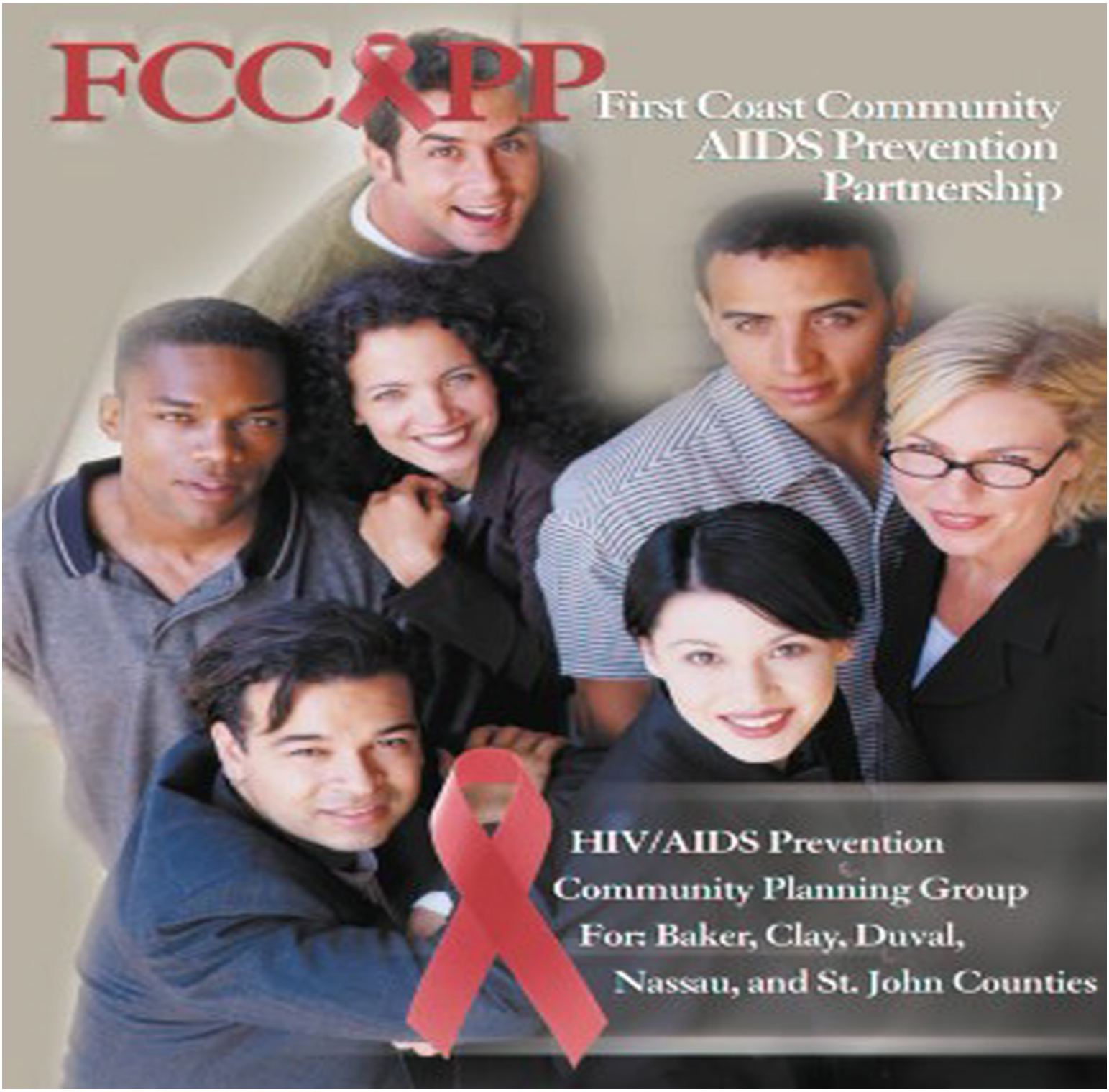

2007-2009 Comprehensive HIV/AIDS Prevention Plan Partnership 4

Revised June 2008

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Community Planning Summary

The First Coast Community AIDS Prevention Partnership (FCCAPP) represents Baker, Clay, Duval, Nassau and Saint Johns Counties in the process of community planning for HIV/AIDS prevention. Community planning is mandated by the Centers for Disease Control and Prevention (CDC). Community planning is a multi-component process intended to strengthen the scientific basis, community relevance, and population or risk-based focus of prevention programming.

In August 2005, it was announced that there would be a decrease in funding availability for community planning partnerships in the state of Florida beginning January 1, 2006. As a result of the decrease in funding, the local planning partnerships would no longer be funded with state funds. In response to the announcement, FCCAPP chose to remain intact as a planning partnership and apply for funding from other sources to continue local prevention planning activities that FCCAPP has worked so diligently to establish.

The mission of FCCAPP is to create a local HIV/AIDS Prevention Plan and present it to the statewide community planning group, formerly known as the Florida Community Planning Group (FCPG), now called the Florida Comprehensive Planning Network (FCPN). The FCPN is composed of the Prevention Planning Group (PPG), Patient Care Planning Group (PCPG), and the Hepatitis Planning Group (HPG). The FCPN planning groups include Community Representatives, Public Health Representatives, and At-Large Representatives.

This 2007-2009 Comprehensive HIV/AIDS Prevention Plan will be the third three-year plan to be developed, implemented and disseminated by FCCAPP as well as the State. Knowing this would be a three-year plan; members of the FCCAPP wanted the most comprehensive plan possible. The FCPN helped make this possible by asking for the same data from all agencies in the state of Florida. It was also understood by the FCCAPP members that only information that is received could be included in the plan. Knowing this, many FCCAPP members worked together to assure the most complete data is included.

The standardization of the guidances for community planning has established a set of core principles, which allow for the opportunity to lay the parameter for future prevention plans and the dynamics of community planning. This will also assist in raising the standards for the future of HIV prevention services.

Members of the FCCAPP continue to take steps in bringing more Community Based Organizations to the table, both traditional and non-traditional, and in doing so, many new faces have begun to attend and participate in the community planning process. This process includes dedicating a set time at every meeting for agencies to speak about the prevention activities of their respective agencies; all agencies are encouraged to bring flyers, brochures or other materials. The end result is creating linkages that may not have been in place before. It is hoped that the 2007 - 2009 Comprehensive HIV/AIDS Prevention Plan will be a useful document for all who use it. As the HIV/AIDS epidemic continues to change, FCCAPP will continue its evolution to meet current and future challenges.

A Guide to Community Planning

A. INTRODUCTION

The First Coast Community AIDS Prevention Partnership (FCCAPP) presents this document as a guide and resource for HIV prevention planning and programming efforts in Community Planning Partnership 4, consisting of the five county area of Baker, Clay, Duval, Nassau and St. Johns Counties. This first section will provide an overview for the 2007-2009 Comprehensive HIV/AIDS Prevention Plan for Partnership 4. After reading Section 1, you will:

- ⇒ Learn about HIV Prevention Community Planning from the national perspective;
- ⇒ Become familiar with the history and background of HIV prevention planning in Florida and Partnership 4
- ⇒ Gain insight into Partnerships 4's current planning process.

B. PURPOSE AND USE OF THIS DOCUMENT

FCCAPP has developed this comprehensive HIV/AIDS Prevention Plan to guide decision makers, health care planners, and community service providers in the development and delivery of HIV prevention activities throughout the area. This plan consists of a re-working of past *Partnership 4 Comprehensive HIV/AIDS Prevention Plans for 1998/1999, 1999/2000, 2001-2003, and 2004-2006.* This document provides current reported activities in the area and the framework for HIV prevention activities in the five county area during the next three years, from 2007-2009.

The structure and layout are designed to enhance "user friendliness" and an understanding of HIV prevention community planning. It has been a long standing goal of FCCAPP members, both past and present, to disseminate this plan throughout the area, and to make it a useful tool in HIV prevention planning as well as general information about community planning, and HIV/AIDS in the five county area.

The Audience

The members of the FCCAPP anticipate that the local health departments, community-based service providers, government and other decision-making bodies, and health care planners will be the primary audience for this document. The secondary audience includes the general public, including the consumers of HIV prevention services. It is hoped by the members of the FCCAPP that this document will provide the groundwork for new and potential providers of HIV prevention services.

Abstinence

The First Coast Community AIDS Prevention Partnership supports abstinence-based HIV prevention education as one component of prevention services. As with all HIV prevention strategies and interventions, abstinence–based HIV prevention education should be appropriately targeted to its audience and should refrain from moral judgments on personal beliefs of marriage, sex or other issues.

Glossary

In the Appendix of this document, there is a glossary of key terms and acronyms. The glossary provides definitions to help the reader understand the language of HIV prevention.

C. HIV PREVENTION COMMUNITY PLANNING

1. A NATIONAL PERSPECTIVE

In December of 1993, the Centers for Disease Control and Prevention (CDC), working closely with other governmental and non-governmental partners, issued guidance on HIV Prevention Community Planning to the 65 state, territorial, and local health departments that receive HIV prevention funds. The guidance required these health departments to begin an HIV prevention community planning process in fiscal year (FY) 1994 to qualify for HIV Prevention funding for FY 1995 and beyond.

The CDC views HIV prevention community planning as an ongoing, comprehensive planning process, that is intended to improve the effectiveness of HIV prevention programs by strengthening the scientific basis, community relevance, and population or risk-based focus of prevention interventions. HIV prevention planning is (1) evidence based (i.e., based on HIV/AIDS and other epidemiologic data, including STD and behavioral surveillance data, qualitative data, a resource inventory, and other local data) and (2) incorporates the views and perspectives of groups at risk for HIV infection for whom the programs are intended, as well as providers of HIV prevention services.

In July of 2003, the CDC released a new *2003-2008 HIV Prevention Community Planning Guidance* document. The new guidance has been updated to incorporate the new strategies and guidelines contained within the newly released HIV prevention initiative known as *Advancing HIV Prevention: New Strategies for a Changing Epidemic,* which will be discussed later in this plan. The new document also indicates that organizations wishing to apply for funding from the CDC should be familiar with the agency's *HIV Prevention Strategic Plan Through 2005*. Within its newly revised guidelines, the CDC has set three major goals for HIV Prevention Community Planning. The goals are designed to give direction to the planning process; and are shown on the following page:

Goals of HIV Prevention Community Planning

1. Community Planning supports broad-based community participation in HIV prevention planning.

2. Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) for each specified jurisdiction.

3. Community planning ensures that HIV prevention resources target identified priority populations and interventions set forth in the comprehensive HIV prevention plan.

In order to ensure that the planning process is carried out in a participatory manner, the CDC also sets forth the following ten standards as guiding principles:

Guiding Principles of HIV Prevention Community Planning

1. The health department and community planning group must work collaboratively to develop a comprehensive HIV prevention plan for the jurisdiction.

2. The community planning process must reflect an open, candid, and participatory process in which differences in cultural and ethnic background, perspective, and experience are essential and valued.

3. The community planning process must involve representatives of populations at greatest risk for HIV infection as well as persons living with HIV/AIDS (PLWHA).

4. The fundamental tenets of community planning are: Parity, Inclusion, and Representation. *(A description of these terms is included at the end of this section.)*

5. An inclusive community planning process includes representatives of varying races and ethnicities, genders, sexual orientations, ages, and other characteristics such as varying educational backgrounds, professions, and expertise.

6. The community planning process must actively encourage and seek out community participation.

7. Nominations for membership should be solicited through an open process and candidates selection should be based on criteria established by the health department and the community planning group.

8. An evidence-based approach for setting priorities among target populations should be based on the epidemiological profile and the community services assessment.

9. Priority setting for target populations must address populations for which HIV prevention will have the greatest impact.

10. The set of prevention interventions/activities for prioritized target populations should have the potential to prevent the greatest number of new infections.

The primary task of the Community Planning Group (CPG) is to develop a comprehensive HIV prevention plan that includes prioritized target populations and prevention interventions/activities. The CPG is required to develop at least one comprehensive plan every five years, and multi-year plans must be updated annually. CDC guidelines indicate that a comprehensive HIV prevention plan should include details of the following key components:

1. **Epidemiological Profile:** describes the impact of the HIV epidemic in the jurisdiction, provides the foundation for prioritizing target populations.
2. **Community Services Assessment:** (This section combines the components formerly identified as the Needs Assessment, Provider Resource Inventory, and Gap Analysis.) This section describes the prevention needs of populations at risk for HIV infection, the prevention activities/interventions implemented to address these needs, and identified service gaps.
3. **Prioritized Target Populations:** focuses on a set of target populations that require prevention efforts due to high rates of HIV infection and high incidence of risky behaviors.
4. **Appropriate Science-Based Prevention Activities/Interventions:** a set of prevention activities/interventions necessary to reduce transmission in prioritized target populations
5. **Letter of Concurrence/Concurrence with Reservations/Non-Concurrence:** describes, via a written response from the community planning group, whether the health department's application for funding does or does not, and to what degree, agree with the priorities set forth in the Comprehensive HIV Prevention Plan.

Additionally, the revised guidelines indicate that:

- The community planning process should be flexible.
- Community planning groups (CPG's) should be routinely informed by the health department of other relevant planning efforts.
- The health department and CPG are jointly responsible for determining the planning process and cycle and documenting progress made in accomplishing the goals and objectives of HIV Prevention Community Planning.
- Monitoring and evaluation of HIV Prevention Community Planning is a shared responsibility between the health department and the CPG.

2. HISTORY OF COMMUNITY PLANNING FOR HIV/AIDS PREVENTION IN FLORIDA

The State of Florida 1999 Prevention Plan explains that in response to the CDC guidance that was issued 1993, representatives from the Florida Department of Health and individuals from across the state convened a statewide body to develop a community planning structure. This body was named the Florida HIV/AIDS Community Planning Group (FCPG). At that time, it was determined that the FCPG membership would be comprised of statewide community participants who would represent local planning bodies. These local planning body areas were mapped out based upon former Department of Health and Rehabilitative Services' district boundaries and are called Community Planning Partnerships (CPPs). A total of 14 CPPs were formed. By developing along former district boundaries, the partnerships were able to assure representation of both rural and urban concerns. Issues unique to areas with low, medium and high HIV/AIDS and other STD and infectious disease case rates are also addressed through this community planning structure.

Early in the community planning process, the membership of the FCPG recognized the need for collaboration in respect to HIV prevention and AIDS patient care. The decision was made at that time to integrate them into one body. Thus, the FCPG addressed both HIV prevention and AIDS patient care issues for the state of Florida. To ensure this, each CPP was to nominate one public health representative, one community representative, and one Ryan White Title II consortium representative to serve on the FCPG. Combined, these three members represented HIV prevention and AIDS patient care issues at the statewide level on behalf of their local area.

In June 2003, the Florida Department of Health asked for a workgroup of FCPG members to evaluate and make recommendations regarding the future of HIV/AIDS Prevention and Patient Care planning in Florida. The recommendations from this group lead to a restructuring of the statewide planning body into the Florida Comprehensive Planning Network, or FCPN. The new FCPN consists of three separate planning bodies: a Prevention Planning Group (PPG), a Patient Care Planning Group (PCPG), and a Hepatitis Planning Group (HPG). The Bureau of HIV/AIDS is working closely with the Bureau of STD Prevention and Control to collaborate planning efforts between the two agencies.

Each of the Prevention and Patient Care planning bodies are comprised of one representative from each of Florida's planning districts, and an alternate member is also appointed for each area. Department of Health representation consists of a total of five representatives on each body from various areas of the state. Additionally, each group will have three "At Large" seats representing identified areas of needed representation, for a total of 23 voting members in each group. The individual bodies will meet 2-3 times annually, with the leadership from each group meeting at least once annually in a joint session. The new structure also contains a number of advisory groups, each representing an area of specific interest or concern.

In August 2005, it was announced that there would be a decrease in funding availability for community planning partnerships in the state of Florida beginning January 1, 2006. As a result of the decrease in funding, the local planning partnerships would no longer be funded

with state funds. In response to the announcement, local prevention planning partnerships chose to remain intact, combine with local consortia planning bodies, or disband. FCCAPP chose to remain intact as a local prevention planning partnership and apply for other funding to continue local prevention planning activities. The FCCAPP has worked diligently to establish a local prevention group that understands the community and its prevention needs.

3. COMMUNITY PLANNING IN PARTNERSHIP 4

Community Planning Partnership 4 consists of five counties in Northeast Florida: Baker, Clay, Duval, Nassau, and St. Johns. The community planning group was formerly known as the First Coast Community AIDS Coalition (FCCAC). In 1998 the structure and the name of the group changed to better reflect the true purpose and dynamics of community planning. The name was changed to the First Coast Community AIDS Prevention Partnership (FCCAPP) and the structure changed to a "voting body" that consists of between 30 – 45 members who, as closely as possible, represent the local epidemic. The voting members make decisions based on what is accomplished at the committee level as well as the every day business of FCCAPP. Community members participate and vote at the committee level but are restricted from voting at the membership meetings. All activities of the FCCAPP are guided by the FCPN and the *CDC Guidance for HIV Prevention Community Planning.* Parity, Inclusion, and Representation (PIR) are fundamental tenets of HIV prevention community planning.

Parity is the condition whereby all members of the HIV prevention community planning group have the skills and knowledge for input and participation, as well as equal voice in voting and other decision-making activities.

Inclusion is defined as the assurance that the views, perspectives, and needs of all affected communities are included and involved in a meaningful manner in the community planning process.

Representation is the assurance that those who are representing a specific community truly reflect that community's values, norms and behaviors.

Ensuring PIR is an important goal of FCCAPP members and has been accomplished by the Recruitment and Education Committee. This committee, using the membership criteria described in the FCCAPP Bylaws, seeks to fill open voting member positions by targeting recruitment efforts to individuals who fill the criteria.

The FCCAPP Membership consists of representatives from all five County Health Departments, Ryan White Titles I, II & IV, various AIDS Service Organizations, Community Based Organizations, Persons Living With HIV or AIDS, the United States Navy, School Board Administrators, Ministers from Faith Organizations and various "At-Large" Members. The "At-Large" positions allow for a broader representation of the community. "At Large" positions include African American Men, Gays/Lesbians/Bisexuals, Gay Men of Color, and the elderly.

Active and productive participation in the work of the First Coast Community AIDS Prevention Partnership's committees is the key to the group's success. All members serve on one committee. Members choose a committee based on their particular skills and/or interest. Committees of the FCCAPP include:

Recruitment and Education Committee – Creates strategies in the community, which bring as many people into FCCAPP as possible to ensure parity, inclusiveness and representation. The Recruitment and Education committee will disseminate education materials through current intervention and prevention activity.

Prevention Planning Committee – The purpose of the Prevention Planning Committee is to provide unbiased recommendations to the FCCAPP regarding technical assistance and program planning needs and to coordinate the development of the regional needs assessment in HIV prevention.

Bylaws Committee – The purpose of the Bylaws Committee is to maintain the bylaws of the FCCAPP and assure that the bylaws provide an up-to-date guide to the function of the FCCAPP.

The next three years will allow for time to disseminate the information contained in this document. It will also allow for others to learn more about community planning for HIV/AIDS prevention and become involved in this very important and necessary component of putting an end to the HIV epidemic.

Epidemiological Profile

The data included in this profile are for the five county area of Area 4, which includes Baker, Clay, Duval, Nassau and St. Johns Counties. In May 2008, the Department of Health, Bureau of HIV/AIDS released new area specific HIV and AIDS case data for 2007. The DOH began reporting HIV cases regardless of AIDS status in 2002, meaning that HIV case data includes those that have converted to AIDS. HIV cases reported in this way cannot be added to AIDS cases to get combined totals, as these categories are not mutually exclusive. The majority of the data excludes cases reported by the Department of Corrections (unless otherwise noted).

Population Data

The United States Census Bureau indicates that there are an estimated 1,359,662 persons living within Area 4 as of mid-year 2007. Data obtained shows that 49% of the population is male and 51% is female. The overall population is 68% White/non-Hispanic, 23% Black/non-Hispanic, 6% Hispanic, and 3% other ethnicities including American Indian/Alaskan Native, Asian Pacific Islander, and all other race groups.

Children who are 12 years old or less make up 17% of the area's population. Teens and adolescents (ages 13-19) add an additional 10%. Adults within the ages of 20 through 59 comprise a total of 56%, and those who are age 60 or older represent 17% of the total.

Figures 1 and 2: Population Composition of Area 4

Figure 1. By Race/Ethnicity

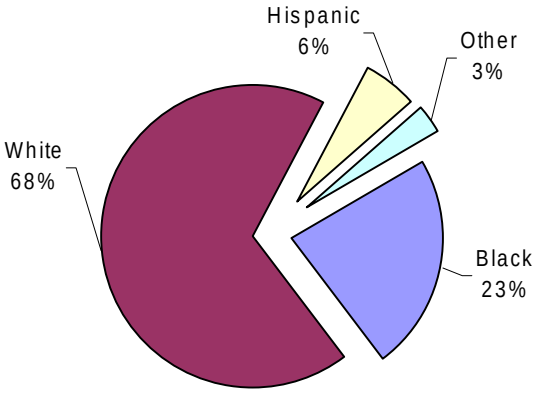
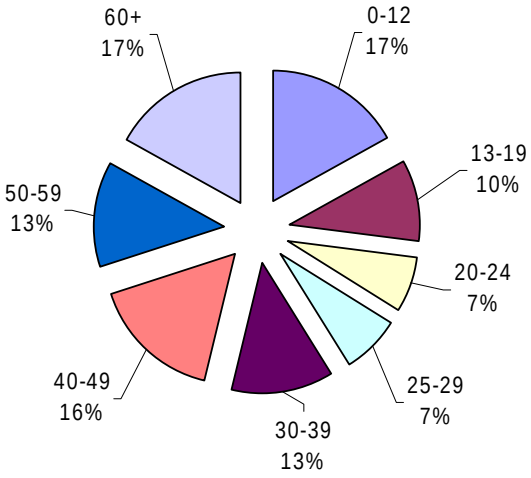


Figure 2. By Age



Source: 2000 US Census Population

The proportion of persons who are unemployed in the State of Florida is 6.4%. Of those unemployed in Area 4, 60% are White, 33% are Black, 4% are Hispanic, and 3% are of other races. The percentage of the total population that is living below 100% poverty level in Florida is 16.9%. Of those in Area 4, 36% are White, 28% are Black, 34% are Hispanic, and 2% are of other races.

There have been at least 6,449 cases of AIDS reported for the five-county area cumulative through 2007. Duval County contains 66% of the total population of Area 4, yet accounts for 89% of the reported AIDS cases. There are currently 5,077 persons with either HIV or AIDS presumed living within the partnership area as of April 2008.

HIV/AIDS Case Data

The Centers for Disease Control and Prevention defines AIDS as documented HIV infection plus a diagnosis of an opportunistic illness or a CD-4 T-cell count below 200 cells/mm. However, as early detection and more effective therapies have helped delay the onset of AIDS for many people, the analysis of trends among people diagnosed with AIDS has ceased to reliably reflect the emerging characteristics of the HIV epidemic. Therefore, the HIV incidence (i.e., the number of new HIV cases per year) is now considered more indicative of recent trends in HIV transmission and a more accurate measure of the number of people needing care and services.

However, HIV data are influenced by the proportion of HIV-infected persons who seek or defer testing, and exclude persons who are tested anonymously and those diagnosed prior to July 1997. HIV data tend to indicate newer HIV infections (although persons may choose to be tested at any time in the course of HIV infection). The proportion of infected persons who get tested is expected to increase, and the representativeness of the HIV data will increase accordingly. At present, however, HIV surveillance data represent a minimum measurement of HIV prevalence in a given area.

HIV Data

Since July 1997, positive results from confidential HIV testing have been reported to the Florida Department of Health. These figures can provide a current overview of who is getting infected and the way they are getting infected. HIV cases reported for the year 2007 by race/ethnicity show that of the 430 total new cases (regardless of AIDS status) in Area 4, 63% are Black, 29% are White, 6% are Hispanic, and 2% is of another race.

Figures 3 and 4: HIV Cases (regardless of AIDS status) in 2007

Figure 3: Male Cases (n=266)

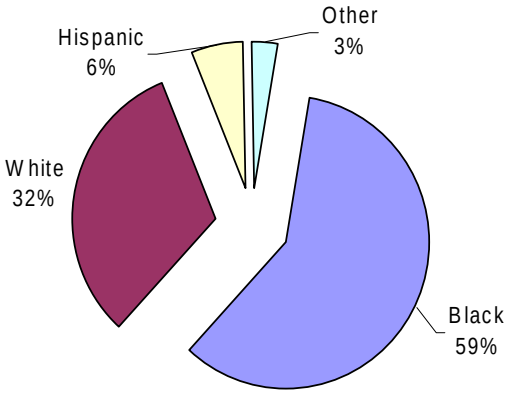
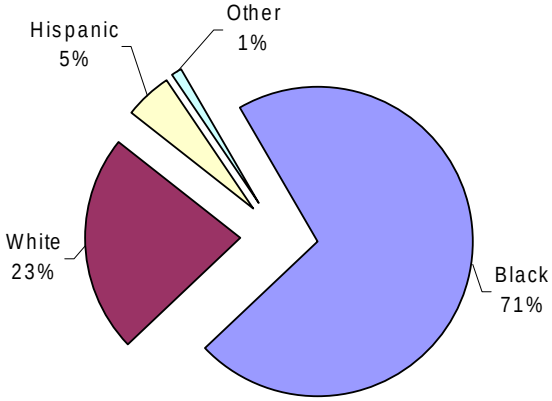


Figure 4: Female Cases (n=164)



Source: Florida Department of Health, HIV/AIDS Reporting System

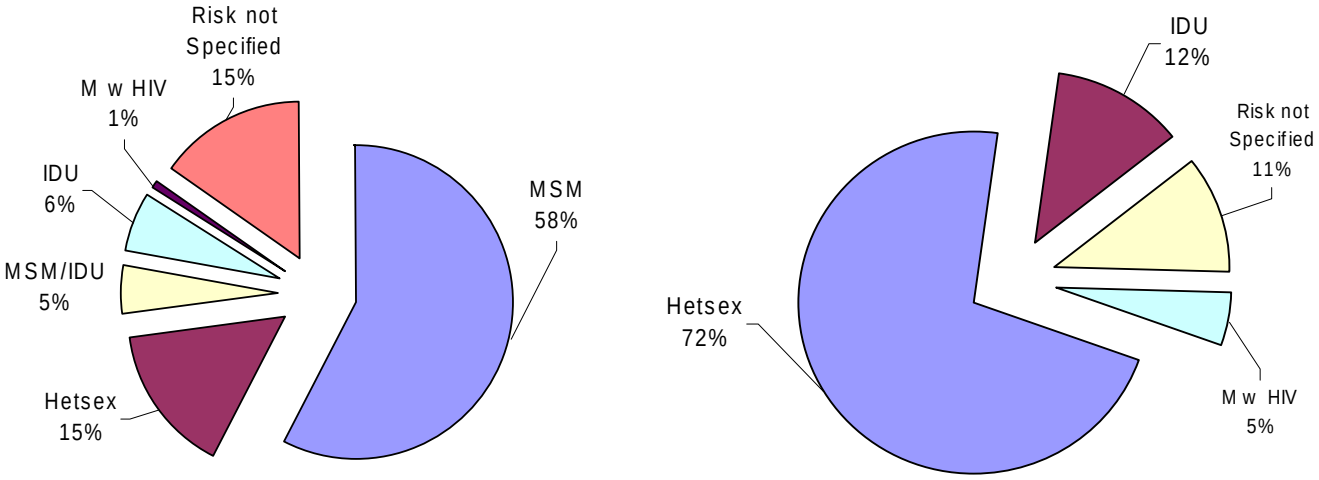
The most common mode of exposure among men was reported as Men having Sex with Men (MSM) at 57% and heterosexual contact was the most predominant mode of exposure for women at 71% for those testing positive for HIV in 2007. There were more Black MSMs (55%) compared to White MSMs (38%). Hispanics comprised 5% of MSMs. Females who reported heterosexual contact were 74% Black, 19% White, 6% Hispanic, and 1% other.

Among men, heterosexual contact accounted for a total of 15% of HIV cases and MSM/IDU accounted for a total of 5% of HIV cases. The majority of the heterosexual males were Black (66%). There were more White MSM/IDUs (54%) compared to Black MSM/IDUs (46%). There were no Hispanic MSM/IDU cases.

Injection Drug Use (IDU) was reported for 6% of all new HIV cases in males and 12% in females. Male IDU cases were 50% White, 38% Black, and 12% Hispanic. Female IDU cases were 50% Black and 50% White. There were no Hispanic female IDU cases.

Figures 5 and 6: HIV Cases by Mode of Exposure and Gender, 2007

Figure 5: Males (n=266) **Figure 6: Females (n=164)**



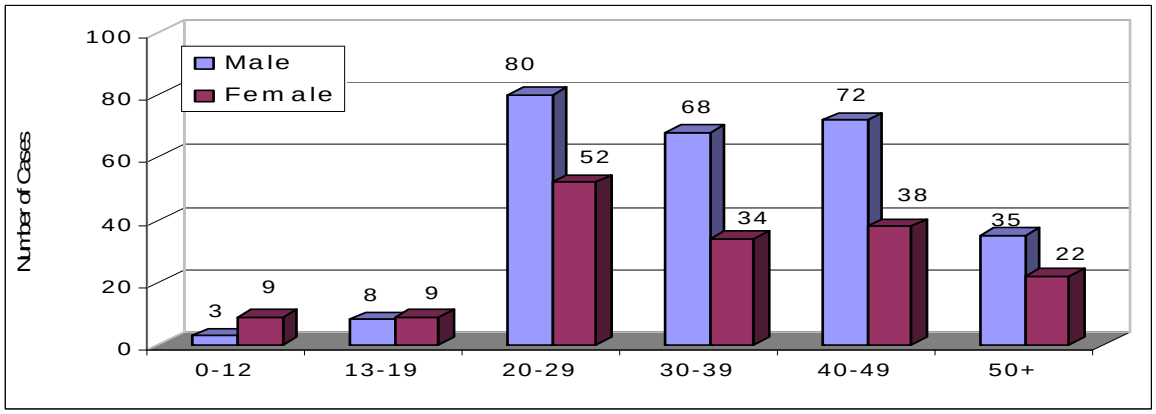
Source: Florida Department of Health, HIV/AIDS Reporting System

Youth and adolescents age nineteen and below made up 4% of the male cases and 11% of cases in females. The majority of the total cases occurred among Black youth (86%), while White youth accounted for 10%, and Hispanic youth accounted for 3%.

Adults aged 20-49 comprise the majority of cases including 83% of male cases and 76% of female cases. Men in this age group are 58% Black, 32% White, 7% Hispanic, and 3% other races. Women are 69% Black, 23% White, 6% Hispanic, and 2% other races.

Adults over the age of 50 account for a combined total of 13% of all new cases in 2007 with the majority of those (61%) being men. Males 50 and older cases reported as 51% Black, 40% White, 6% Hispanic, and 3% other. Females in this age group reported as 68% Black and 32% White.

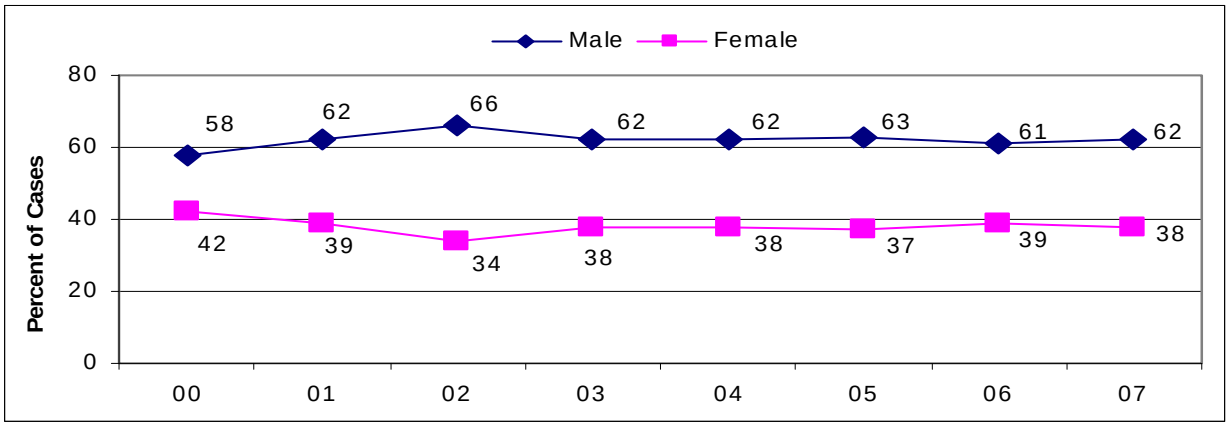
Figure 7: Area 4 HIV Cases (regardless of AIDS status) by Age, 2007.



Source: Florida Department of Health, HIV/AIDS Reporting System

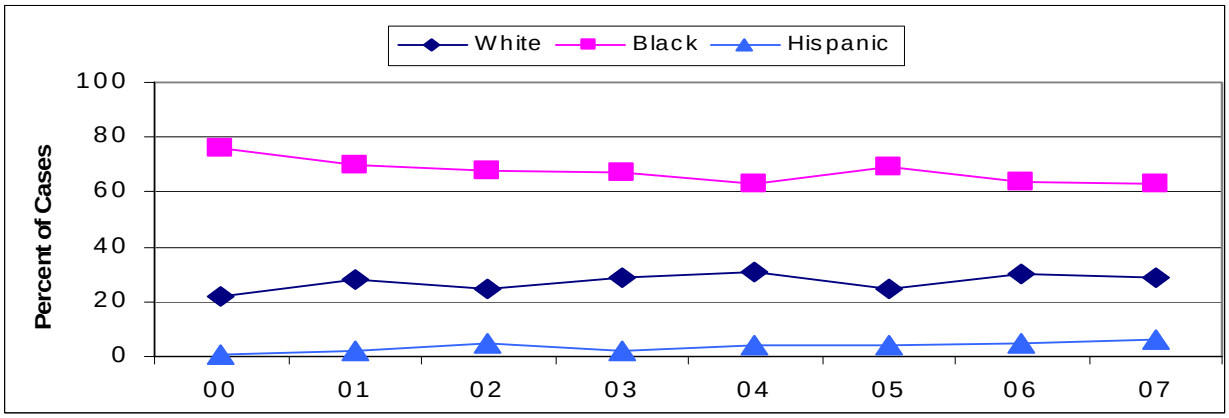
Evaluating both long and short term trends can provide a more complete illustration of HIV transmission within a community. Figures 8 through 10 show the trends of reported HIV cases by year and sex, by year and race, and by year and mode of exposure for all adults reported during those years.

Figure 8: Adult HIV Cases (regardless of AIDS status) by sex, 2000-2007.



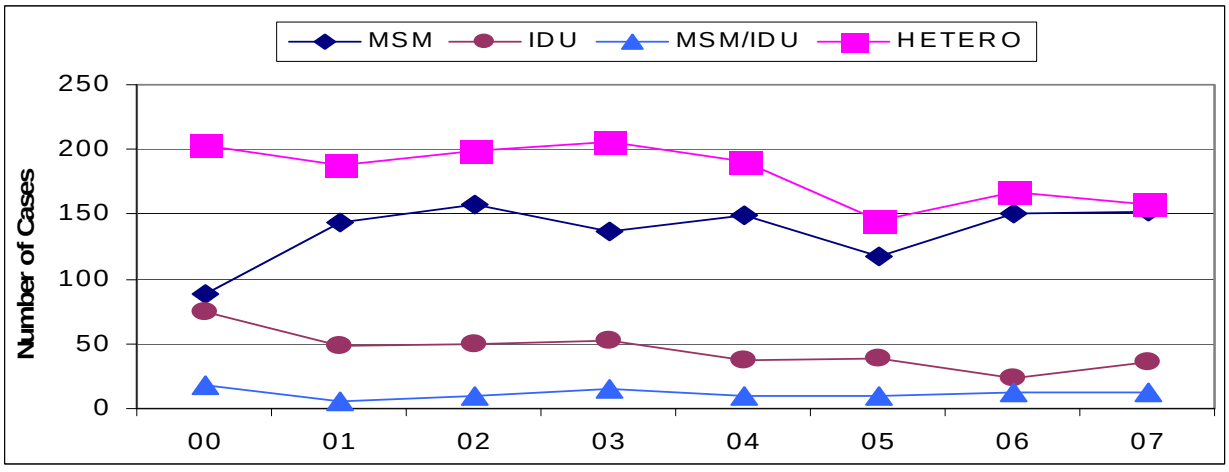
Source: Florida Department of Health, HIV/AIDS Reporting System

Figure 9: Adult HIV Cases by race/ethnicity, 2000-2007.



Source: Florida Department of Health, HIV/AIDS Reporting System

Figure 10: Adult HIV Cases by Mode of Exposure, 2000-2007.

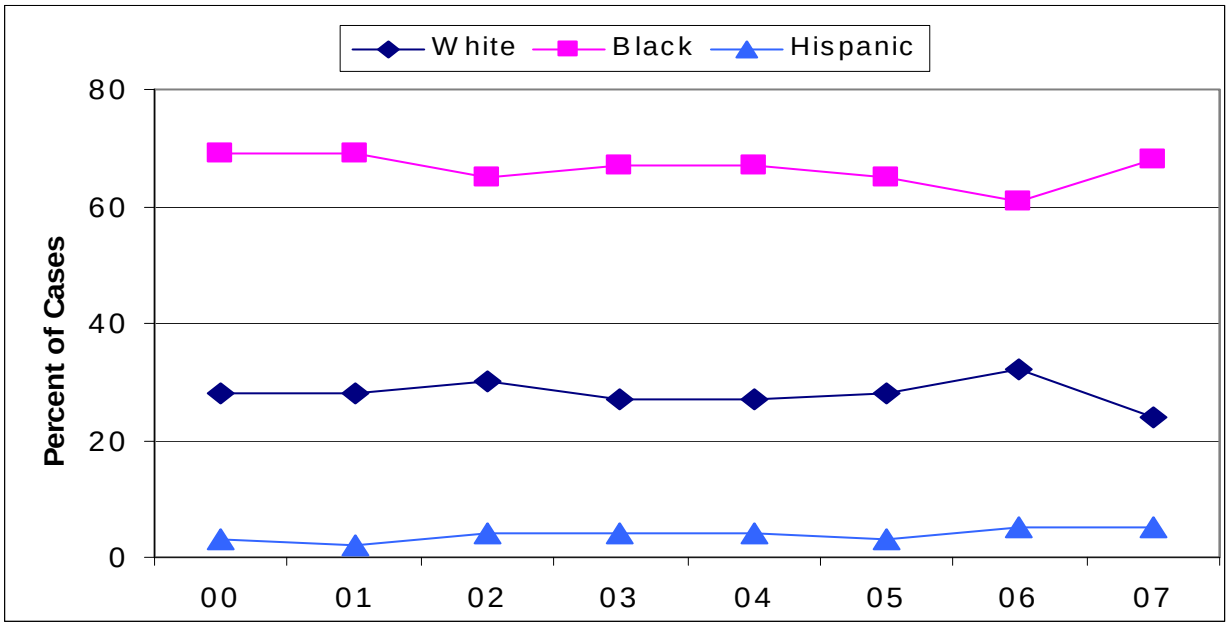


Source: Florida Department of Health, HIV/AIDS Reporting System

AIDS Data

There has been a cumulative total of 6,449 AIDS cases reported in Area 4 through April 2008. Duval County accounts for 5,751 or 89% of those cases. St. John's County ranks a distant second for the area in the number of cumulative AIDS cases with 5% of the total (n=337), followed by Clay County with 3.5% (n=223), then Nassau at 1.5% (n=95), and Baker County at 1% (n=43). Figure 11 presents the trend in the AIDS cases reported in Area 4 since 2000 by race.

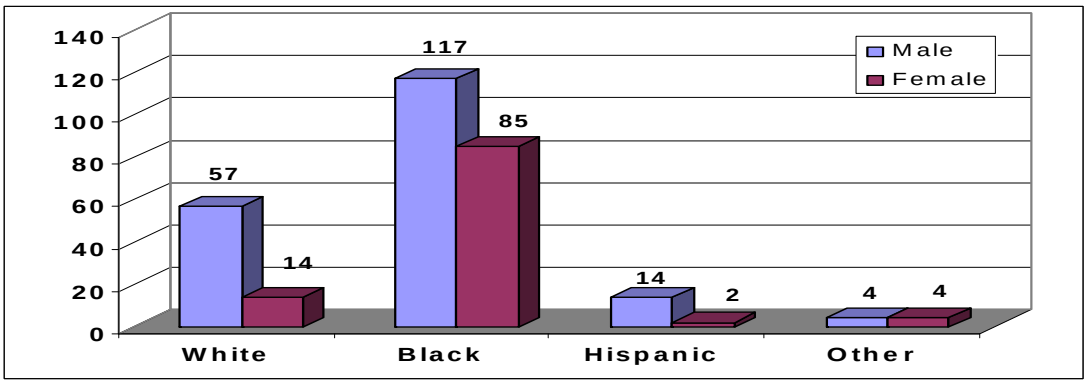
Figure 11: Adult AIDS Cases by Race/Ethnicity and Year of Report, 2000-2007



Source: Florida Department of Health, HIV/AIDS Reporting System

An examination of the trends in AIDS case rates by race/ethnicity and gender show a high incidence rate of AIDS in the African American community. African Americans represent approximately 23% of the general population in Area 4 but represent approximately 68% of the AIDS cases reported in the area in 2007. By gender, the rate is higher in black females at 81% compared to 61% of black males.

Figure 12: AIDS Cases by Gender and Race, 2007



Source: Florida Department of Health, HIV/AIDS Reporting System

The most reported mode of exposure for AIDS among males was MSM, accounting for 54% of the 192 total AIDS cases in males across Area 4. The most reported mode of transmission reported by females was heterosexual contact at 80% of the 105 total female cases (Figures 13 & 14).

Figure 13: Area 4 Male AIDS Cases by Mode of Exposure, 2007. (n=192)

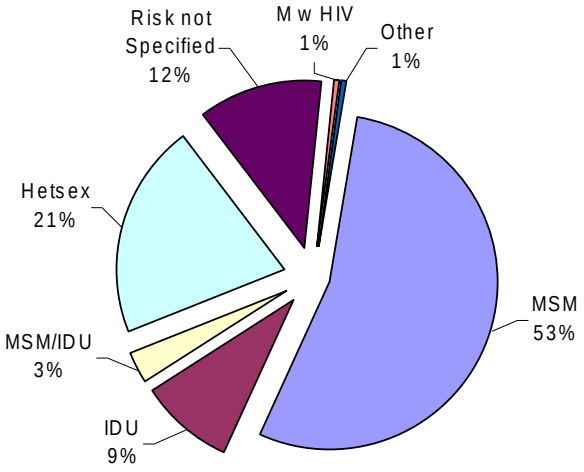
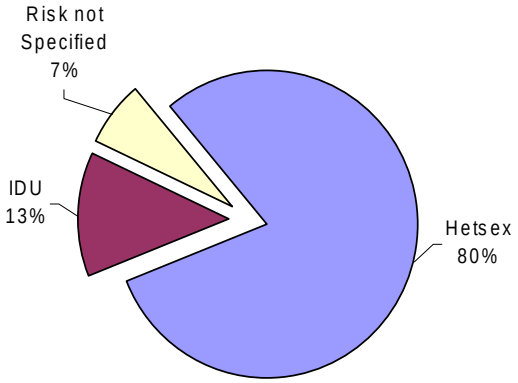


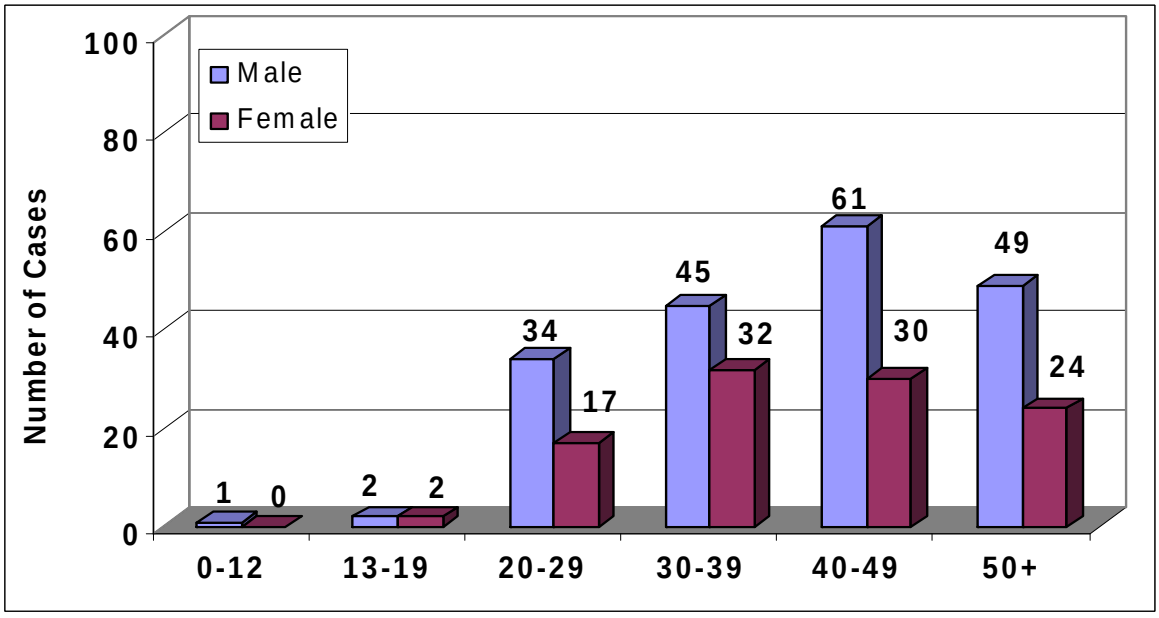
Figure 14: Area 4 Female AIDS Cases by Mode of Exposure, 2007. (n=105)



Source: Florida Department of Health, HIV/AIDS Reporting System

Figure 15 shows the age distribution of AIDS cases in Area 4. Those aged between 20-49 years old represent 74% of the total AIDS cases in 2007. Youth and adolescents aged nineteen years and below account for 2% of cases, and persons over the age of 50 accounts for 25%.

Figure 15: AIDS Cases by Age, 2007



Source: Florida Department of Health, HIV/AIDS Reporting System

Living HIV/AIDS Cases

As mentioned earlier, there are 5,077 persons known to be ***living*** with either HIV or AIDS within the 5-county partnership as of April 2008. That shows an increase of 6% from the 2006 year-end total of 4,780 cases. The final 2007 data showed that 2,135 (42%) of those cases were HIV, not yet converted to AIDS. Fifty-eight percent (n=1,245) of the HIV cases are male, and forty-two percent (n=890) are female. Figures 16 and 17 illustrate the distribution of race/ethnicity for males and females living with HIV as of April 2008.

Figure 16: Living HIV Male Cases by Race/Ethnicity, 2007 (n=1245)

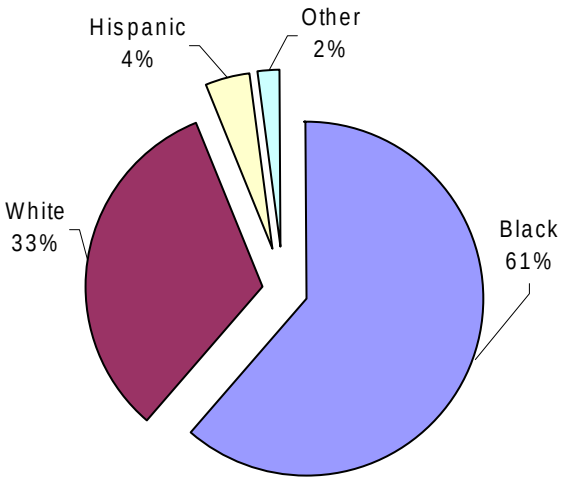
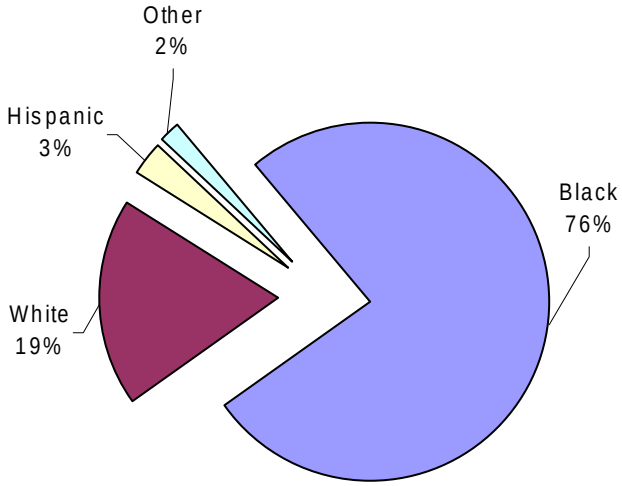


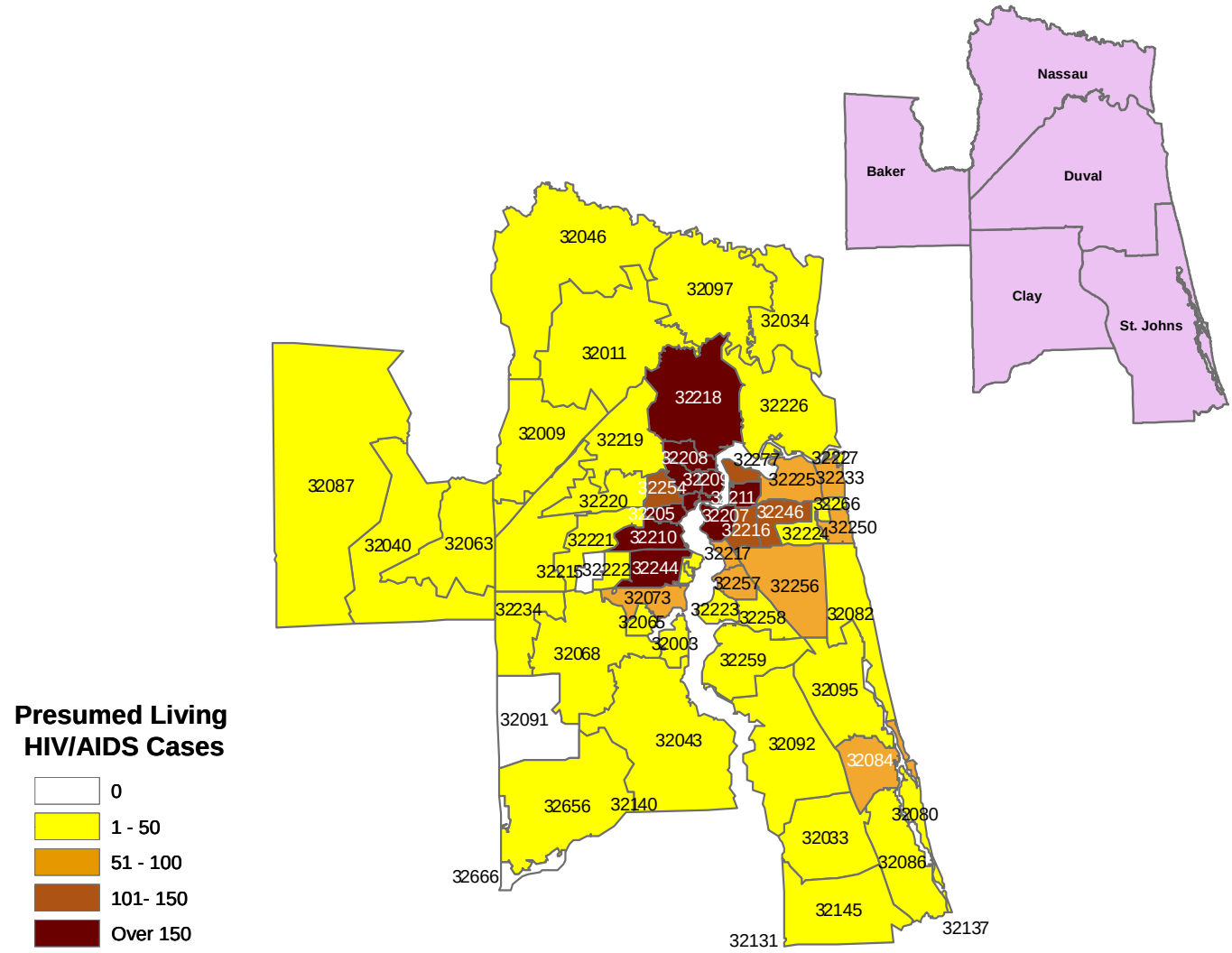
Figure 17: Living HIV Female Cases by Race/Ethnicity, 2007 (n=890)



Source: Florida Department of Health, HIV/AIDS Reporting System

Of the 5,077 people currently living with HIV/AIDS in Area 4, 4,525 were reported in Duval County. Of these, 69% originated from ten specific zip codes within the county. These zip codes include 32202, 32204, 32205, 32206, 32207, 32208, 32209, 32210, 32211, and 32218. Analysis by zip code reveals specifically that the highest occurrence of HIV/AIDS is in the core, inner city area, with large African American population and the highest poverty rates. The map of the area on the following page (Figure 18) illustrates the concentration of HIV cases for each zip code.

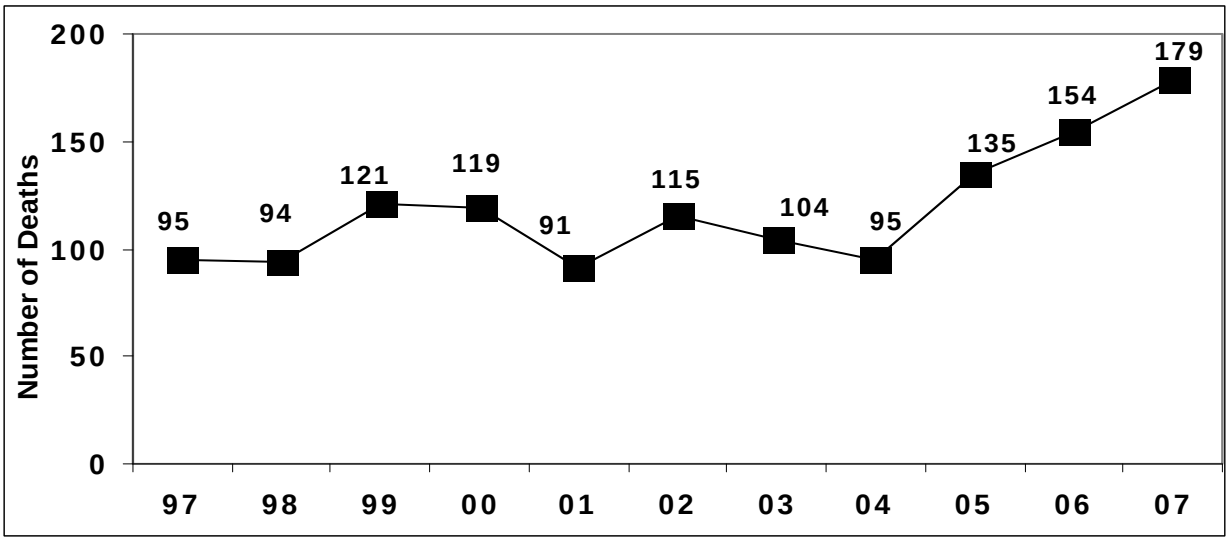
Figure 18: Living HIV/AIDS Cases by Zip Code through December 2007



HIV/AIDS Deaths

Throughout the 1980's and early 1990's, the AIDS epidemic was characterized by high incidence rates and high mortality rates, Fortunately, the discovery of combination antiretroviral therapy in 1994 and protease inhibitors in 1995 marked a turning point and offered new hope for people living with HIV disease. Although multi-drug therapies have cut AIDS-related deaths dramatically since 1995, the emergence of drug-resistant strains and an increase in co-infections (e.g., hepatitis C, TB) have resulted in more deaths. As seen in Figure 19, the number of AIDS related deaths has slowly increased since 1997 in Area 4.

Figure 19: HIV/AIDS Deaths Area 4, 1997 - 2007.



Source: Florida Department of Health, HIV/AIDS Reporting System

Counseling and Testing Data

The Florida Department of Health has been collecting data from registered HIV test sites since 1985. Since then, almost 4.0 million anonymous and confidential tests have been conducted. There are over 1,600 public and private sites registered with the Department of Health to provide HIV counseling, testing, and linkage services. Social and demographic data, including risk behaviors are collected at these test sites and are compiled along with test results by the Early Intervention Section of the Bureau of HIV/AIDS in Tallahassee. Counseling, testing, and linkage information is a crucial indicator about the nature and direction of the epidemic, and is used to inform and evaluate HIV prevention activities and policy making at the state and local level.

The HIV counseling and testing data from the Department of Health includes all tests performed at the State Laboratories from county health departments and registered test sites. A total of 29,398 tests were performed in Area 4 during the year 2007.

Table 1: HIV Testing Data for Area 4, 2000 – 2007

	2000	2001	2002	2003	2004	2005	2006	2007
Male	10,054	10,378	12,308	11,134	11,638	10,812	9,075	11,824
Female	12,894	13,215	15,366	16,653	16,422	16,904	15,920	17,259
Unknown	477	391	78	131	170	75	318	315
Total Tests Performed	23,425	23,984	27,752	27,918	28,230	27,791	25,313	29,398
Number of Positive Tests	493	842	723	670	516	423	419	372
Percent Positive	2.1%	3.5%	2.6%	2.4%	1.8%	1.5%	1.7%	1.3%

Source: Florida Department of Health, HIV Counseling and Testing Database

STD Data

Sexually transmitted diseases (STD) are surrogate markers to HIV. If present, a STD may correlate with transmission of HIV infection, due to similar risk behaviors and biological mechanisms of the disease agents. The majority of STD's does not produce any symptoms or signs, or are so mild that they are ignored. This could lead to an asymptomatic HIV infected person not seeking medical care and unknowingly spreading the disease to others.

Table 2: Sexually Transmitted Diseases Cases, Area 4, 2000 - 2007

	2000	2001	2002	2003	2004	2005	2006	2007
Syphilis	24	40	18	21	72	50	41	43
Gonorrhea	3,938	2,912	3,078	2,574	2,175	2,556	2,921	3,129
Chlamydia	3,948	4,067	4,430	5,200	4,950	5,187	5,525	6,538

Source: Florida Department of Health, Bureau of STD Prevention and Control

In 2007, Duval County ranked **first** of Florida's 67 counties in the number of Gonorrhea cases reported, **second** in the number of Chlamydia cases reported and **sixth** in the number of Syphilis cases. STD's affect the young, poor, and minority populations more than any other infectious disease. By far the highest rates of infection for STD's occur in the African American population of Area 4.

Needs Assessment

A needs assessment is the process of gathering information and data from various sources, analyzing the data, and using the information to identify the needs of a community or specific target population. Those needs are then used as the basis for determining gaps in existing services, prioritizing populations, and ultimately for the development and support of programs and initiatives.

The Prevention Planning Committee of FCCAPP is tasked with the responsibility of obtaining the necessary data and formulating the needs assessment. The committee worked diligently on acquiring information from a variety of sources to compile an HIV Prevention Survey. The Prevention Planning Committee chose to conduct targeted needs assessment activities for the most highly affected populations.

In the months of October and November 2005, the HIV Prevention Survey was distributed to many venues including the Duval County Health Department Mobile Testing Unit, Boulevard Comprehensive Care Center (BCCC), Northeast Florida AIDS Network (NFAN), Jacksonville Area Sexual Minority Youth Network (JASMYN), and Minority AIDS Coalition (MAC). The survey was self-administered and a total of 479 surveys were collected.

HIV Prevention Survey Results:

The results indicate that 46.1% of the respondents were male, 52.8% were female, and 1.1% were transgender. The majority (56.8%) of the respondents were Black/African American, 39% were White, and 4.2% were of other backgrounds including Asian, Native American, and Pacific Islander. Five percent indicated they were Hispanic.

All age groups were represented. The 26-39 year old age group had the highest percentage of responses at 36.4%. Persons aged 18 and below comprised 3.1%. Those who were 18-25 accounted for 28.7%, 40-54 accounted for 27.6%, and those 55 and over accounted for 4.2% of the total responses.

The top five reported zip codes were 32209 (11%), 32206 (10.5%), 32202 (7%), 32208 (6.5%), and 32204 (6%). A total of 52 respondents indicated they resided in 32209.

There were a total of 40 surveys (8.4%) returned that indicated HIV positive status.

How would you describe your sexual orientation?

	Total Responses	Percent
Heterosexual	380	79.3 %
Bisexual	39	8.1 %
Homosexual or Gay	60	12.5 %
Total Respondents	479	100 %
Not Available	0	

Are you sexually active [oral (in mouth), vaginal (between legs), or anal (in behind)]?

	Total Responses	Percent
Yes	428	89.5 %
No	50	10.5 %
Total Respondents	478	99.8 %
Not Available	1	0.2 %

Who do you generally have sex with?

	Total Responses	Percent
Men Only	277	57.8 %
Women Only	159	33.2 %
Both, but mostly men	30	6.3 %
Both, but mostly women	9	1.9 %
I have never had sex	4	0.8 %
Total Respondents	479	100 %
Not Available	0	

How many sex partners (oral, vaginal, or anal) have you been with in the past 12 months?

	Total Responses	Percent
0	43	9.0 %
1-5	382	79.7 %
6-10	38	7.9 %
11-15	7	1.5 %
16-20	3	0.6 %
21-25	3	0.6 %
25+	3	0.6 %
Total Respondents	479	100 %
Not Available	0	

How often do you use condoms or other barriers while having oral sex?

	Total Responses	Percent
Always	90	18.8 %
Sometimes	156	32.6 %
Never	154	32.2 %
Not Applicable	79	16.5 %
Total Respondents	479	100 %
Not Available	0	

How often do you use condoms or other barriers while having vaginal sex?

	Total Responses	Percent
Always	117	24.4 %
Sometimes	206	43.0 %
Never	96	20.0 %
Not Applicable	60	12.5 %
Total Respondents	479	100 %
Not Available	0	

How often do you use condoms or other barriers while having anal sex?

	Total Responses	Percent
Always	76	15.9 %
Sometimes	60	12.5 %
Never	61	12.7 %
Not Applicable	282	58.9 %
Total Respondents	479	100 %
Not Available	0	

Who usually suggests using a condom, you or your partner(s)?

	Total Responses	Percent
Me	369	77.7 %
My partner	106	22.3 %
Total Respondents	475	99.2 %
Not Available	4	0.8 %

Do you consider yourself involved in a sexual relationship with only one other person?

	Total Responses	Percent
Yes	281	58.7 %
No	198	41.3 %
Total Respondents	479	100 %
Not Available	0	

If yes, how long?

	Total Responses	Percent
3 months or less	59	21.0 %
4 to 6 months	37	13.2 %
7 to 12 months	45	16.0 %
More than 12 months	119	42.3 %
Total Respondents	260	92.5 %
Not Available	21	7.5 %

How often do you use condoms with this regular partner?

	Total Responses	Percent
Always	67	23.8 %
Sometimes	85	30.2 %
Never	129	45.9 %
Total Respondents	281	100 %
Not Available	0	

When you do not use a condom with your regular partner, why not?

	Total Responses
We don't have one	38
We forget	16
I don't like the way it feels	31
My partner doesn't like the way it feels	20
I don't know	69
Other	91
Total Respondents	265
Not Available	16

Where do you get condoms when you need them?

Top Three Responses	Total Responses	Percent
Store/Pharmacy	244	51.2 %
Health Department	151	31.7 %
Doctor/Clinic	65	13.6 %

Have you ever injected drugs using a needle?

	Total Responses	Percent
Yes	48	10.0 %
No	431	90.0 %
Total Respondents	479	100 %
Not Available	0	

Have you ever shared your needle when injecting drugs?

	Total Responses	Percent
Yes	29	6.1 %
No	449	93.9 %
Total Respondents	478	100 %
Not Available	1	

Have you ever traded sex for money or drugs?

	Total Responses	Percent
Yes	63	13.2 %
No	415	86.8 %
Total Respondents	478	99.8 %
Not Available	1	0.2 %

How often do you have drinks that contain alcohol?

	Total Responses	Percent
Every day	33	6.9 %
At least once a week	117	24.4 %
At least once a month	81	16.9 %
A few times a year	132	27.6 %
Never	116	24.2 %
Total Respondents	479	100 %
Not Available	0	

Have you ever tried any of these drugs for fun?

Top Five Responses	Total Responses	Percent
Marijuana	294	61.4 %
Powder Cocaine	153	31.9 %
Crack Cocaine	120	25.1 %
Pain Killers	94	19.6 %
Ecstasy	79	16.5 %

When was the last time you used any of these drugs for fun?

	Total Responses
Within the past week	77
Within the past month	48
Within the past 6 months	56
Within the last year	41
It's been more than one year	96
I've never used drugs	161
Total Respondents	479
Not Available	0

Have you ever been told that you have a sexually transmitted disease (STD)?

	Total Responses	Percent
Yes	160	33.7 %
No	315	66.3 %
Total Respondents	475	99.2 %
Not Available	4	0.8 %

Where do you go to find information about HIV and other STD's?

Top Three Responses	Total Responses	Percent
Health Department	263	54.9 %
Doctor's Office or Clinic	164	34.2 %
The Internet	84	17.5 %

How long has it been since your most recent HIV test?

	Total Responses	Percent
Within the last 0-3 months	66	13.9 %
Within the last 4-6 months	77	16.2 %
Within the last 7-12 months	109	22.9 %
It has been longer than 12 months	159	33.4 %
I've never been tested for HIV	65	13.7 %
Total Respondents	476	99.4 %
Not Available	3	0.6 %

When you had your last HIV test, did you receive counseling about how to lower your chances of transmission?

	Total Responses	Percent
Yes	298	71.6 %
No	118	28.4 %
Total Respondents	416	86.8 %
Not Available	63	13.2 %

When you had your last HIV test, did you receive any referrals for support services?

	Total Responses	Percent
Yes	96	23.0 %
No	321	77.0 %
Total Respondents	417	87.1 %
Not Available	62	12.9 %

If you are willing to disclose your HIV status, please indicate below:

	Total Responses	Percent
HIV Negative	296	71.0 %
HIV Positive	40	9.6 %
I don't know	81	19.4 %
Total Respondents	417	87.1 %
Not Available	62	12.9 %

How did you get HIV?

	Total Responses	Percent
Sex with opposite sex	11	27.5 %
Sex with same sex	17	42.5 %
Blood transfusion / Organ transplant	0	0 %
Sharing needles	2	5.0 %
I don't know	8	20.0 %
Other *	2	5.0 %
Total Respondents	40	100 %
Not Available	0	

How long did you wait before you talked to a doctor about your HIV positive test?

	Total Responses
Less than one month	26
1 to 6 months	6
6 to 12 months	3
More than 1 year	3
I have not told a doctor	2
Total Respondents	40
Not Available	0

Who else knows that you have HIV?

	Total Responses	Percentage
Case Manager	32	80.0 %
Spouse/Partner	24	60.0 %
Brother/Sister	24	60.0 %
Other Relative	24	60.0 %
Friend(s)	22	55.0 %
Mom/Dad	21	52.5 %
Counselor	16	40.0 %
Pastor/Minister	11	27.5 %
My Child	8	20.0 %
Nobody Knows	2	5.0 %

Who talks to you about how to make sure you don't pass your HIV on to anyone else?

	Total Responses	Percentage
My Doctor	22	57.9 %
My Case Manager	14	36.8 %
Friends or Relatives	10	26.3 %
Another professional/care provider	6	15.8 %
Counselor/Therapist	5	13.2 %
Other	7	18.4%

What do you think you need help with in trying to prevent spreading HIV to other people?

Top Three Responses	Total Responses	Percentage
Using condoms more often	18	50.0 %
Making better choices	17	47.2 %
Telling people I have HIV	12	33.3 %

Prevention Resource Inventory

The objective of the resource inventory was to compile information regarding current resources available for HIV/AIDS prevention in Area 4. The focus of the assessment was targeted at determining what services are currently being offered by local organizations.

The survey was distributed to local agencies and providers in Area 4 that provide HIV/AIDS prevention services. The recipients were identified though the knowledge and networking of the FCCAPP body. All agencies identified as providing information, programs, activities, or interventions related to HIV prevention were contacted through FCCAPP members, phone calls, and emails.

Although the survey was distributed with a published deadline, many of the agencies did not respond until follow-up calls and emails were made to reiterate that a response was required to ensure inclusion in the Comprehensive Prevention Plan. The survey results are displayed on the following page.

Baker County

Agency And Phone number	Address	Condoms	HIV/STD Information/Literature	HIV Counseling and Testing	Test for Gonorrhea	Test for Chlamydia	Test for Syphilis	Rapid HIV Testing	Linkage and Referrals	Partner Services	HIV/STD Health Education	Risk Reduction Counseling	Prevention Case Management	Group Support	Internet Support	Community Events
Baker County Health Department (904) 259-6291	480 Lowder Street Macclenny, FL 32063	*	*	*	*	*	*		*	*	*	*				
Northeast Florida State Hospital (904) 259-6211	7487 South State Rd 121 Macclenny, FL 32063	*	*	*	*	*	*				*	*	*	*		

Clay County

Agency And Phone number	Address	Condoms	HIV/STD Information/Literature	HIV Counseling and Testing	Test for Gonorrhea	Test for Chlamydia	Test for Syphilis	Rapid HIV Testing	Linkage and Referrals	Partner Services	HIV/STD Health Education	Risk Reduction Counseling	Prevention Case Management	Group Support	Internet Support	Community Events
Bear Run Clinic Clay County Health Department (904) 213-3200	3229 Bear Run Boulevard, Orange Park, FL 32065	*	*	*	*	*	*		*	*	*	*	*			*
Clay Behavioral Health Center (904) 291-5561	3292 County Road 220 Middleburg, FL 32068	*	*	*					*	*	*	*				
Clay County Victim Services Center, Inc. (904) 284-7273	1403 Idlewild Avenue Green Cove Springs, FL 32068	*	*	*	*	*	*		*		*					
Ed Stansel Clinic Clay County Health Department (904) 529-2800	1345 Idlewild Avenue Green Cove Springs, FL 32043	*	*	*	*	*	*		*	*	*	*	*			

Duval County

Agency And Phone number	Address	Condoms	HIV/STD Information/Literature	HIV Counseling and Testing	Test for Gonorrhea	Test for Chlamydia	Test for Syphilis	Rapid HIV Testing	Linkage and Referrals	Partner Services	HIV/STD Health Education	Risk Reduction Counseling	Prevention Case Management	Group Support	Internet Support	Community Events
Abyssinia Baptist Church-APEL Health Services (904) 353-2513	2360 Kings Road Jacksonville, FL 32209	*	*	*					*		*	*			*	*
AIDS Healthcare Foundation (904) 381-9651	2160 Park Street Jacksonville, FL 32204	*	*	*	*	*	*		*	*	*	*				
AIDS Program Office, Duval County Health Department (904) 253-2985	5917 105th Street Jacksonville, FL 32244	*	*								*	*		*		*
Azalea Project (904) 359-2520 www.azaleaproject.org	157 East 8th Street, Suite 119 Jacksonville, FL 32206	*	*						*		*	*	*	*	*	*
Beaches Family Health Center (904) 253-2555	1522 Penman Road Jacksonville Beach, FL 32250	*	*	*	*	*	*		*		*	*				
Bridge Adolescent Health Center (904) 253-1050	1824 Pearl Street Jacksonville, FL 32205	*	*	*	*	*	*		*	*	*	*				*
Boulevard Comprehensive Care Center (BCCC) (904) 253-1040	1833 Boulevard Suite 500 Jacksonville, FL 32206	*	*	*	*	*	*	*	*	*	*	*		*		*
Center for Prevention Services STD Field Operations Unit (904) 253-1250	2104 Franklin Street Jacksonville, FL 32206	*	*	*	*	*	*	*	*	*	*	*	*			*
Center for Women and Children (904) 253-1080	515 W. 6th Street Jacksonville, FL 32206	*	*	*	*	*	*		*		*	*	*			

Agency And Phone number	Address	Condoms	HIV/STD Information/Literature	HIV Counseling and Testing	Test for Gonorrhea	Test for Chlamydia	Test for Syphilis	Rapid HIV Testing	Linkage and Referrals	Partner Services	HIV/STD Health Education	Risk Reduction Counseling	Prevention Case Management	Group Support	Internet Support	Community Events
Children Born in Christ Ministries (904) 619-6931	1463 Spearing Street Jacksonville, FL 32206	*	*	*					*	*	*	*		*		*
Children's Medical Services (904) 360-7070	910 N Jefferson Street Jacksonville, FL 32209		*						*	*	*					
COJ Sexual Assault Response Center (904) 244-4600	2104 Boulevard Jacksonville, FL 32206	*		*					*							
Community Rehabilitation Center (904) 358-1211	623 Beechwood Street Jacksonville, FL 32208	*	*	*					*		*	*	*	*		*
Edward Waters College (904) 470-8231	1658 Kings Road Jacksonville, FL 32209	*	*	*					*		*	*		*	*	*
First Coast Pride (904) 389-8883 1-888-411-6482 ext. 701	2718 Park Street Jacksonville, FL 32205	*	*	*					*	*	*	*				*
Gateway Community Services (904) 387-4661	555 Stockton Street Jacksonville, FL 32204	*	*	*				*	*		*	*			*	*
Health Planning Council of NE FL (904) 723-2162	644 Cesery Blvd, Suite 210 Jacksonville, FL 32211	*	*	*	*	*	*	*	*		*					*
IM Sulzbacher Center for the Homeless (904) 394-8094	611 East Adams Street Jacksonville, FL 32202	*	*	*				*	*		*	*	*			*
Jacksonville Area Legal Aid (904) 356-8371	126 W Adams St Jacksonville, FL 32202										*					*
Jacksonville Area Sexual Minority Youth Network (JASMYN) (904) 389-3857	923 Peninsular Place Jacksonville, FL 32204	*	*	*	*	*	*	*	*		*	*	*	*		*

Agency And Phone number	Address	Condoms	HIV/STD Information/Literature	HIV Counseling and Testing	Test for Gonorrhea	Test for Chlamydia	Test for Syphilis	Rapid HIV Testing	Linkage and Referrals	Partner Services	HIV/STD Health Education	Risk Reduction Counseling	Prevention Case Management	Group Support	Internet Support	Community Events
Kids 'N Care Health Center (904) 359-3848	910 N Jefferson Street Jacksonville, FL 32209	*	*	*	*	*	*		*		*	*				
Lutheran Social Services (904) 448-5995	4615 Philips Highway Jacksonville, FL 32207	*	*						*		*	*	*	*		*
Magnolia Project (904) 353-2130 www.magnoliaproject.org	5300 Pearl Street North Jacksonville, FL 32208	*	*	*	*	*	*		*		*	*	*		*	*
Minority AIDS Coalition (904) 387-0091	915 King Street Jacksonville, FL 32204	*	*	*				*	*			*		*		*
New Life Community Methodist Church (904) 768-7779	11100 Wingate Road Jacksonville, FL 32218	*	*	*					*							
Northeast Florida AHEC (904) 482-0189	1107 Myra Street Jacksonville, FL 32204										*					
Northeast Florida AIDS Network (NFAN) (904) 356-1612	2715 Oak Street Jacksonville, FL 32205	*	*						*	*	*	*	*	*	*	*
Northwest Behavioral Health Center (904) 781-7797 ext. 13	2392 N. Edgewood Ave. Jacksonville FL 32254	*	*	*					*		*	*	*	*		*
Optimum Health and Well-Being (904) 355-2567	2998 Edison Avenue Jacksonville, FL 32254	*	*						*		*			*		*
PACE (904) 448-8002	2933 University Boulevard N Jacksonville, FL 32211	*	*	*	*	*	*		*		*	*				
Planned Parenthood of Northeast Florida (904) 399-2800	3850 Beach Boulevard Jacksonville, FL 32207	*	*	*	*	*	*	*	*		*	*		*	*	*

Agency And Phone number	Address	Condoms	HIV/STD Information/Literature	HIV Counseling and Testing	Test for Gonorrhea	Test for Chlamydia	Test for Syphilis	Rapid HIV Testing	Linkage and Referrals	Partner Services	HIV/STD Health Education	Risk Reduction Counseling	Prevention Case Management	Group Support	Internet Support	Community Events
Rainbow Center for Women, Adolescents, & Children (904) 244-4424	653-1 West 8th Street Jacksonville, FL 32209	*	*	*	*	*	*	*	*		*	*		*		*
River Region Human Services (904) 899-6300	390 Park Street Jacksonville, FL 32204	*	*	*				*	*	*	*	*	*	*	*	*
South Jacksonville Primary Care (904) 253-1220	4131 University Blvd South Building 18 Jacksonville, FL 32216	*	*	*	*	*	*		*	*	*	*				
Truth for Living Ministries (904) 765-5323	159 Clark Road Jacksonville, FL 32218	*	*	*					*	*	*	*		*		*
U R Luv Health Ministries (904) 765-4123	4100 Beverly Avenue Jacksonville, FL 32208	*	*	*							*	*		*		*
University of North Florida, Department of Health Promotion (904) 620-1570	1 UNF Drive Jacksonville, FL 32224	*	*	*					*	*	*	*			*	*
Women's Center of Jacksonville (904) 722-3000	5644 Colcord Avenue Jacksonville, FL 32211	*	*	*					*		*	*		*	*	*

Nassau County

Agency And Phone number	Address	Condoms	HIV/STD Information/Literature	HIV Counseling and Testing	Test for Gonorrhea	Test for Chlamydia	Test for Syphilis	Rapid HIV Testing	Linkage and Referrals	Partner Services	HIV/STD Health Education	Risk Reduction Counseling	Prevention Case Management	Group Support	Internet Support	Community Events
Coalition for the Reduction/Elimination of Disparities for Health (CREED) (904) 321-2555	464126 SR 200 Yulee, FL 32097	*	*						*		*	*		*		*
Healing Balm Ministries (904) 548 – 0055	463237 State Road 200 PO Box 640 Yulee, FL 32041	*	*	*					*	*	*	*	*			*
Nassau County Health Department (904) 548-1800	30 South 4th Street PO Box 517 Fernandina Beach, FL 32034	*	*	*	*	*	*		*	*	*	*	*			*

St. Johns County

Agency And Phone number	Address	Condoms	HIV/STD Information/Literature	HIV Counseling and Testing	Test for Gonorrhea	Test for Chlamydia	Test for Syphilis	Rapid HIV Testing	Linkage and Referrals	Partner Services	HIV/STD Health Education	Risk Reduction Counseling	Prevention Case Management	Group Support	Internet Support	Community Events
St. Johns County Health Department (904) 825-5055	1955 US 1 South, Suite 100 St. Augustine, FL 32086	*	*	*	*	*	*		*	*	*	*	*	*		*
St. Johns County Health and Human Services (904) 209-6001	1955 US 1 South, Suite C2 St. Augustine, FL 32086	*	*	*					*	*	*	*	*	*		*

Duval County Health Department Mobile Testing Unit

The Health Planning Council of Northeast Florida contracts with the Duval County Health Department to offer rapid HIV testing, sexually transmitted disease (STD) testing, and counseling and linkage services on a Mobile Testing Unit. The Outreach Mobile Unit targets minority and high risk individuals at homeless shelters, low-income housing units, substance abuse centers, and nightclubs located in minority, underserved areas. In 2007, there were 3,715 HIV tests performed on the Mobile Testing Unit, with a 1.5% positivity rate in this high risk population. In addition, there have been over 3,000 STD tests performed, which resulted in positivity rates of 2% for syphilis, 4% for gonorrhea and 6% for chlamydia. Of those clients tested, 71% were non-white, demonstrating the need to continue to offer these services to the minority population.

Currently, the Mobile Unit offers rapid testing at specific venues on a weekly basis. The Mobile Unit weekly schedule can be found below:

Every Monday
5:00 to 8:30 pm
Magnolia Project
5300 North Pearl Street
Jacksonville, FL 32208

First Tuesday of Each Month
7:30 pm to 12 am
Club Jacksonville
1939 Hendricks Avenue
Jacksonville, FL

Every Wednesday
10:00 am to 2:30 pm
River Region Human Services
390 Park Street
Jacksonville, FL 32204

Second and Fourth Wednesday
6:00 to 9:30 pm
Gateway Community Services
555 Stockton Street
Jacksonville, FL 32204

Every Thursday
5:00 to 8:30 pm
IM Sulzbacher Center for the Homeless
611 East Adams Street
Jacksonville, FL 32202

First and Third Friday of Each Month
5:00 to 8:30 pm
Azalea Project
157 E 8th Street
Jacksonville, FL 32206

Second and Fourth Friday
5:30 to 9:30 pm
Winn Dixie Parking Lot at
Avenue B and Edgewood
Jacksonville, FL 32209

Interventions by Agency

Many Men, Many Voices (3MV)	AIDS Program Office
Community Promise	Minority AIDS Coalition (MAC) River Region Human Services
Comprehensive Risk Counseling and Services (CRCS)	AIDS Program Office JASMYN Northeast Florida AIDS Network (NFAN)
Healthy Relationships	AIDS Program Office Northeast Florida AIDS Network (NFAN)
Mpowerment	JASMYN
Partnership for Health	AIDS Program Office
Popular Opinion Leader (POL)	JASMYN
Prevention Case Management	JASMYN
SISTA	AIDS Program Office Edward Waters College River Region Human Services Truth for Living Ministries
Street Smart	JASMYN
VOICES/VOCES	APEL Health AIDS Program Office Edward Waters College River Region Human Services Truth for Living Ministries

Priority Population Setting

In January 2006, the FCCAPP prioritized target populations for the 2007-2009 Comprehensive HIV Prevention Plan. The populations were defined by race/ethnicity and HIV exposure/risk category based on guidance provided to all local areas of the state from the Florida's Comprehensive Planning Network (FCPN). A ranking tool was provided by the FCPN to assist local areas in maintaining an objective process.

The recommended ranking tool included four separate rankings to be merged into a final list of priority populations for each area. The first step included ranking the populations based only on actual HIV and AIDS case data as reported from the Bureau of HIV/AIDS surveillance department. The second and third steps included reorganizing the ranking with consideration given to disproportionate impact and resource disparity. For the final step, the compiled population list was presented to the full body for deliberation. The planning body discussed specific issues and concerns with the Four Fold Methodology and expressed these concerns with the FCPN.

After review of the results of the Four Fold Methodology, the FCPN Prevention Planning Group (PPG) Writing Team decided that the method to identify the priority populations should be determined by using HIV case data alone as the Four Fold Methodology needs additional development to properly reflect the needs of the community. According to HIV Case data in Area 4, the priority populations are listed as follows:

1. Black Heterosexual
2. Black MSM*
3. White MSM*
4. White Heterosexual
5. Black IDU**
6. White IDU**
7. Hispanic Heterosexual
8. Hispanic MSM*
9. Hispanic IDU**

**MSM= Men who have sex with men* ***IDU= Injection Drug User*

Once ranked according to the HIV Case Data, FCCAPP members contributed experience and expertise to further identify special populations that face unique barriers as well as disparities in available resources. Those additional special populations are briefly described.

Persons Living with HIV/AIDS (PLWHA) – In accordance with Guidance issued by the Centers for Disease Control and Prevention (CDC) in 2004, persons who are already living with HIV or AIDS are designated as the highest-priority with each defined population group. The CDC encourages Health Departments and Community Based Organizations to implement programs that address the specific needs of HIV-positive clients, as well as their sex and/or needle sharing partners, through education, risk reduction, and ensuring adequate healthcare.

Youth/Adolescents – Persons under the age of 25 are extremely vulnerable to HIV/AIDS for many reasons, including age, experience, social development, and

financial dependence. Most youth have very little access to health care services or accurate information about sex or HIV/AIDS when the vast majority is becoming sexually active. Equipping youth and adolescents with the tools they need to make healthy and safe decisions, such as HIV/AIDS knowledge and education, access to services, and a safe social environment, will address the needs of youth and adolescents.

Elderly – Older adults sometimes find themselves unexpectedly single again after the dissolution of a long-term marriage or relationship, or the death of a spouse or partner. This population has special educational needs that focus on the dating/relationship behaviors that are common in their age group.

Homeless – Persons who are homeless tend to have higher than average rates of mental illness, substance abuse, bartering sex for money or drugs, and other high-risk behaviors. They often face extraordinary barriers to accessing resources and reducing their risks of disease acquisition. It is suggested that special programs are needed to meet the complex needs of this population.

Substance Using Populations – It is well known that the consumption of alcohol and/or illicit drugs impairs judgment and subsequently leads to "riskier" behaviors. Drug use and abuse has long been cited as a primary barrier to effective risk-reduction strategies among multiple populations within Area 4. Persons who regularly consume alcohol and/or illicit drugs should be considered a high-priority within each defined population group. Prevention programs are encouraged to address the specific correlation between substance use and HIV transmission; and to provide linkages and referrals to substance abuse treatment for clients who demonstrate a need for those services.

Incarcerated and Re-Entry Populations – FCCAPP members recognize a strong correlation between crime-related activities and HIV risk behaviors; and available data supports higher rates of HIV infection among incarcerated individuals. Reports also indicate that a significant number of individuals may be infected with HIV while incarcerated, then return home to unaware sex and needle-sharing partners upon release. It is recommended that HIV Prevention programs be implemented to address this "revolving" inmate population, especially among African-America and Hispanic men.

Migrant Populations – Researchers have stated that migrants who spend long stretches of time away from their families can be exposed to HIV through sex with other workers and prostitutes. Many migrants forgo condom use and sometimes share needles to inject vitamins to ward off illness and exhaustion. Reports indicate the number of migrant workers is difficult to calculate because the population is so mobile. Many are in the country illegally and fear that contact with health workers could lead to deportation. With no hard data on the number of migrants with HIV, funding for prevention programs has been limited. Funding is not the only problem facing this population. Outreach workers face cultural barriers in migrant communities, where issues of sex and the body are not readily discussed.

Mental Health Populations – Persistent mental health problems, such as major depression and excessive anxiety, can have a powerful impact on both their motivation and their ability to avoid HIV transmission through unprotected sex or injection drug use.

Mental health problems can also lead to increased use of alcohol and/or illicit drugs which can further impair judgment and lead to greater risk. To be truly effective, HIV prevention programs for people with mental health problems require comprehensive approaches that will address not only the narrow issue of HIV prevention but larger concerns. HIV prevention programs must link with services for the mentally ill to enhance access to this at-risk population and to link mential health care clients to prevention services that may support the adoption of lower-risk behaviors.

HIV Prevention Interventions

The CDC has recommended the following interventions for the priority target populations identified in Area 4. More information can be obtained through the CDC's web-based resource centers known as Replicating Effective Programs (REP) and Diffusion of Effective Behavioral Interventions (DEBI). These interventions may be adapted and/or tailored to meet special needs and various subpopulations as needed.

RANKED POPULATIONS	DEBI/REP INTERVENTIONS
Black Heterosexual	Community PROMISE Real AIDS Prevention Project (RAPP) SISTA VOICES/VOCES RESPECT Living in Good Health Together "light"
Black MSM	The Mpowerment Project Many Men, Many Voices Popular Opinion Leader (POL)
White MSM	The Mpowerment Project Popular Opinion Leader (POL)
White Heterosexual	Community PROMISE Real AIDS Prevention Project (RAPP) RESPECT Living in Good Health Together "light"
Black IDU	Community PROMISE Safety Counts Holistic Health Recovery Program
White IDU	Community PROMISE Safety Counts Holistic Health Recovery Program
Hispanic Heterosexual	Community PROMISE Real AIDS Prevention Project (RAPP) VOICES/VOCES RESPECT Living in Good Health Together "light"
Hispanic MSM	The Mpowerment Project Many Men, Many Voices Popular Opinion Leader (POL)
Hispanic IDU	Community PROMISE Safety Counts Holistic Health Recovery Program

PLWHA	Healthy Relationships Together Learning Choices Comprehensive Risk Counseling and Services (CRCS) Partnership for Health
Youth	Community PROMISE Street Smart
Homeless	Street Smart

The HIV/AIDS ***Prevention Research Synthesis (PRS)*** Project, through its ongoing efficacy review process identifies evidence-based HIV behavioral interventions to help HIV prevention planners and providers in the U.S. select interventions most appropriate for their communities. An updated ***Compendium of Effective Interventions*** was released by PRS in November 2007.

All of the interventions to be cataloged are evidence-based behavioral interventions for persons at high risk of acquiring or transmitting HIV. All cataloged interventions have been rigorously evaluated and have demonstrated efficacy in reducing HIV or STD incidence or HIV-related risk behaviors (e.g., unprotected sex, needle sharing) or promoting safer behaviors (e.g., being abstinent, using condoms).

The interventions listed in the *Updated Compendium* have been identified by PRS through a series of efficacy reviews. The current ongoing PRS efficacy review process has identified and catalogued evidence-based interventions as either best-evidence (Tier I) or promising-evidence (Tier II).

TIER I INTERVENTIONS

KEY: HS=Heterosexual; HIV+=HIV-positive; HR=High-risk youth; MSM=Men who have sex with men; DU=Drug users; M=Males; F=Females; W=White; AA=African American; AI=American Indian; H=Hispanic; API=Asian/Pacific Islander; O=Other racial/ethnic group; GLI=group-level intervention; ILI=individual-level intervention

• **BART** Risk category: HR Youth Sex: 28% M, 72% F Race: 100% AA Delivery Unit: GLI	• **Be Proud! Be Responsible!** Risk category: HR Youth Sex: 100% M Race: 100% AA Delivery Unit: GLI
• **Brief Group Counseling** Risk category: MSM Sex: 100% M Race: 100% API Delivery Unit: GLI	• **CHOICES** *Target population*: HS Adult *Sex*: 100% F *Race*: 54% W, 29% AA, 5% AI, 3% H, 3% API, 6% O *Delivery Unit*: GLI
• **CLEAR (in person)** *Target population*: HIV+, HR Youth, DU *Sex*: 78% M, 22% F *Race*: 42% H, 26% AA, 23% W, 8% O *Delivery Unit*: ILI	• **Communal Effectance-AIDS Prevention** *Target population*: HS Adult *Sex*: 100% F *Race*: 55% AA, 42% W, 3% O *Delivery Unit*: GLI

• **¡Cuídate!** Risk category: HR Youth Sex: 45% M, 55% F Race: 100% H Delivery Unit: GLI	• **EXPLORE** *Target population*: MSM *Sex*: 100% M *Race*: 72% W, 15% H, 7% AA, 6% O *Delivery Unit*: ILI
• **Female- & Culturally-Specific Negotiation** *Target population*: HS Adult, DU *Sex*: 100% F *Race*: 100% AA *Delivery Unit*: ILI	• **FOK + ImPACT** *Target population*: HR Youth *Sex*: 42% M, 58% F *Race*: 100% AA *Delivery Unit*: GLI
• **Healthy Relationships** *Target population*: HIV+ *Sex*: 70% M, 29% F, 1% transgender *Race*: 74% AA, 22% W, 4% O *Delivery Unit*: GLI	• **HIP** *Target population*: HS Adult *Sex*: 45% M, 54% F *Race*: 67% W, 21% AA, 12% O *Delivery Unit*: GLI
• **"light"** Risk category: HS Adult Sex: 42% M, 58% F Race: 74% AA, 25% H, 1% O Delivery Unit: GLI	• **MIP** *Target population*: DU *Sex*: 89% M, 11% F *Race*: 100% H *Delivery Unit*: ILI
• **Personalized Cognitive Risk-Reduction Counseling** *Target population*: MSM *Sex*: 100% M *Race*: 74% W, 11% H, 6% API, 3% AA, 6% O *Delivery Unit*: ILI	• **Project Connect** *Target population*: HS Adult *Sex*: 50% M, 50% F *Race*: 55% AA, 39% H, 6% O *Delivery Unit*: ILI, GLI
• **Project FIO (8 session)** *Target population*: HS Adult *Sex*: 100% F *Race*: 73% AA, 17% H, 10% W, 0.3% API *Delivery Unit*: GLI	• **Project S.A.F.E. (Standard Version)** *Target population*: HS Adult *Sex*: 100% F *Race*: 77% H, 23% AA *Delivery Unit*: ILI, GLI
• **RESPECT** ***Brief Counseling*** *(Best Evidence))* Risk category: HS Adult Sex: 57% M, 43% F Race: 59% AA, 19% H, 16% W, 6% O Delivery Unit: ILI	• **RESPECT Brief Counseling + Booster** Risk category: HS Adult Sex: 54% M, 46% F Race: 51% AA, 22% W, 18% H, 9% O Delivery Unit: ILI
• **SHIELD** *Target population*: DU *Sex*: 61% M, 39% F *Race*: 94% AA, 6% O *Delivery Unit*: GLI	• **SiHLE** *Target population*: HR Youth *Sex*: 100% F *Race*: 100% AA *Delivery Unit*: GLI
• **Sisters Saving Sisters** Risk category: HR Youth Sex: 100% F Race: 68% AA, 32% H Delivery Unit: GLI	• **Sister-to-Sister** ***Group Skill-building*** *(Best Evidence)* ***One-on-one Skill-building*** *(Best Evidence)* Risk category: HS Adult Sex: 100% F Race: 100% AA Delivery Unit: GLI or ILI

• **START** Risk category: HS Adult Sex: 100% Male Race: 52% AA, 23% W, 14% H, 12% O Delivery Unit: ILI	• **SUMIT Enhanced Peer-led** *Target population*: HIV+, MSM *Sex*: 100% M *Race*: 51% W, 23% AA, 17% H, 1% API, 1% AI, 7% O *Delivery Unit*: GLI
• **VOICES/VOCES** Risk category: HS Adult Sex: 60% M, 40% F Race: 62% AA, 38% H Delivery Unit: GLI	• **WHP** Risk category: HS Adult Sex: 100% F Race: 100% H Delivery Unit: GLI
• **WiLLOW** *Target population*: HIV+, HS Adult *Sex*: 100% F *Race*: 84% AA, 15% W, 1% O *Delivery Unit*: GLI	• **Women's Co-Op** *Target population*: HS Adult, DU *Sex*: 100% F *Race*: 100% AA *Delivery Unit*: ILI, GLI

TIER II INTERVENTIONS

KEY: HS=Heterosexual; HIV+=HIV-positive; HR=High-risk; MSM=Men who have sex with men; DU=Drug users; M=Males; F=Females; W=White; AA=African American; AI=American Indian; H=Hispanic; API=Asian/Pacific Islander; O=Other racial/ethnic group; GLI=group-level intervention; ILI=individual-level intervention

• **ARK** Risk category: HR Youth Sex: 68% M, 32% F Race: 75% W, 22% AA, 2% AI, 1% H Delivery Unit: GLI	• **BRAINE** Risk category: DU Sex: 62% M, 38% F Race: 90% W, 10% O Delivery Unit: ILI
• **Cognitive Behavioral STD/HIV Risk-Reduction** Risk category: HS Adult Sex: 63% M, 37% F Race: 46% AA, 29% W, 17% H, 8% O Delivery Unit: ILI	• **Condom Promotion** Risk category: HS Adult Sex: 100% F Race: 79% W, 8% H, 5% API, 4% AI, 3% AA, 1% O Delivery Unit: GLI
• **Doing Something Different** Risk category: HS Adult Sex: 71% M, 29% F Race: 92% AA, 8% O Delivery Unit: GLI	• **FOK** Risk category: HR Youth Sex: 56% M, 44% F Race: 100% AA Delivery Unit: GLI
• **HIV Education and Testing** Risk category: HS Adult Sex: 67% M, 33% F Race: 88% AA, 12% O Delivery Unit: ILI	• **Insights** Risk category: HS Adult Sex: 100% F Race: 69% W, 19% AA, 12% O Delivery Unit: ILI
• **Intensive AIDS Education** Risk category: HR Youth, DU Sex: 100% M Race: 66% AA, 33% H, 2% W Delivery Unit: GLI	• **Nia** Risk category: HS Adult Sex: 100% M Race: 100% AA Delivery Unit: GLI

• **Partnership for Health (Loss-Frame)** Risk category: HIV+ Sex: 86% M, 14% F Race: 41% W, 37% H, 16% AA, 6% O Delivery Unit: ILI	• **RESPECT** ***Brief Counseling*** *(Best Evidence)* ***Enhanced Counseling*** *(Promising Evidence)* Risk category: HS Adult Sex: 57% M, 43% F Race: 59% AA, 19% H, 16% W, 6% O Delivery Unit: ILI
• **Safer Sex** Risk category: HR Youth Sex: 100% F Race: 49% AA, 18% H, 17% O, 14% W Delivery Unit: ILI	• **Safety Counts** Risk category: DU Sex: 67% M, 33% F Race: 47% AA, 28% W, 20% H, 4% AI, 1% API Delivery Unit: GLI, ILI
• **SEPA** Risk category: HS Adult Sex: 100% F Race: 100% H Delivery Unit: GLI	• **Sniffer** Risk category: DU Sex: 70% M, 30% F Race: 51% W, 26% AA, 23% H Delivery Unit: GLI, ILI
• **Street Smart** Risk category: HR Youth Sex: 51% M, 49% F Race: 53% AA, 30% H, 16% O Delivery Unit: GLI	• **TLC** Risk category: HIV+, HR Youth Sex: 72% M, 28% F Race: 37% H, 27% AA, 19% W, 17% O Delivery Unit: GLI

Technical Assistance

Introduction

Partnership 4 conducted an assessment of the technical assistance and training needs of community based providers and prevention projects through the distribution of the "Technical Assistance Needs Assessment Suggested Standards Survey". Technical assistance and training needs must be identified as it relates to HIV prevention planning, implementation and evaluation.

Findings from the Technical Assistance Survey:

Findings from the TA survey were compiled to find overall importance of need.

Very Important Needs	Somewhat Important Needs	Of Little Importance	Of No Importance
• Recruitment and Retention strategies • AHP/DEBI/REP Overview • Disease area training/overview such as HIV/AIDS, STD, and Hepatitis	• Using and interpreting epi data and priority setting tools • Community Needs Assessment	• Developing a streamlined local area plan	• Meeting facilitation/Roberts Rules of Order • Information dissemination/ communication • Community Planning Overview

According to the completed Technical Assistance Survey, the three most important areas for types of capacity building trainings or technical assistance are Advancing HIV Prevention, DEBI, and REP overview, Recruitment and retention strategies, and the Disease area training and overview for diseases such as HIV/AIDS, STDs, and Hepatitis.

One half (½) day training sessions from 1:00 – 5:00 pm were believed to be the best length and time of training to suit the Partnership 4's needs, but one-day or two-day sessions could be more helpful for others.

Appendix A

GLOSSARY OF TERMS AND ACRONYMS

AIDS - Acquired Immune Deficiency Syndrome

Anonymous Testing - Testing done with no identifying information recorded; only the person tested can obtain the test results, and these results are non-reportable.

ASO - AIDS Service Organization

CBO - Community Based Organization

CDC - Centers for Disease Control and Prevention - The Federal agency within the U.S. Department of Health and Human Services that Administers HIV/AIDS prevention programs, including the Community Planning process. This agency is responsible for the monitoring and reporting of infectious diseases.

CHD - County Health Department

Community Events - Community wide programs that 1) target a specific community (by geography, risk behavior, race/ethnicity, or sex), 2) involve community members in the development or delivery of the activity, and 3) aim to change community norms about high-risk behaviors and to modify those behaviors.

CLI - Community Level Interventions - Community wide activities that seek to reduce risk behaviors by changing attitudes and norms through health communications, prevention marketing, community mobilization/organization, and community events.

Community Mobilization - Programs that attempt to get a community more involved in HIV prevention work, either through recruiting volunteers, organizing support groups, advocacy campaigns, or possibly establishing new agencies and/or organizations.

Confidential Testing - Testing in which results are linked to persons and recorded in medical files. These results are reported for epidemiological surveillance. State laws limit who may have access to the results and under what conditions they can gain access.

CPP - Community Planning Partnership

C&T or CT - Counseling and Testing

Cultural Competence - Services that are provided in a style and format that is respectful of the cultural norms, values, and traditions that are endorsed by community leaders and accepted by the target population.

DOC - Department/Division of Corrections

DOH - Department of Health

EI or EIS - Early Intervention Services

Educational Sessions - A more formal method of presenting HIV information to a small or large group of individuals. They can be delivered in a single or multiple session format and have an established curriculum.

Epidemic - A dramatic increase above the usual or expected rate of occurrence of particular events within a population.

FCCAPP- First Coast Community AIDS Prevention Partnership, HIV prevention community planning group for Baker, Clay, Duval, Nassau, and Saint Johns Counties, also known as Partnership 4 or Area 4

CPG - Florida Community Planning Group

GLI - Group Level Interventions - Health communications, health education, and risk reduction interventions for groups, which provide education and support, as well as promote and reinforce safer behaviors.

HE/RR - Health Education and Risk Reduction - Culturally competent HIV prevention education programs and service targeted to persons whose behaviors or personal circumstances place them at high risk of becoming infected with HIV, or if already infected, of transmitting the virus to others.

HC/PI - Health Communications and Public Information - The delivery of planned HIV prevention messages through one or more channels to target populations in order to encourage safe behaviors, support personal risk reduction efforts, and/or inform persons at risk how to obtain specific HIV prevention services. Can be delivered in the form of presentations/lectures, electronic media, and/or print media.

HIV - Human Immunodeficiency Virus

HIV Disease - The entire spectrum of the natural course of HIV, from immediately post-infection through the clinical definition of AIDS.

HIV Prevention Community Planning - an ongoing, comprehensive planning process that is intended to improve the effectiveness of State, local, and Territorial health departments' HIV prevention programs by strengthening the scientific basis, community relevance, and population or risk-based focus of prevention interventions.

IDU - Injection Drug User - Also sometimes represented as IVDU or intravenous drug user. Injection drug users are anyone who injects drugs into his or her body.

ILI - Individual Level Interventions - provide ongoing health communications, health education, and risk reduction counseling to assist clients in making plans for individual behavior change and ongoing appraisals of their own behavior.

Incidence - The number of new cases of a disease that occur during a specified time period.

Incidence Rate - The rate at which new cases of a specific disease occur within a given population during a defined period of time.

Intervention - An action designed to come between as an influence. HIV prevention interventions are action/programs designed to influence behavior or situations so as to diminish the chance for HIV transmission.

Media/Advertising - Traditional advertising strategies such as billboards, bus posters, or public service announcements. These would include in-kind media or advertising services as well as those services that are purchased y the prevention provider.

Mortality Rate - The rate at which persons within a given population die from a particular disease.

MSM - Men who have sex with men.

Needs Assessment - A systemic process to determine the service needs of a defined population; a definition of the extent of need, available services, and gaps or unmet needs by population and/or geographic area.

NIR - No Identified Risk

Outreach - A method of encountering persons at-risk for HIV infections in a social setting to encourage risk reduction behaviors, distribute literature and/or condoms, and make referrals for counseling and testing or other HIV related services.

PCM - Prevention Case Management - A one-on-one client service designed to assist both uninfected and infected persons with intensive, individualized support and prevention counseling. Aimed at assisting persons in remaining seronegative or to reduce the risk of HIV transmission to others by those who are seropositive.

PIR - Refers to Parity, Inclusion, and Representation

PLWHA - Person living with HIV/AIDS

Primary Prevention - Efforts to reach person at high or increased risk of becoming HIV infected, or if already infected, from transmitting the virus to others.

Priority Setting - The process used by a planning body to ensure consistency with locally identified needs, and to address how to best meet each priority.

Process Evaluation - Provides a descriptive assessment of a program's actual operation and the level of effort taken to reach desired results. Includes what was done, by whom, how, when, and where. A process evaluation does not examine the effectiveness of a program.

Secondary Prevention - As related to HIV prevention, the aim of secondary prevention is to prevent a person living with HIV from becoming ill or dying as a result of HIV, opportunistic infections, or AIDS through a variety f strategies, activities, interventions, and services.

STD - Sexually Transmitted Disease - A disease transmitted only or chiefly by sexual contact with an infected person.

Small Group Support - A casual, discussion or support group type setting for the purpose of sharing information between group members, can be achieved through single or multiple sessions.

Strategy - The art of planning, directing, maneuvering resources/intervention in such a way to give HIV prevention providers an advantage in the fight against HIV transmission.

Street Outreach - Encounters with individuals in their own community who are unlikely to be receiving HIV prevention services, usually one-on-one or in small groups.

Surveillance - Ongoing monitoring of all aspects of the spread of disease that are important to effective control. The main purpose of surveillance is to detect changes in trends or distribution of disease.

Target Population - Also known as priority populations. The group, community, or population that a prevention provider defines as that for which they provide services The group can be specified by race/ethnicity, behavioral risk, sexual orientation, age, or any co-factors.

TA - Technical Assistance - Aid, support, or help provided to individuals or organizations on a particular area or specific skill. TA can be provided, for example, to HIV prevention providers who are interested in learning more about program evaluation.

EPIDEMIOLGICAL PROFILE
Target Area
Partnership 4
BAKER, CLAY, DUVAL, NASSAU AND SAINT JOHNS COUNTIES

Mid-Year Population Estimates

2006

Sex	Total Pop	
Males	644,581	49%
Females	674,492	51%
Total	1,319,073	100%

Race/Ethnicity	Total Pop	
White, non-Hispanic	904,627	69%
Black, non-Hispanic	303,731	23%
Hispanic	67,308	5%
Other*	43,407	3%
Total	1,319,073	100%

Age Groups	Total Pop	
0 - 12	232,666	18%
13 - 19	132,023	10%
20 - 24	94,772	7%
25 - 29	84,711	6%
30 - 39	179,282	14%
40 - 49	211,873	16%
50 - 59	175,799	13%
60+	207,947	16%
Total	1,319,073	100%

2007

Sex	Total Pop	
Males	664,387	48.9%
Females	695,275	51.1%
Total	1,359,662	100.0%

Race/Ethnicity	Total Pop	
White, non-Hispanic	925,113	68%
Black, non-Hispanic	308,588	23%
Hispanic	81,344	6%
Other*	44,617	3%
Total	1,359,662	100%

Age Groups	Total Pop	
0 - 12	237,554	17%
13 - 19	133,308	10%
20 - 24	96,314	7%
25 - 29	90,595	7%
30 - 39	182,195	13%
40 - 49	211,076	16%
50 - 59	183,187	13%
60+	225,433	17%
Total	1,359,662	100%

Note: Other includes American Indian/Alaskan Native, Asian Pacific Islander, and all other race groups

AIDS cases and rates per 100,000 population, and percent of total, by race/ethnicity, gender and age group at diagnosis and year of report. Rates are based on 2006 & 2007 Partnership population estimates, by race/ethnicity, gender and age, respectively.

2006

Gender	Cases	% Total	Rate
Male	206	65.6%	32.0
Female	108	34.4%	16.0
Other/Unknown	0	0.0%	N/A
Total	314	100.0%	23.8

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	102	32.5%	11.3
Black, Non-Hispanic	187	59.6%	61.6
Hispanic	17	5.4%	25.3
Asian/Pacific Islander	1	0.3%	N/A
Amer. Indian/Alaskan	0	0.0%	N/A
Other/Unknown	7	2.2%	N/A
Total	314	100.0%	23.8

Age Groups	Cases	% Total	Rate
0 - 12	1	0.3%	0.4
13 - 19	4	1.3%	3.0
20 - 24	15	4.8%	15.8
25 - 29	37	11.8%	43.7
30 - 39	89	28.3%	49.6
40 - 49	110	35.0%	51.9
50 - 59	49	15.6%	27.9
60+	9	2.9%	4.3
Total	314	100.0%	23.8

2007

Gender	Cases	% Total	Rate
Male	192	64.6%	28.9
Female	105	35.4%	15.1
Other/Unknown	0	0.0%	N/A
Total	297	100.0%	21.8

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	71	23.9%	7.7
Black, Non-Hispanic	202	68.0%	65.5
Hispanic	16	5.4%	19.7
Asian/Pacific Islander	2	0.7%	N/A
Amer. Indian/Alaskan	1	0.3%	N/A
Other/Unknown	5	1.7%	N/A
Total	297	100.0%	21.8

Age Groups	Cases	% Total	Rate
0 - 12	1	0.3%	0.4
13 - 19	4	1.3%	3.0
20 - 24	22	7.4%	22.8
25 - 29	29	9.8%	32.0
30 - 39	77	25.9%	42.3
40 - 49	91	30.6%	43.1
50 - 59	59	19.9%	32.2
60+	14	4.7%	6.2
Total	297	100.0%	21.8

Note: Mid-year population estimates are not available for other race/ethnicity groups.

HIV (regardless of AIDS) cases and rates per 100,000 population, and percent of total, by race/ethnicity, gender and age group at diagnosis and year of report. Rates are based on 2006 & 2007 Partnership population estimates, by race/ethnicity, gender and age, respectively.

2006

Gender	Cases	% Total	Rate
Male	209	60.1%	32.4
Female	139	39.9%	20.6
Other/Unknown	0	0.0%	N/A
Total	348	100.0%	26.4

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	103	29.6%	11.4
Black, Non-Hispanic	223	64.1%	73.4
Hispanic	17	4.9%	25.3
Asian/Pacific Islander	2	0.6%	N/A
Amer. Indian/Alaskan	0	0.0%	N/A
Other/Unknown	3	0.9%	N/A
Total	348	100.0%	26.4

Age Groups	Cases	% Total	Rate
0 - 12	2	0.6%	0.9
13 - 19	18	5.2%	7.7
20 - 24	59	17.0%	25.4
25 - 29	54	15.5%	23.2
30 - 39	87	25.0%	37.4
40 - 49	91	26.1%	39.1
50 - 59	30	8.6%	12.9
60+	7	2.0%	3.0
Total	348	100.0%	149.6

2007

Gender	Cases	% Total	Rate
Male	266	61.9%	40.0
Female	164	38.1%	23.6
Other/Unknown	0	0.0%	N/A
Total	430	100.0%	31.6

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	123	28.6%	13.3
Black, Non-Hispanic	272	63.3%	88.1
Hispanic	26	6.0%	32.0
Asian/Pacific Islander	0	0.0%	N/A
Amer. Indian/Alaskan	2	0.5%	N/A
Other/Unknown	7	1.6%	N/A
Total	430	100.0%	31.6

Age Groups	Cases	% Total	Rate
0 - 12	12	2.8%	5.2
13 - 19	17	4.0%	7.3
20 - 24	64	14.9%	27.5
25 - 29	68	15.8%	29.2
30 - 39	102	23.7%	43.8
40 - 49	110	25.6%	47.3
50 - 59	47	10.9%	20.2
60+	10	2.3%	4.3
Total	430	100.0%	184.8

Note: Mid-year population estimates are not available for other race/ethnicity groups.

Infectious syphilis cases (and rates per 100,000 population) by race/ethnicity, by gender, by age group at diagnosis and year of report, Partnership 4

2006

Gender	Cases	% Total	Rate
Male	30	73.2%	4.7
Female	11	26.8%	1.6
Other/Unknown	0	0.0%	N/A
Total	41	100.0%	3.1

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	11	26.8%	1.2
Black, Non-Hispanic	29	70.7%	9.5
Hispanic	0	0.0%	0.0
Asian/Pacific Islander	0	0.0%	N/A
Amer. Indian/Alaskan	0	0.0%	N/A
Other/Unknown	1	2.4%	N/A
Total	41	100.0%	3.1

Age Groups	Cases	% Total	Rate
0 - 12	0	0.0%	0.0
13 - 19	3	7.3%	2.3
20 - 24	4	9.8%	4.2
25 - 29	7	17.1%	8.3
30 - 39	15	36.6%	8.4
40 - 49	7	17.1%	3.3
50 - 59	3	7.3%	1.7
60+	2	4.9%	1.0
Other/Unknown	0	0.0%	N/A
Total	41	100.0%	3.1

2007

Gender	Cases	% Total	Rate
Male	32	74.4%	4.8
Female	11	25.6%	1.6
Other/Unknown	0	0.0%	N/A
Total	43	100.0%	3.2

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	5	11.6%	0.5
Black, Non-Hispanic	35	81.4%	11.3
Hispanic	3	7.0%	3.7
Asian/Pacific Islander	0	0.0%	N/A
Amer. Indian/Alaskan	0	0.0%	N/A
Other/Unknown	0	0.0%	N/A
Total	43	100.0%	3.2

Age Groups	Cases	% Total	Rate
0 - 12	0	0.0%	0.0
13 - 19	3	7.0%	2.3
20 - 24	10	23.3%	10.4
25 - 29	5	11.6%	5.5
30 - 39	10	23.3%	5.5
40 - 49	9	20.9%	4.3
50 - 59	2	4.7%	1.1
60+	4	9.3%	1.8
Other/Unknown	0	0.0%	N/A
Total	43	100.0%	3.2

2007 data provisional.

Note: Mid-year population estimates are not available for other race/ethnicity groups.

Gonorrhea cases (and rates per 100,000 population) by race/ethnicity, by gender, by age group at diagnosis and year of report, Partnership 4

2006

Gender	Cases	% Total	Rate
Male	1,447	49.5%	224.5
Female	1,474	50.5%	218.5
Other/Unknown	0	0.0%	N/A
Total	2,921	100.0%	221.4

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	512	17.5%	56.6
Black, Non-Hispanic	2,191	75.0%	721.4
Hispanic	68	2.3%	101.0
Asian/Pacific Islander	0	0.0%	N/A
Amer. Indian/Alaskan	3	0.1%	N/A
Other/Unknown	147	5.0%	N/A
Total	2,921	100.0%	221.4

Age Groups	Cases	% Total	Rate
0 - 12	0	0.0%	0.0
13 - 19	772	26.4%	584.7
20 - 24	944	32.3%	996.1
25 - 29	476	16.3%	561.9
30 - 39	450	15.4%	251.0
40 - 49	202	6.9%	95.3
50 - 59	55	1.9%	31.3
60+	22	0.8%	10.6
Unknown	0	0.0%	N/A
Total	2,921	100.0%	221.4

2007

Gender	Cases	% Total	Rate
Male	1,598	51.1%	240.5
Female	1,528	48.8%	219.8
Other/Unknown	3	0.1%	N/A
Total	3,129	100.0%	230.1

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	511	16.3%	55.2
Black, Non-Hispanic	2,381	76.1%	771.6
Hispanic	58	1.9%	71.3
Asian/Pacific Islander	11	0.4%	N/A
Amer. Indian/Alaskan	1	0.0%	N/A
Other/Unknown	167	5.3%	N/A
Total	3,129	100.0%	230.1

Age Groups	Cases	% Total	Rate
0-12	0	0.0%	0.0
13 - 19	812	26.0%	609.1
20 - 24	1,035	33.1%	1074.6
25 - 29	519	16.6%	572.9
30 - 39	424	13.6%	232.7
40 - 49	239	7.6%	113.2
50 - 59	76	2.4%	41.5
60+	24	0.8%	10.6
Unknown	0	0.0%	N/A
Total	3,129	100.0%	230.1

2007 data provisional.

Note: Mid-year population estimates are not available for other race/ethnicity groups.

Chlamydia cases (and rates per 100,000 population) by race/ethnicity, by gender, by age group at diagnosis and year of report, Partnership 4

2006

Gender	Cases	% Total	Rate
Male	1,306	23.6%	202.6
Female	4,219	76.4%	625.5
Other/Unknown	0	0.0%	N/A
Total	5,525	100.0%	418.9

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	1,446	26.2%	159.8
Black, Non-Hispanic	3,347	60.6%	1102.0
Hispanic	181	3.3%	268.9
Asian/Pacific Islander	2	0.0%	N/A
Amer. Indian/Alaskan	2	0.0%	N/A
Other/Unknown	547	9.9%	N/A
Total	5,525	100.0%	418.9

Age Groups	Cases	% Total	Rate
0 - 12	0	0.0%	0.0
13 - 19	1,909	34.6%	1446.0
20 - 24	2,142	38.8%	2260.2
25 - 29	857	15.5%	1011.7
30 - 39	472	8.5%	263.3
40 - 49	118	2.1%	55.7
50 - 59	17	0.3%	9.7
60+	10	0.2%	4.8
Unknown	0	0.0%	N/A
Total	5,525	100.0%	418.9

2007

Gender	Cases	% Total	Rate
Male	1,893	29.0%	284.9
Female	4,625	70.7%	665.2
Other/Unknown	20	0.3%	N/A
Total	6,538	100.0%	480.9

Race/Ethnicity	Cases	% Total	Rate
White, Non-Hispanic	1,533	23.4%	165.7
Black, Non-Hispanic	4,179	63.9%	1354.2
Hispanic	234	3.6%	287.7
Asian/Pacific Islander	56	0.9%	N/A
Amer. Indian/Alaskan	1	0.0%	N/A
Other/Unknown	535	8.2%	N/A
Total	6,538	100.0%	480.9

Age Groups	Cases	% Total	Rate
0-12	0	0.0%	0.0
13 - 19	2,133	32.6%	1600.1
20 - 24	2,544	38.9%	2641.4
25 - 29	1,033	15.8%	1140.2
30 - 39	608	9.3%	333.7
40 - 49	160	2.4%	75.8
50 - 59	36	0.6%	19.7
60+	24	0.4%	10.6
Unknown	0	0.0%	N/A
Total	6,538	100.0%	480.9

2007 data provisional.

Note: Mid-year population estimates are not available for other race/ethnicity groups.

HIV COUNSELING AND TESTING DATA
Partnership 4

Includes Total Number of Tests Performed at the State Laboratories From all Testing Sites

2006 Exposure Category	Number of Tests	Number Positive	Percent Positive	Gender	Number of Tests	Number Positive	Percent Positive
Male Sex With Male/IDU	63	9	14.3	Male	9,075	243	2.7
Male Sex With Male	1,135	106	9.3	Female	15,920	167	1.0
Injecting Drug User	1,031	29	2.8	Unknown	317	9	2.8
Sex Partner at Risk	5,572	118	2.1	**Total**	**25,312**	**419**	**1.7**
Child of Woman with HIV/AIDS	4	0	0.0	**Race/**	**Number of**	**Number**	**Percent**
STD Diagnosis	814	11	1.4	**Ethnicity**	**Tests**	**Positive**	**Positive**
Sex for Drugs or Money	152	4	2.6	White	8,963	110	1.2
Hemophilia/Blood Recipient	293	8	2.7	Black	13,135	270	2.1
Victim of Sexual Assault	1,028	10	1.0	Hispanic	2,179	25	1.1
Health Care Exposure	171	0	0.0	Asian	220	0	0.0
Heterosexual	13,848	86	0.6	Am. Native	57	1	1.8
No Acknowledged Risk	1,202	38	3.2	Other	168	1	0.6
Unknown	0	0	#DIV/0!	Unknown	591	12	2.0
Total	**25,313**	**419**	**1.7**	**Total**	**25,313**	**419**	**1.7**

2007 Exposure Category	Number of Tests	Number Positive	Percent Positive	Gender	Number of Tests	Number Positive	Percent Positive
Male Sex With Male/IDU	90	6	6.7	Male	11,824	233	2.0
Male Sex With Male	1,318	98	7.4	Female	17,259	132	0.8
Injecting Drug User	1,087	29	2.7	Unknown	315	7	2.2
Sex Partner at Risk	1,086	57	5.2	**Total**	**29,398**	**372**	**1.3**
Child of Woman with HIV/AIDS	17	1	5.9	**Race/**	**Number of**	**Number**	**Percent**
STD Diagnosis	2,692	20	0.7	**Ethnicity**	**Tests**	**Positive**	**Positive**
Sex for Drugs or Money	759	12	1.6	White	9,595	99	1.0
Hemophilia/Blood Recipient	0	0	0.0	Black	16,081	242	1.5
Victim of Sexual Assault	1,262	11	1.8	Hispanic	2,484	22	0.9
Health Care Exposure	625	4	0.0	Asian	272	0	0.0
Heterosexual	19,201	116	0.6	Am. Native	73	0	0.0
No Acknowledged Risk	148	1	0.7	Other	242	1	0.4
Unknown	1,113	17	1.5	Unknown	651	8	1.2
Total	**29,398**	**372**	**1.3**	**Total**	**29,398**	**372**	**1.3**

Priority Setting Tool for Florida's Prevention Planning Group, to be used with Four Fold Path Methodology and Advancing HIV Prevention (AHP)
Partnership 4 excludes DOC data

HIV Cases Reported 2005-2007
Age 13+ by Race and Mode of Exposure*

2005-2007	Heterosexual	MSM	IDU	
	M+F	Males	M+F	
White	68	191	65	
Black	390	254	67	
Hispanic	31	13	11	TOTAL
TOTAL	489	458	143	1090

Percent of Cases	Heterosexual	MSM	IDU	
	M+F	Males	M+F	
White	6%	18%	6%	
Black	36%	23%	6%	
Hispanic	3%	1%	1%	100.0%

*Cases with no identified risks (NIRS) have been redistributed into known risks
***MSM=MSM and MSM/IDU cases & Male IDU=IDU and MSM/IDU cases,
Therefore these two groups are NOT mutually exclusive

Ranking of Data by Percent of Cases

Rank	Population	% of Cases
1	B-Hetero	35.8%
2	B-MSM	23.3%
3	W-MSM	17.5%
4	W-Hetero	6.2%
5	B-IDU	6.1%
6	W-IDU	6.0%
7	H-Hetero	2.8%
8	H-MSM	1.2%
9	H-IDU	1.0%
		100.0%