that time.
31. Who usually supplies the condoms?
32. What happens if you don't have a condom?
33. Have you had an ongoing relationship in which you started off using condoms and then stopped? Whose idea was it to stop? What were some of the things that may have made you (or your partner) uncomfortable about stopping?
34. Tell me about the last time you had sex and didn't use a condom.
35. Tell me about the last time you were successful in convincing someone who didn't want to use a condom to use one.
36. What are some reasons your friends do HIV Testing/STD Testing?
37. What would convince you to get an annual HIV test?
38. Does your Primary Care Physician discuss STD? HIV Testing?
39. Have you ever had sex with someone whom you thought might be at risk for AIDS? What made you think this person might be at risk for AIDS? Did you behave differently with this person than you would have otherwise? How?

Men Who Have Sex With Men Focus Group Discussion Questions

1. Tell us how you meet new men for sex. Where, what kinds of places? (*Prompt: online, bathhouse, clubs*)
2. What are your strategies? How did you go about it?
3. What are some of the things that come up when you meet someone and decide to have sex?
4. Tell me about the last time you met a new guy you had safe/unsafe sex with.
5. What did you talk about? Safer sex? Sexually transmitted infections? HIV?

6. Are there differences in the way you meet men for casual sex versus for longer relationships?
7. What are some of the problems in continuing to practice safer sex in long-term relationships? Unsafe sex? What reasons?
8. What kinds of commitments are expected in these kinds of relationships?
9. As far as safer sex is concerned, have you had experiences where one person is more in control than the other? (Where there are inequalities between partners?)
10. First, what are you looking for in sex? What does sex mean to you?
11. When you first had sex, did you practice safer sex? Did it change? When? Why?
12. Where is sex in your life? How much of your life revolves around sex?
13. Think about the last time you had sex with a man; did you and he talk about safer sex before having sex?
14. In what ways do you let someone you are having safer sex with know what you want to do sexually? Do you get your way?
15. Were there times when you kept yourself from having unsafe sex even though you wanted to have it? Elaborate
16. You're having sex with someone and you did things sexually that you did not like doing or didn't want to do. Tell me about the last time you did that. What was going on?
17. How do you define "safer sex"?
18. What are some of the most difficult parts of practicing safer sex?
19. How easy is it to be safe?
20. What are the different problems you have with maintaining safe sex with different men?
21. Have you had experiences where drugs or alcohol were an issue in trying to have safe sex? How do alcohol and drugs affect safer sex behavior?
22. How do you feel about using condoms?
23. In what situations or relationships do you feel you need to use them?
24. What are some of the things you consider before having unprotected anal VS oral sex? Tell me about one of those situations.
25. How have you responded when a partner asked you to use a condom? Do you respond differently with different men?
26. Think about a time you wanted to use a condom but didn't. Tell me about that time.
27. Have you had an ongoing relationship in which you started off using condoms and then stopped? Whose idea was it to stop? What were some of the things that may have made you (or your partner) uncomfortable about stopping?
28. Tell me about the last time you had sex and didn't use a condom.
29. Tell me about the last time you were successful in convincing someone who didn't want to use a condom to use one.
30. How could the community promote or encourage safer sex?
31. Is the local community promoting safer sex?
32. What are some reasons your friends do HIV Testing/SID Testing?
33. What would convince you to get an annual HIV test?
34. Does your Primary Care Physician discuss STD? HIV Testing?

Appendix B: Key Informant Interview Scripts

Focus Group Questions for Key Informants

1. Introduction
2. Meeting New Partners
 - Tell us how your clients are meeting new people for relationships/sex. Where, what kinds of places? (*Prompt: online, clubs, bars, mutual friends*)
 - To your knowledge, are they discussing safer sex? Sexually transmitted infections? HIV?
3. Relationships
 - Are their differences in the way your clients meet men for casual sex versus for longer relationships?
 - What seems to be some of the problems that people are having in continuing to practice safer sex in long-term relationships?
 - What kinds of commitments are expected in these kinds of relationships? Do you notice a difference between men and women?
 - Are there any gender inequalities in determining whether to practice safer sex? (Where there are inequalities between partners?)
4. Sexual Experiences
 - What are your patients/clients looking for in sex? What does sex mean to you VS what it means to them?
 - Is sex a priority in your clients' lives? How much do their lives revolve around sex?
5. Nature and Patterns of Sexual Negotiation (communication, how work things out, decision-making)
 - Do your clients and their partners talk about safe sex before having sex?
 - Were there times when your clients kept themselves from having unsafe sex even though they wanted to? What percentage of your clients do you think would have unsafe sex?
6. Coercive Situations (pressured to have sex)
 - Why would someone do things sexually that they did not like doing or didn't want to do?
7. Safer Sex
 - Is there a difference between the way you define "safer sex" and the way your clients do?
 - For your clients, what are some of the most difficult parts of practicing safer sex?
 - Have your clients had experiences where drugs or alcohol were an issue in trying to have safe sex? How did alcohol and drugs affect safer sex behavior?
8. Condom Use
 - How do your clients feel about using condoms?

- In what situations do your clients use protection? In what situations do they not use protection?
- In working with your clients, have you been able to convince someone who didn't want to use a condom to use one? Are your clients ever able to convince a partner who didn't want to use a condom to use one? How?

9. Final Question

- How do you convince clients to get an annual HIV test?

ENDNOTES

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^v U.S. Department of Health and Human Services. Centers for Disease Control and Prevention. "HIV/AIDS in the United States." <http://www.cdc.gov/hiv/resources/factsheets/us.htm>. [Accessed March 2008]

^{vi} U.S. Department of Health and Human Services, The Offices of Minority Health. Hispanic/Latino Profile. <http://www.omhrc.gov>. [Accessed March 2008]

^{vii} Office of Minority Health and Health Disparities, Centers for Disease Control. "Hispanic or Latino Populations." <http://www.cdc.gov/omhd/Populations>. [Accessed March 2008]

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^{xi} Florida Department of Corrections. *2006-2007 Annual Report*.

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¹ Florida Department of Health, Division of Disease Control. Epidemiological Profile for Area 3/13. http://www.doh.state.fl.us/disease_ctrl/aids/trends/epiprof/Epi_Tables/epitable.htm. [Accessed May 2008]

^{xiii} Florida Department of Health, Division of Disease Control. *Florida HIV/AIDS Annual Report/ Epidemiologic Profile, 2006*. [page 24]

³ Ibid. [page 24]

⁴ Ibid. [page 22]

⁵ National Alliance on Mental Illness. "Updates and What's New."

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⁶ Ibid.

^{xx} U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2006*. Vol. 18, 2008. [page 58]

^{xxi} Florida Department of Health, Division of Disease Control, Bureau of HIV/AIDS. Florida Annual Report 2007, Acquired Immune Deficiency Syndrome/Human Immunodeficiency Virus. [page 11]

^{xxii} Florida Department of Health, Bureau of HIV/AIDS. *Resident HIV/AIDS Deaths by Partnership, 10/1/07*.

^{xxiii} U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *Measuring HIV Risk in the U.S. Population aged 15-44: Results from Cycle 6 of the National Survey of Family Growth*. No. 377, October 23, 2006. [page 4]

^{xxiv} U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2006*. Table 3.

^{xxv} Florida Department of Health, Division of Disease Control. Out in the Open: The Continuing Crisis of HIV/AIDS Among Florida's Men Who Have Sex With Men." October 2007. [page 1]

^{xxvi} Ibid. [page 3]

^{xxvii} Florida Department of Health. *HIV and AIDS Among Women, Florida 2006*. [page 20]