

MAN UP:

The Crisis of HIV/AIDS Among Florida's Men

Florida Department of Health



**Bureau of
HIV/AIDS**

Florida Department of Health

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Introduction

This report seeks to mobilize men to eliminate their risk for acquiring or transmitting HIV/AIDS. The report also seeks to encourage men to “man up” and take responsibility for the consequences of their sexual actions and other HIV risk behaviors, for the benefit of themselves and their partners. The goal is to stimulate the development and implementation of community action plans to prevent the further spread of HIV/AIDS among Florida's men and their partners.

The HIV/AIDS epidemic continues to impact individuals in Florida and throughout the United States. Men, women, young, old, black, white, Hispanic, rich, poor, gay, bisexual, lesbian, or straight -- no group is wholly exempt from contracting HIV. In Florida, 1 in 209 white men, compared to 1 in 44 black men and 1 in 117 Hispanic men are living with HIV/AIDS (reported cases). Males account for the majority of HIV/AIDS cases in Florida. Men should begin engaging in frank discussions about the seriousness of HIV/AIDS and include women and adolescents in the discussions.

All over the world, on average, men have more sex partners than women, which places them and their sex partners at increased risk. HIV is more easily transmitted sexually from men to women than vice versa, which has caused increasing rates of HIV infection among women. Social norms, upbringing, peers and the media tend to socialize men to meet standards of masculinity that set them apart from women. Men are generally expected to project the image of being assertive, dominant, self-reliant, unemotional and willing to take risks. Some of these expectations translate into attitudes and behaviors that have become unhealthy or frankly lethal since the beginning of the HIV/AIDS epidemic in the early 1980s.

Because it is socially more acceptable for men to be sexually active than for women, there is a double standard of “moral” behavior. Men may even derive status (as “players”) from having multiple partners, while women who have multiple partners are often labeled negatively. We need to strike a careful balance between recognizing how some men's behavior contributes to the epidemic and pointing the finger at all men and their actions. Blaming individuals or groups, particularly men who have sex with men (MSM) and men who have sex with both women and men, has never been a successful way of encouraging greater involvement in HIV prevention and care. Instead, efforts should be made to encourage positive behaviors and responses. We should aim to build upon successful work and include as many men as possible in the global struggle against HIV/AIDS.

There are sound reasons why men should be fully involved in the fight against HIV/AIDS. As leaders, protectors, providers, husbands, grandfathers, fathers, sons, brothers and

“Perhaps the single most important preventive measure is for people to know their own HIV status. If they are uninfected, this knowledge helps them protect themselves; if they are infected, the information helps them to protect their partners and to seek care and treatment for themselves.”

*Thomas Liberti,
Chief, Bureau of
HIV/AIDS
Florida
Department of Health*

friends, men have much to offer. The time is now to start seeing men not as the problem, but as part of the solution. Safer and more responsible behavior should be encouraged. It is time for men to put an end to a disease that is 100% preventable. It is time for men to “man up” and start protecting their wives, significant others, partners, family, friends and communities. Dialogue must begin to occur among men, women and their partners. We must begin to break the silence in our homes, our schools and our places of prayer, work and play.

This report is the fourth in a series published by the Bureau of HIV/AIDS that focuses on various key demographic groups at increased risk for HIV/AIDS in Florida. The series includes *Silence is Death* (2006), which addressed blacks; *Out in the Open* (2007), which addressed MSM; and *Organizing to Survive* (2008), which focused on women. These three reports can be found at the Bureau website, www.floridaaids.org. The current report, *Man Up*, focuses on sexually active men, who account for the majority of HIV/AIDS cases in Florida, and is also posted on the Bureau website. HIV risk related to the sharing of injection drug equipment is briefly addressed here. A separate fifth report that focuses on male and female injection drug users (IDUs) in Florida is currently being prepared by the Bureau of HIV/AIDS for release in 2010.

The Findings

HIV INCIDENCE – PERSONS NEWLY INFECTED

The annual number of new HIV infections is referred to as HIV incidence. HIV incidence is a measure of how much HIV transmission occurs in a given year. It is one of the most important measures of how well HIV prevention efforts are working. The ultimate goal of HIV prevention is to prevent as many new infections as possible each year.

In Florida, the Bureau of HIV/AIDS, along with the Centers for Disease Control and Prevention (CDC), has developed reliable estimates of HIV incidence for the state in 2006. Adult men (13+ years) accounted for 72% (approximately 3,990) of new infections, and women accounted for 28% (1,560) of new infections, for a total of 5,550 new infections in 2006. Nationally, 56,500 new infections occurred in 2006.

The HIV incidence rate equals the number of new infections divided by the population. The rate enables direct comparison of the incidence in two or more groups, regardless of population size. In 2006, the HIV incidence rate per 100,000 population was 53.7 among Florida men and 20.0 among Florida women. The rate among men was 2.7 times that of women (53.7 divided by 20.0).

HIV/AIDS PREVALENCE – PERSONS LIVING WITH HIV/AIDS (reported cases)

In Florida, through 2008, there were a total of more than 90,000 adult persons (13+ years) living with HIV/AIDS (PLWHAs) (reported cases). Seventy percent (62,993) of these PLWHAs were men. When the number of adult PLWHAs is divided by the population of adults, the result is called a PLWHA rate or an HIV/AIDS prevalence rate. The PLWHA rate is a measure of the impact of HIV/AIDS on any group.

“The ultimate goal of HIV prevention is to prevent as many new infections as possible each year.”

*Tom Bendle,
HIV Counseling and
Testing Supervisor,
Bureau of HIV/AIDS*

In Florida, the PLWHA rate per 100,000 population was 814.4 among men and 335.3 among women. The rate among men was 2.4 times that among women (814.4 divided by 335.3).

The PLWHA rate can be expressed equivalently by dividing the population by the number of PLWHA cases to compute a “one-in” number. (Example: the one-in number for Florida men is 123, which means that 1 in every 123 men was living with HIV/AIDS through 2008; for Florida women, 1 in 298 were living with HIV/AIDS.) One-in statements make it easier to see the unequal rates and disparities in the impact of HIV/AIDS among and within counties. The lower the one-in number, the higher the PLWHA rate.

Table 1. PLWHA Rates Among Men Aged 13+ Years, by County and Race/Ethnicity
Florida, Through 2008*

WHITE MEN	One In...	BLACK MEN	One In...	HISPANIC MEN	One In...
Monroe	55	Miami-Dade	29	Miami-Dade	82
Miami-Dade	60	Palm Beach	31	Monroe	90
Broward	76	Saint Lucie	32	Broward	98
Orange	109	Collier	41	Florida	117
Hillsborough	157	Broward	42	Martin	128
Pinellas	177	Florida	44	Orange	130
Florida	209	Indian River	48	Palm Beach	154
Duval	212	Monroe	49	Pinellas	170
Escambia	238	Lee	52	Osceola	174
Palm Beach	248	Martin	53	Hillsborough	177
Osceola	294	Orange	55	Collier	183
Alachua	323	Manatee	55	Marion	187
Gadsden	326	Hillsborough	55	Sarasota	192
Sarasota	339	Duval	57	Duval	197
Volusia	348	Sarasota	61	Dixie	199
Lee	372	Putnam	61	Jefferson	200
Seminole	373	Pinellas	62	Levy	206
Bay	374	Hendry	66	Bay	216
Manatee	392	Saint Johns	70	Manatee	218
Brevard	408	Volusia	71	Volusia	235
Polk	414	Alachua	79	Highlands	244
Desoto	421	Highlands	81	Seminole	259
Hendry	430	Polk	82	Putnam	262
Pasco	451	Escambia	83	Saint Johns	265
Saint Lucie	479	Brevard	92	Desoto	266
Okaloosa	479	Hardee	95	Saint Lucie	272
Lake	532	Leon	97	Escambia	287
Collier	536	Desoto	97	Brevard	287
Leon	546	Seminole	103	Lee	299
Santa Rosa	596	Bay	110	Hernando	302
Marion	599	Osceola	111	Citrus	306
Martin	611	Lake	112	Polk	311
Putnam	627	Marion	116	Okaloosa	321
Baker	632	Gadsden	125	Leon	325
Hernando	649	Levy	130	Okeechobee	326
Saint Johns	709	Citrus	130	Hardee	337
Clay	713	Pasco	133	Taylor	341
Indian River	718	Suwannee	135	Lake	356
Nassau	728	Baker	138	Indian River	358
Charlotte	750	Columbia	138	Hendry	401
Okeechobee	792	Glades	140	Charlotte	406
Suwannee	799	Jefferson	143	Pasco	408

Table 1. PLWHA Rates Among Men Aged 13+ Years, by County and Race/Ethnicity Florida, Through 2008* continued

WHITE MEN	One In...	BLACK MEN	One In...	HISPANIC MEN	One In...
Walton	832	Dixie	148	Clay	437
Hardee	849	Hernando	149	Jackson	473
Wakulla	861	Okeechobee	160	Santa Rosa	498
Columbia	900	Clay	163	Baker	514
Hamilton	923	Charlotte	184	Glades	536
Washington	942	Wakulla	188	Alachua	609
Taylor	946	Okaloosa	191	Flagler	630
Citrus	998	Jackson	198	Wakulla	661
Sumter	1,118	Washington	198	Sumter	761
Franklin	1,157	Nassau	210	Nassau	884
Flagler	1,170	Madison	261	Hamilton	955
Highlands	1,172	Bradford	261	Gadsden	1,002
Calhoun	1,200	Santa Rosa	279	Columbia	1,482
Union	1,200	Hamilton	284	Suwannee	1,828
Holmes	1,213	Flagler	286	Walton	--
Bradford	1,220	Sumter	310	Calhoun	--
Madison	1,225	Taylor	315	Gulf	--
Gilchrist	1,262	Calhoun	332	Holmes	--
Liberty	1,269	Union	340	Washington	--
Jackson	1,289	Gulf	391	Franklin	--
Dixie	1,541	Liberty	541	Liberty	--
Levy	1,555	Gilchrist	831	Madison	--
Glades	1,695	Walton	898	Bradford	--
Jefferson	1,945	Franklin	1,184	Gilchrist	--
Lafayette	2,754	Holmes	--	Lafayette	--
Gulf	5,853	Lafayette	--	Union	--

“Experience has shown us that compelling data clearly analyzed and presented can help mobilize individuals and communities to respond to HIV/AIDS challenges.”

Spencer Lieb, MPH
Senior Epidemiologist
Bureau of HIV/AIDS

*PLWHA = Persons living with HIV/AIDS.

PLWHA rates are based on 2008 midyear population estimates (Florida DOH).

The counties are ranked from highest to lowest PLWHA rates.

PLWHA rates in counties with no reported PLWHA cases are denoted by dashes (-).

Table 1

...shows the one-in statements for male PLWHAs in all 67 Florida counties, according to race/ethnicity, for non-Hispanic whites, non-Hispanic blacks and Hispanics. The number of PLWHA cases among Asian/Pacific Islanders and American Indians were too small for analysis. (Appendix 1 is a map that shows all counties and their central cities.)

Racial/ethnic disparities are reflected in the data. Statewide, through 2008, 1 in 209 white men, 1 in 44 black men and 1 in 117 Hispanic men were PLWHAs. The statewide rate among black men was 4.8 times that of white men and 2.7 times that of Hispanic men. Hispanic men were impacted with HIV/AIDS 1.8 times more than white men.

Disparities are even more pronounced within and among certain counties. The highest rate in any racial/ethnic group was seen in Miami-Dade County, where 1 in 29 black men was living with HIV/AIDS through 2008. This county’s black male PLWHA rate is followed closely by that in Palm Beach County (1 in 31) and St. Lucie County (1 in 32). Twenty-seven counties had rates higher than 1 in 100 among black men, compared with only three counties each with rates higher than 1 in 100 among white men and Hispanic men.

Data on PLWHAs have public health importance, as HIV transmission can be prevented with successful behavior change among those already infected, which is referred to as secondary prevention or “prevention for HIV-positives.” PLWHA data also have important implications for targeting care and treatment efforts in the state. Furthermore, such data may be used to encourage behavior change among uninfected persons, which is referred to as primary prevention.

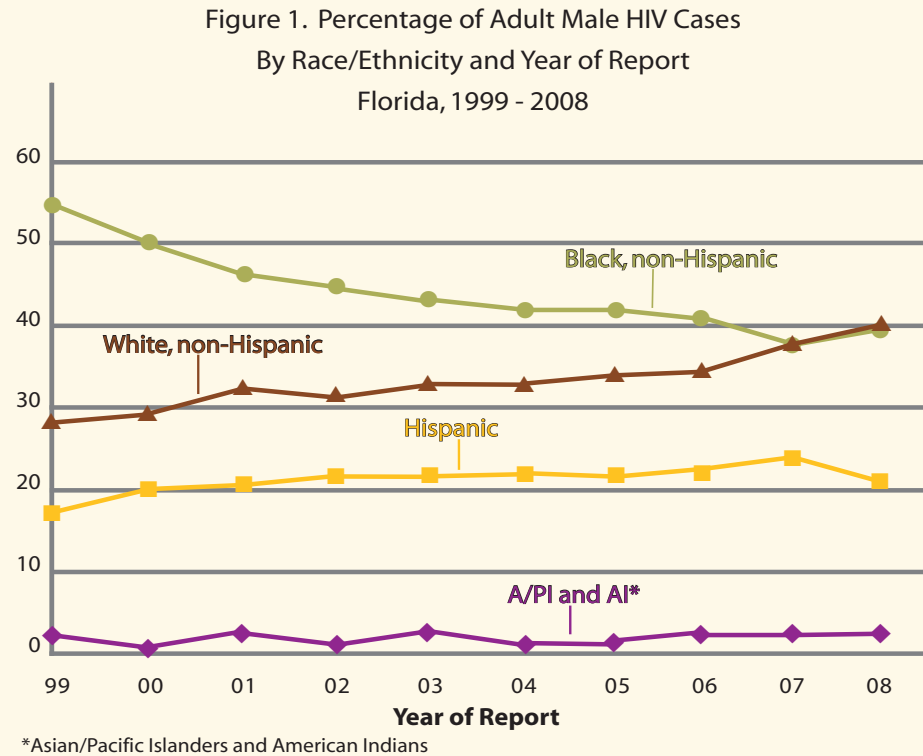


Figure 1

...shows the share of total HIV cases diagnosed each year among men, since 1999. The share of cases among white men has increased steadily since 1999, while cases among black men have decreased overall. However, cases among black men exceeded those among white men each year except 2007 and 2008, when the two groups were roughly equal. The share of cases among Hispanic men slightly increased during this period.



Figure 2. Adult Male HIV Cases
By Race/ethnicity and Age Group at Diagnosis
Florida, Diagnosed 2006-2008 (N=11,675)

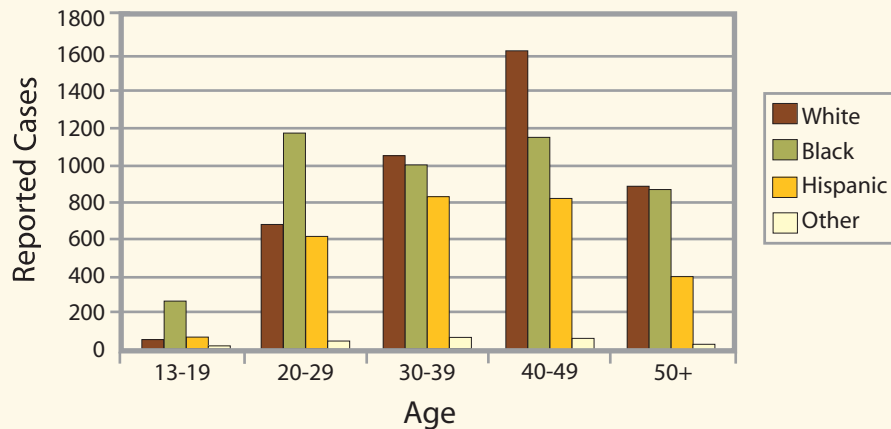


Figure 3. Adult Male HIV/AIDS Cases
By Race/ethnicity and Current Age Group
Florida, Data through 2008 (N=62,993)

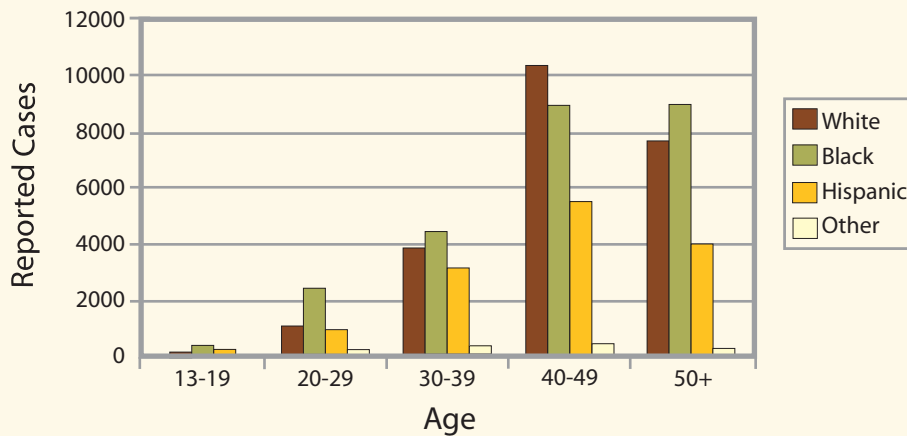


Figure 2 and Figure 3

...show HIV/AIDS data for men by age group and race/ethnicity. Each figure tells a slightly different story and helps in the targeting of primary or secondary HIV prevention efforts. Primary prevention refers to helping at-risk people remain HIV negative, while secondary prevention means helping HIV/AIDS patients avoid further transmission of HIV.

Figure 2

...is useful for targeting primary prevention efforts because it reflects the ages of cases of HIV infection as near as possible to the time they were infected. Data for Florida HIV cases diagnosed during three years are shown, 2006, 2007 and 2008, combined. Of course, some people do not test for HIV until a long time after they were infected. Cases among white men peak in the 40-49 year age group, while cases among Hispanic men are at the same peak from ages 30-39 to 40-49. However, among black men, newly diagnosed HIV cases peak among those aged 20-29. This could mean exposure to HIV at an earlier age for black

men. But it could also mean that there should be more HIV testing of black men among those aged 30-49 years.

Figure 3

...shows Florida data on living HIV/AIDS cases (PLWHAs) according to their current age as of the end of 2008. These data can be helpful for 1) targeting care and treatment resources and 2) targeting secondary HIV prevention efforts. The trends for each racial/ethnic group of men are very similar, increasing steadily through the 40-49 year age group, and then dropping off. As expected, the age distributions according to current age are shifted toward older age groups, compared with Figure 2. People are able to live longer with improved HIV/AIDS medications.

Table 2. HIV/AIDS Deaths and Death Rates By Race/Ethnicity and Sex, Florida, 2007

Race/Ethnicity	2007	
	No.	Rate*
White Male	311	5.6
White Female	78	1.3
Black Male	526	38.1
Black Female	391	26.3
Hispanic Male	161	8.8
Hispanic Female	41	2.2
Other**	18	3.9
TOTAL	1,526	8.3

*Rates are expressed as per 100,000 Population.

**Other includes Asian/Pacific Islanders and American Indians.

“The year 2007 was the first time since 1999 that Florida observed a meaningful decline in HIV/AIDS deaths (and death rates).”

*Jeff Turner,
Field Operations
Manager,
Bureau of HIV/AIDS*

Table 2

...shows the number of deaths due to HIV/AIDS and HIV/AIDS death rates in Florida for 2007. The most HIV/AIDS deaths occurred among black men (526). The HIV/AIDS death rate among black men (38.1 per 100,000 population) was 6.8 times that among white men (5.6 per 100,000 population) and 4.3 times that among Hispanic men (8.8 per 100,000 population). The rate among Hispanic men was 1.6 times that among white men, also reflecting a disparity. The year 2007 was the first time since 1999 that Florida observed a meaningful decline in HIV/AIDS deaths (and death rates). Compared with 2006, HIV/AIDS deaths decreased 11% among white men, 16% among black men and 15% among Hispanic men. The Bureau of HIV/AIDS closely monitors HIV/AIDS death data each year. When the numbers for 2008 become available, it is hoped that the downward trend will continue.

Figure 4. Living Adult Male HIV/AIDS Cases (PLWHAs)
By Race/Ethnicity and Mode of Exposure
Florida, Through 2008

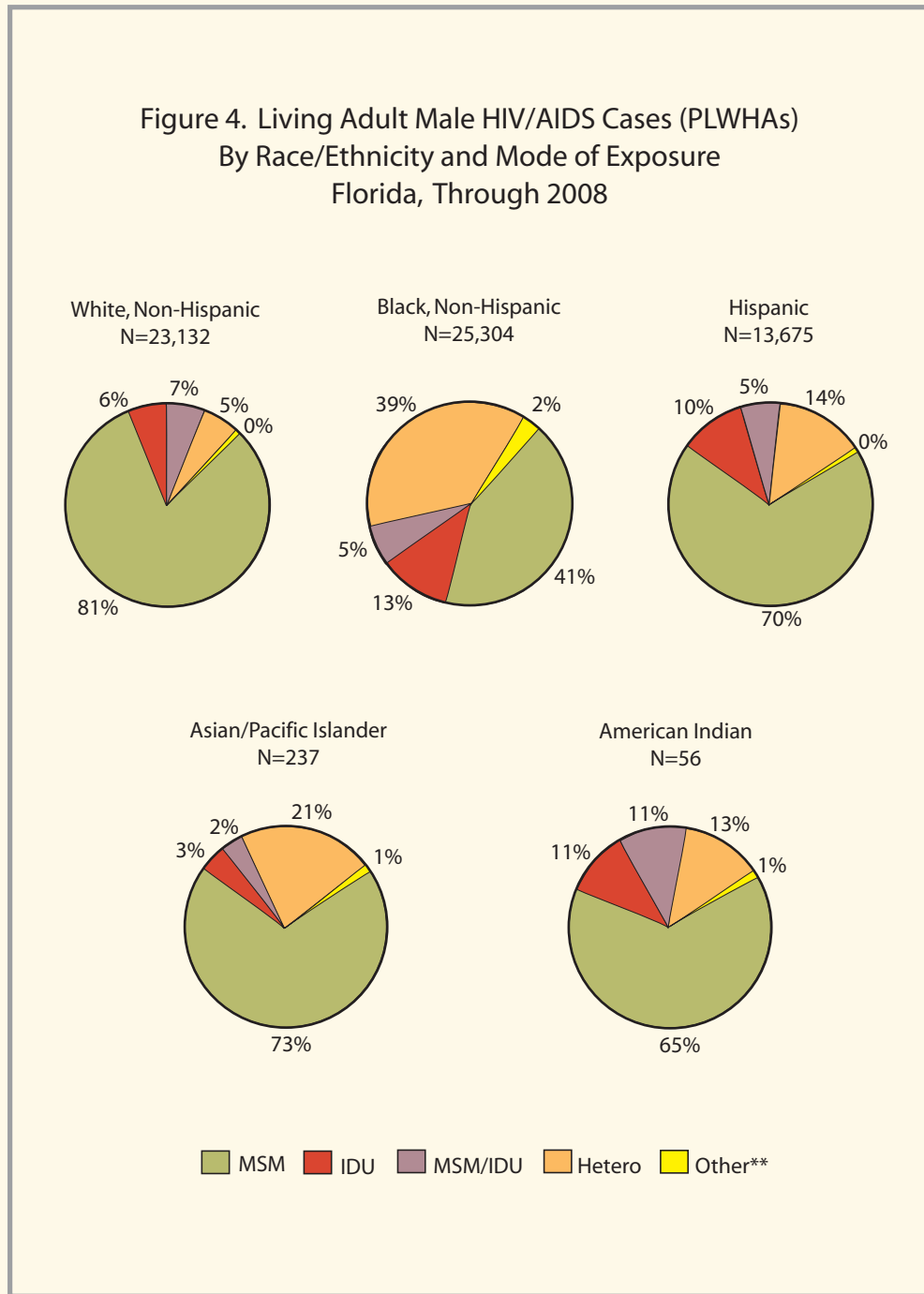


Figure 4

...shows the adult male PLWHA cases by race/ethnicity and HIV exposure category. For all groups of men except blacks, the majority of cases occurred among MSM. Among black men, nearly the same share of cases occurred among heterosexuals (39%) and MSM (41%). By race/ethnicity, male IDUs account for between 3% and 13% of the PLWHAs. For all groups, it is expected that there are some MSM and IDU cases whose risk factor is not disclosed and is misclassified as heterosexual because of stigma and discrimination.

Conclusions

HIV/AIDS among Florida's men has reached critical levels. Racial/ethnic disparities are evident in the data, with minority men being more heavily impacted than white men. However, HIV cases among black men have been decreasing relative to those among white men during 1999-2008. The data suggest which groups of men need to be targeted for primary and secondary HIV prevention. The data should provide motivation among Florida men of all races and ethnicities to mobilize in the fight against HIV/AIDS among men, women and children.

"Men should begin engaging in frank discussions about the seriousness of HIV/AIDS and include women and adolescents in the discussions."

*Manuel Rodriguez
Assistant Director of
Health Promotion and
Social Marketing
Broward County Health
Department*



Recommendations

In the absence of a vaccine, the only current way to guarantee prevention of HIV infection is total abstinence from certain behaviors: having vaginal, anal or oral sex or sharing needles and other equipment for injecting drugs. Lacking that, there is a set of realistic recommendations for the individual, the community and the provider to reduce the risk of HIV.

FOR THE INDIVIDUAL:

- **Be faithful.** Having sex with one uninfected partner who only has sex with you will keep you safe from HIV/AIDS and other sexually transmitted infections (STIs).
- **Use condoms** correctly and every time you have sex. Use male latex condoms or polyurethane if you or your partner is allergic to latex, for vaginal, anal or oral sex. “Natural” or lambskin condoms don't protect against HIV/AIDS/STIs. Condoms are highly protective when used correctly. For oral sex, dental dams also might offer some protection.
- **Get tested for HIV** and know your status. People who are aware of being infected tend to avoid transmission of HIV. Knowledge of HIV status encourages communication with partners, prevention strategies and early intervention for those infected.
- **Encourage** your family, friends and co-workers to get tested and get involved with HIV prevention.
- **Be Honest.** If you have sex with both men and women, inform your sex partner. If you have multiple partners, inform your partners. If you have HIV/AIDS, inform your sex partners.
- **Seek treatment** if you are HIV positive. Managing your viral load can prevent progression of the infection.
- **Get an annual physical examination.** Ask your doctor for an HIV test if one is not offered.
- **Avoid drugs and alcohol,** as use can lead to risky behaviors that can increase your exposure to HIV/AIDS.
- **Get tested for sexually transmitted infections (STIs),** as well as hepatitis A, B and C, as they can be transmitted through behaviors similar to those that put you at risk for HIV. STIs can increase your risk for HIV infection.
- **Engage in casual conversations** about safer sex practices with your partner.
- **Challenge societal expectations of men** that may encourage unsafe behaviors or create stigma among groups of men.

FOR THE COMMUNITY:

- Create an enabling environment to support awareness of men's health issues.
- Engage the community in a dialogue about men's health, including awareness of HIV and other STIs and the need for testing.
- Engage in a public awareness campaign addressing men's health issues to promote holistic health strategies.
- Create a coalition of care providers to address the health needs of men in the

“There is a set of realistic recommendations for the individual to reduce the risk of HIV.”

*Kenneth Johnson, MPA,
Education and Outreach
Coordinator, Bureau of
HIV/AIDS*

- community, including health disparities and access to care.
- Advocate for more effective healthcare at the local, state and federal level.
- Hold a stakeholders meeting to determine the HIV/AIDS/STI education, prevention, and testing needs for men.
- Support advocacy groups to develop materials and strategies that address men's health issues.
- Encourage participation in the Department of Health community planning process.
- Engage local businesses and places of worship in the HIV/AIDS dialogue.
- Ensure that young men are appropriately taught in school health classes.
- Determine what HIV/AIDS awareness/education is provided in your local middle schools and high schools.

FOR THE PROVIDER:

- Raise awareness of men's sexual health.
- Make HIV testing a routine part of healthcare, consistent with CDC guidelines.
- Reinforce social norms that support male responsibility to family and safer behaviors for HIV prevention.
- Identify factors that hinder sustained male involvement in community-based organizations.
- Make recommendations for recruitment, training and retention strategies to increase the number of male community-based providers.
- Focus on primary healthcare for all men as a means of improving overall health and wellness and reducing HIV infection among men.
- Focus on gender-based norms in developing HIV prevention messages and intervention strategies by conducting gender-based analysis.
- Create a forum for men to discuss gender differences in sexual decision-making and sexual health education needs in an effort to increase open dialogue.
- Develop, implement, and support prevention and pre-release planning programs in jails and prisons. Ensure that HIV testing is available upon request during incarceration and upon release. Education and behavioral interventions should be available to all inmates and their partners.
- Men sometimes engage in behaviors while in jail or prison that they would not engage in on the outside. This situational sex, which often includes unprotected sex with other men, can put men and their partners at risk once they are released.
- Inform all men about the benefits of safer sex and condom usage. Men and women share the responsibility for taking measures to protect their own health and prevent the transmission of HIV and other STIs.
- Utilize the Internet as a marketing recruitment tool. The Internet and social network sites have created new opportunities for both men and women to meet sex partners. Internet users can anonymously find partners with similar sexual interests without having to leave their residence.
- Develop interventions for individuals using the Internet, social network sites and public sex venues to reduce their risk of acquiring HIV/STIs.

"It is time for men to Man Up and start protecting their wives, significant others, partners, family, friends and communities. Dialogue must begin to occur among men, women and their partners."

*Ronald Henderson,
Statewide Minority AIDS
Coordinator,
Bureau of HIV/AIDS*

- Ensure that adequate, detailed information about HIV and other STIs are provided to men in a gender-sensitive manner.
- Provide condoms in locations that are easily accessed by all men, including men in more rural and remote areas.

Acknowledgements

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Man Up!
**USE A CONDOM,
GET TESTED.**

Appendix

Florida Counties and Central Cities



