

African Americans' Views of the HIV/AIDS Epidemic at 20 Years

FINDINGS FROM A NATIONAL SURVEY



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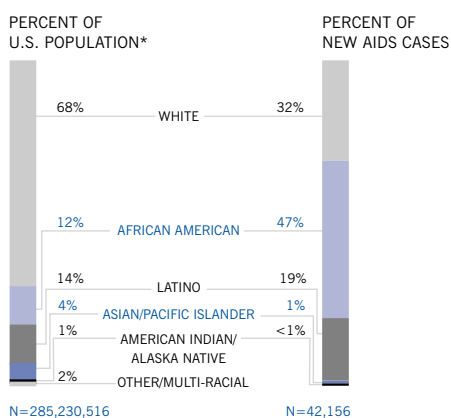
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INTRODUCTION

EXHIBIT 1
U.S. Population and Newly
Reported AIDS Cases, by
Race/Ethnicity, 2000^{1,2}



* May not total 100% due to rounding; includes Puerto Rico.

Note: White, African American, Asian/Pacific Islander, American Indian/Alaska Native and other/multi-racial groups do not include those of Hispanic origin. In the 2000 Census, people were allowed for the first time to report more than one racial category. In this exhibit, percentages for each population group do not include people who reported more than one racial category. These individuals are included in the category, "other/multi-racial."

African Americans have been disproportionately affected by HIV/AIDS since the epidemic's beginning. In the year 2000, more African Americans were reported with AIDS, and estimated to be living with AIDS, than any other racial or ethnic group in the United States.¹ Although African Americans represent approximately 12% of the U.S. population, they now account for an estimated 54% of new HIV infections and 47% of new AIDS cases^{1,2,3} (see exhibit 1). The AIDS case rate (per 100,000) among African Americans is more than eight times the rate among whites and more than twice the rate for Latinos. Moreover, AIDS is now the leading cause of death for African Americans between the ages of 25 and 44.⁴

The epidemic has also affected particular subgroups within the African American community. Although African American women represent only 13% of the U.S. female population, they account for almost two-thirds (63%) of AIDS cases reported among women in 2000.^{1,5} African American teens represent 15% of the teen population, yet comprise 64% of new AIDS cases reported among 13–19 year olds in 2000.⁶ In addition, in a recent multi-city study of young men who have sex with men (MSM), HIV prevalence (the proportion of people living with HIV in a population) for young African Americans was 14.1%, compared to 3.3% for whites.⁷ Finally, there is growing evidence that the HIV/AIDS epidemic is increasingly concentrated in low-income communities in which people of color are often disproportionately represented.⁸ Such communities generally are faced with multiple other health and social issues and limited resources with which to respond to the epidemic.

UNDERSTANDING THE VIEWS OF AFRICAN AMERICANS

This snapshot of AIDS among African Americans underscores the importance of understanding African Americans' views and knowledge of the epidemic. Such views can play an important role in how community leaders, health officials, and other policymakers target educational information and design programs that best meet the needs of this community.

This report, based on a national survey, describes the views of African Americans toward HIV/AIDS, including the views of various subgroups within the African American community. Where data are available, analyses of changing attitudes over time are also presented. What we find is that African Americans report high levels of concern about the epidemic and its impact on their lives, the nation, and the world. Attitudes toward the epidemic differ significantly by race and ethnicity, with African Americans expressing more concern and urgency than the public overall. In addition, within the African American community, attitudes toward and knowledge of HIV/AIDS vary by age, gender, income, and education.

This report serves as a companion document to the full survey findings, which are published in *The AIDS Epidemic At 20 Years: The View from America*, and available on the Foundation's website at www.kff.org. The findings are based on a nationally representative telephone survey of 2,683 adults 18 and older conducted in both English and Spanish (depending upon the respondent's preference). The sample included 1,542 whites, 431 African Americans, and 549 Latinos. African Americans and Latinos were intentionally oversampled in order to ensure sufficient sample sizes to allow for analyses across race and ethnicity and within these two populations (see methodology section). The survey represents the third in a series of national surveys on the public's knowledge and attitudes toward HIV/AIDS conducted by the Kaiser Family Foundation between 1995 and 2000.^{9,10,11,12}

Together, these three surveys provide a picture of African Americans' views during a time of significant change in the epidemic. In 1995, a new, more powerful class of anti-HIV drugs – protease inhibitors – became available. By 2000, AIDS-related deaths were one-third the level they were in 1995, due primarily to the widespread use of these drugs in combination with other treatments. Although the decline in AIDS deaths was not experienced equally by all racial and ethnic groups, this five-year period was generally marked by a dramatic decrease in mortality and increased hope for many.¹ However, recent data indicating an end to the era of sharp declines in AIDS deaths underscore the importance of tracking public views of and knowledge about HIV/AIDS over time.¹³

The first section of this report examines African Americans' sense of urgency and concern about the epidemic in their own lives, the nation, and the world. Subsequent sections describe African Americans' knowledge and information needs, their views and experiences with HIV testing, and their positions on various policy issues.

SECTION I: AFRICAN AMERICANS' PERCEPTION OF THE EPIDEMIC IN THE U.S. AND GLOBALLY

African Americans view AIDS as the number one health problem facing the nation and the world. They are much more likely than whites to view AIDS as an urgent health problem, perhaps a reflection of the disproportionate impact of the epidemic in this community. Younger African Americans, African American women, parents, and those with less education and lower incomes are particularly concerned about the risk and potential impact of HIV/AIDS.

AFRICAN AMERICANS ARE VERY CONCERNED ABOUT AIDS IN THE U.S.

In response to an open-ended question, African Americans rank AIDS as the number one (41%) health issue facing the nation, tied with cancer. African Americans (41%) and Latinos (40%) are equally likely to view AIDS as the number one health issue facing the nation, and are significantly more likely than whites (23%) to believe this to be the case (see exhibit 2). Among African Americans, women (50%) were significantly more likely than men (31%) to view AIDS as the number one health problem facing the nation.

As the number of AIDS-related deaths has declined, so too has the percentage of African Americans who name AIDS as the number one health issue facing the nation – from 56% in 1995 to 41% in 2000. This five-year trend is similar for Latinos, and even more pronounced among whites^{9,10,11,12} (see exhibit 3).

However, when asked specifically about the problem of HIV/AIDS, seven in ten (70%) African Americans say AIDS is a more urgent problem for the nation today than it was a few years ago. This represents a significant increase over 1997, when 58% of African Americans said AIDS was a more urgent health problem for the U.S. African Americans were the only racial/ethnic group more likely to say this in 2000 than in 1997.

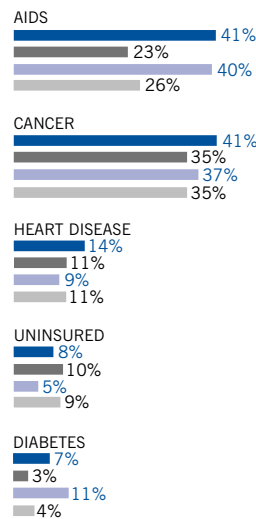


EXHIBIT 2
Views of Most Urgent Health Problem Facing the Nation Today, by Race/Ethnicity



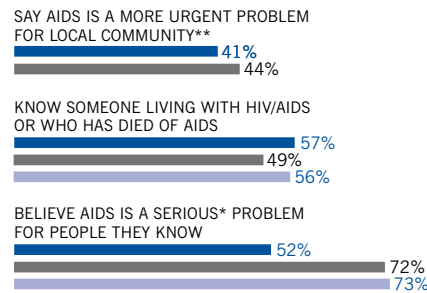
	1995	1997	2000
PERCENT WHO VIEW AIDS AS THE MOST URGENT HEALTH PROBLEM			
African American	56%	52%	41%
White	42%	35%	23%
Latino	51%	50%	40%
Total	44%	38%	26%
RANKING			
African American	1st	1st	1st*
White	1st	2nd*	2nd
Latino	1st	1st	1st*
Total	1st	1st*	2nd

*Responses not statistically different from cancer

EXHIBIT 3
Percent Who View AIDS as the Most Urgent Health Problem Facing the Nation, 1995–2000, by Race/Ethnicity^{9,10,11,12}

EXHIBIT 4
Percent of African Americans Who...

■ 2000
■ 1997
■ 1995

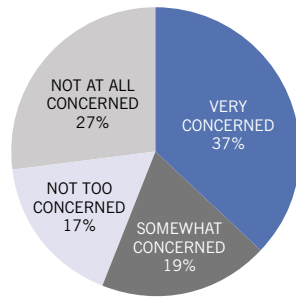


* Combines "very" and "somewhat" response
** No data for 1995

AIDS HITS CLOSE TO HOME

For many African Americans, the issue of AIDS hits close to home, with more than four in ten (41%) saying that AIDS is a more urgent problem for their local community today than it was a few years ago. A majority of African Americans (57%) – more than whites (42%) or Latinos (38%) – say they know someone who has HIV/AIDS or has died of AIDS. More than half (52%) also believe that AIDS is a "somewhat" or "very" serious problem for people they know. The proportion saying AIDS is a serious problem for people they know has declined from 73% in 1995 and 72% in 1997 (see exhibit 4).

EXHIBIT 5
African Americans' Personal Concern About Becoming Infected with HIV



When asked about their personal concern about becoming infected with HIV, a majority of African Americans (56%) report that they are either "very" or "somewhat" concerned (see exhibit 5). This represents a decreasing trend over the past five years from 71% in 1995 and 66% in 1997.^{9,11} Still, African Americans (56%) are much more likely than whites (33%) to express personal concern about contracting HIV, as are Latinos (53%).

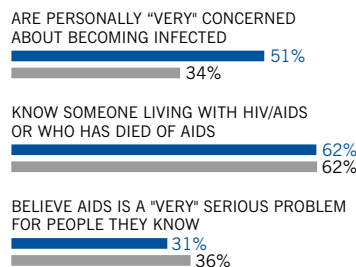
CONCERN AMONG PARENTS AND YOUNG ADULTS

An estimated half of all new HIV infections in the U.S. occur among young people under the age of 25, and African American teens have been disproportionately affected.^{6,14} African American parents of children age 21 or younger express high levels of concern about their children's risk for infection. More than eight in ten (82%) African American parents say that they are either "very" or "somewhat" concerned about their son or daughter becoming infected with HIV, with 60% saying that this concern has increased in the past few years.

Young people themselves share this concern. African Americans aged 18 to 29 are significantly more likely to say they are "very" concerned about becoming infected with HIV (51%) than those who are 30 and over (34%) (see exhibit 6).

EXHIBIT 6
Percent of African Americans, by Age, Who...

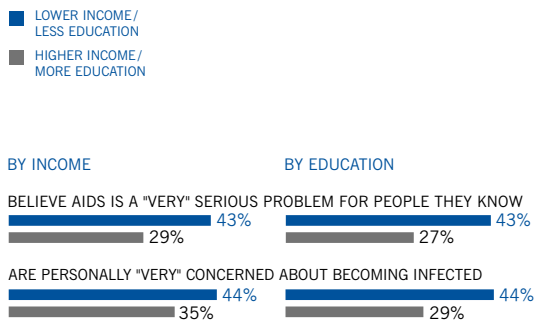
■ 18 TO 29 YEARS OLD
■ 30 YEARS AND OLDER



CONCERN ABOUT HIV/AIDS VARIES BY EDUCATION AND INCOME

African Americans with less education (high school education or less) and lower incomes (under \$20,000 per year) are significantly more likely to say that AIDS is a “very serious” problem for people they know (43% of each group), compared to those who have at least some college education (27%) and those with higher incomes (29%). Those with less education express higher levels of personal concern than those with at least some college education (44% compared to 29% say they are “very” personally concerned) (see exhibit 7).

EXHIBIT 7
African Americans' Concern
About HIV/AIDS, by Income and
Education



AIDS VIEWED AS NUMBER ONE HEALTH ISSUE GLOBALLY

In the past year, world leaders have begun to focus increased attention on the global HIV/AIDS epidemic, particularly in developing countries where the epidemic is most heavily concentrated. An estimated 36.1 million people are living with HIV/AIDS worldwide, and more than 22 million people have already died of the disease.¹⁵

African Americans view AIDS as the number one health problem facing the world today, with nearly half (49%) rating it number one; Latinos (41%) and whites (35%) also rank AIDS as the number one health problem facing the world (see exhibit 8). More than three-quarters of African Americans (78%) say that AIDS is a more urgent problem for the world today than it was a few years ago.

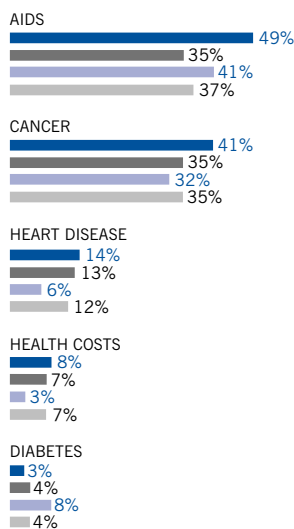
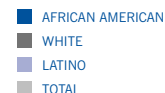


EXHIBIT 8
Views of the Most Urgent
Health Problem Facing
the World Today, by
Race/Ethnicity



SECTION II: AFRICAN AMERICANS' KNOWLEDGE AND INFORMATION NEEDS

As with the public overall, African Americans have very high levels of knowledge about the basics, including how HIV is transmitted; however, misperceptions about the risk of casual contact persist. In addition, knowledge of other clinical aspects related to HIV is uneven. African Americans obtain information about HIV/AIDS from a variety of sources, but also report wanting more information about a range of HIV-related topics.

THE FACTS ABOUT HIV/AIDS

The vast majority of African Americans understand that a person can become infected with HIV by having unprotected intercourse (99%), sharing an IV needle (99%) and having unprotected oral sex (90%). However, as with the public overall, misinformation about how HIV is transmitted persists, particularly concerning casual contact.

More than four in ten (44%) African Americans say that a person can become infected with HIV through kissing; an additional 10% do not know whether or not kissing poses a risk. According to the U.S. Centers for Disease Control and Prevention (CDC), casual or close-mouth kissing poses no risk of transmission, and even open-mouth kissing in the absence of open wounds or sores in the mouth is considered a very low-risk activity.¹⁶ In addition, more than one-third (37%) of African Americans incorrectly believe that sharing a drinking glass with a person with HIV/AIDS can transmit HIV, or are unsure about the risk of this activity, and nearly one-quarter (24%) do not know that touching a toilet seat does not pose a risk for infection or think that it can. In general, African Americans and Latinos are more likely than whites to say that these activities pose a risk of infection (see exhibit 9).

EXHIBIT 9
Perceptions of Risk
Related to Very Low
or No-Risk Activities,
by Race/Ethnicity

Please tell me if a person can become infected with HIV this way or not?

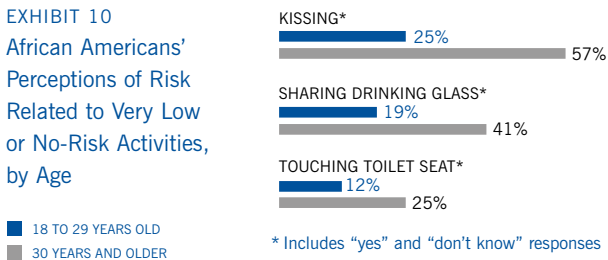
	YES	NO	DON'T KNOW/ REFUSED
KISSING			
African American	44	46	10
White	28	65	8
Latino	37	55	8
Total	31	62	8
SHARING DRINKING GLASS			
African American	25	63	12
White	14	79	7
Latino	19	76	5
Total	15	77	7
TOUCHING TOILET SEAT			
African American	13	76	11
White	8	86	6
Latino	20	71	9
Total	10	84	6

Knowledge of other clinical issues related to HIV disease is uneven. Just over half (54%) of African Americans know that having another sexually transmitted disease (STD) such as herpes or gonorrhea *increases* a person's risk for infection. African Americans (54%) and Latinos (53%) are more likely to know this than whites (38%). More than eight in ten (84%) African Americans know that there are drugs available that can lengthen the lives of people living with HIV/AIDS. A similar majority of African Americans (81%) also know that, as yet, there is no cure for AIDS. In contrast, significantly fewer African Americans (49%) know that a pregnant woman who has HIV can take certain drugs to reduce the risk of her baby being born infected. This is also the case for whites (42%) and Latinos (44%). Additionally, nearly one-third (30%) of African Americans do not know that a vaccine to protect against HIV is not yet available, or think that there is one.

HIV KNOWLEDGE VARIES BY AGE

Misperceptions about the risk of infection from casual contact are significantly higher among African Americans age 30 and over, compared with younger African Americans (see exhibit 10). For example, African Americans age 30 and over are much more likely than those age 18–29 to believe that kissing poses a risk or to not know whether this activity poses a risk for infection (57% compared to 25%). Those age 30 and over are also more likely to misunderstand the risk of sharing a drinking glass (41% and 19%, respectively) and touching a toilet seat (25% and 12%, respectively).

EXHIBIT 10
African Americans'
Perceptions of Risk
Related to Very Low
or No-Risk Activities,
by Age



HIV-RELATED STIGMA AND DISCRIMINATION

Accurate information about how HIV is and is not transmitted is important for prevention, as well as for efforts to reduce HIV-related stigma, which may stem from the lack of such knowledge. Recent reports from the CDC and Institute of Medicine suggest a correlation between HIV knowledge and stigma, with those who have lower levels of HIV-related knowledge being more likely to hold stigmatizing views of people living with HIV/AIDS.^{17,18} Other research has shown that people who fear HIV-related stigma and discrimination are less likely to seek information about prevention, and may delay being tested for HIV and entering care.^{19,20}

These survey results demonstrate that concerns about HIV-related stigma and discrimination against people with HIV/AIDS continue. Nearly one-third (32%) of African Americans say they would be “very” or “somewhat” concerned that people would think less of them if they found out they had been tested for HIV. Concerns are even higher among those with less education and income than their counterparts: those with less education and lower incomes (28% and 34%, respectively) are significantly more likely to be “very” concerned that people would think less of them, compared with those with higher education and incomes (15% and 20%, respectively).

Eighty-seven percent (87%)* of African Americans say that prejudice and discrimination against people living with HIV/AIDS exist in the U.S. today. Overall, similar proportions of Latinos (85%)* and whites (84%)* say that discrimination exists; however, African Americans and Latinos are significantly more likely than whites to believe that “a lot” of discrimination exists (65%, 57%, and 49%, respectively). While two-thirds (67%) of African Americans believe that such discrimination has either stayed the same or improved in the past five years, 29% say that discrimination has gotten worse.

More than eight in ten (81%) African Americans also say that access to HIV care and treatment in the U.S. is a problem, with majorities saying that access is affected by income (83%)* and race (70%)*. Nearly half (49%)* also say that gender affects access to HIV care.

*Includes “a lot” and “some”

AFRICAN AMERICANS WANT MORE INFORMATION ABOUT HIV/AIDS

African Americans want more information about a range of HIV-related issues, particularly about how to talk to children about HIV/AIDS (57%). Nearly four in ten (39%) African Americans say they need more information about how to talk to a partner about HIV/AIDS. In general, African Americans, as well as Latinos, are significantly more likely than whites to say they need additional information about a range of HIV-related issues (see exhibit 11).

More than four in ten (45%) African Americans also say they need more information about HIV testing. Information about the different kinds of tests available (63%), what test results mean (57%), how much testing costs (54%) and whether test results are confidential (51%) were identified by over half of African Americans as testing-related issues about which they need more information (see exhibit 12).

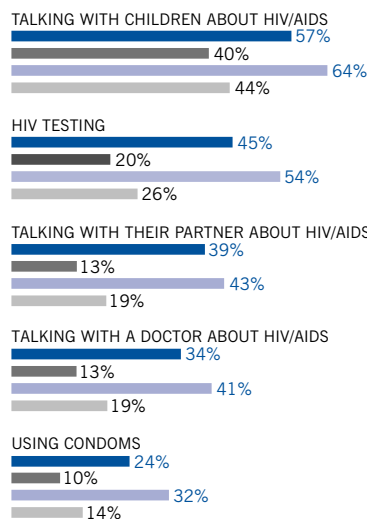


EXHIBIT 11
Percent Who Say They Need More Information About HIV/AIDS Issues, by Race/Ethnicity

■ AFRICAN AMERICAN
■ WHITE
■ LATINO
■ TOTAL

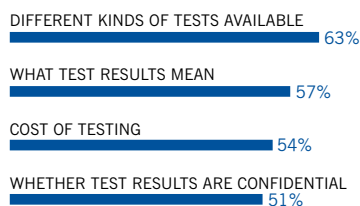


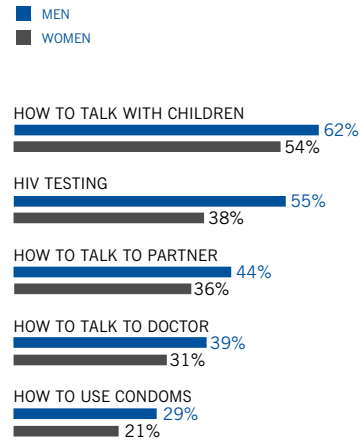
EXHIBIT 12
Percent of African Americans Who Say They Need the Following Information About HIV Testing...

INFORMATION NEEDS VARY BY GENDER, EDUCATION AND INCOME LEVELS

The need for HIV-related information varies among subgroups of African Americans. Those with less education (47%) are significantly more likely than those with higher education levels (30%) to say they need information about how to talk to their partners, as well as information about how to talk to health care providers (42% and 24%, respectively).

There are also important differences between the information needs of African American men and women. While findings for men and women do not differ statistically across all areas, men generally indicate a greater need for HIV-related information (see exhibit 13). African American men (55%) are significantly more likely than women (38%) to say they need more information about testing. When asked about specific testing information needs, African American men are also more likely than women to say they need information about whether to get tested (54% and 34%, respectively) and whether test results are confidential (64% and 43%, respectively).

EXHIBIT 13
 Percent of African Americans Who Say They Need More Information About HIV/AIDS Issues, by Gender...



WHERE AFRICAN AMERICANS GET INFORMATION ABOUT HIV/AIDS

As with the public overall, the news media continue to be African Americans' most common source of HIV/AIDS information, with more than two-thirds (68%) saying they rely on television for news and information about HIV/AIDS, and six in ten (60%) saying they rely on newspapers and magazines. Nearly four in ten (38%) African Americans rely on the radio for HIV information.

In addition to media sources, nearly one-third (31%) of African Americans say that they rely on family members, friends or acquaintances for news and information about HIV/AIDS, and 22% indicate that they rely on materials distributed at church or by a religious organization. African Americans (22%) and Latinos (24%) are more than twice as likely as whites (10%) to rely on HIV information distributed at church or by a religious organization, and are also more likely to rely on family members or friends (31%, 34%, and 19%, respectively) (see exhibit 14).

More than four in ten (44%) African Americans report having spoken to a doctor or other health care provider about HIV/AIDS, more than whites (29%) or Latinos (30%). Of those who have talked to their doctor or health care provider about HIV, about half (54%) report having raised the topic themselves. Issues discussed included getting tested for HIV (80%), how to prevent infection (73%) and their personal risk of contracting HIV (60%).

COMMUNICATING HIV INFORMATION TO YOUNG PEOPLE

As with African Americans in general, younger African Americans between the ages of 18 and 29 are most likely to rely on television (66%), newspapers and magazines (62%) and the radio (43%) for information about HIV. However, younger African Americans are significantly more likely than older African Americans to rely on the Internet for HIV information (34% compared to 12%). Younger African Americans (40%) are also somewhat more likely than their older counterparts (27%) to rely on family, friends, or acquaintances for HIV information.

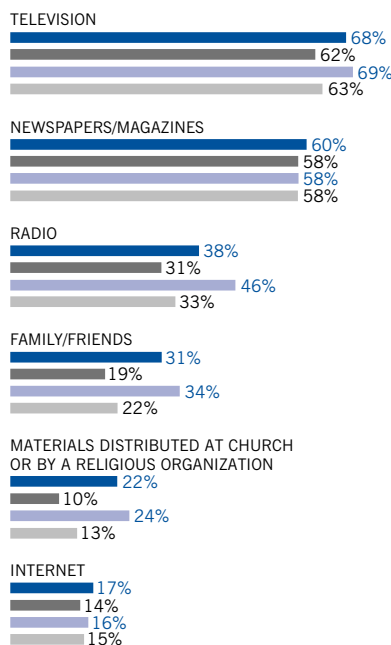


EXHIBIT 14
Percent Who Get Information About HIV/AIDS from the Following Sources, by Race/Ethnicity



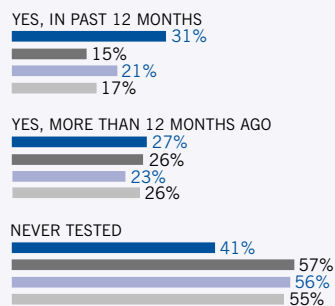
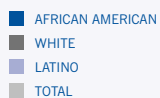
AFRICAN AMERICANS' HIV TESTING EXPERIENCE

In recent years, policymakers and community leaders have begun to focus more attention on the issue of HIV testing in the hope of bringing into care the up to one-third of people living with HIV who are estimated to be unaware that they are infected.²¹ Such efforts are also designed to provide counseling and education about how to prevent the further transmission of HIV.

MAJORITY OF AFRICAN AMERICANS SAY THEY HAVE BEEN TESTED FOR HIV

Over half (58%) of African Americans say they have been tested for HIV – more than any other racial or ethnic group (see exhibit 15). Of those who say they have been tested, 56% report it was because they asked to be tested and 16% say they were told by a doctor or nurse that the test was being done. However, nearly one-quarter (24%) of those who say they have been tested believe incorrectly that HIV testing is a routine part of an exam, indicating that self-reported testing rates may overstate actual rates of testing. One-third (33%) also say they did not discuss their most recent test results with a doctor, other medical professional or counselor, which could mean that they did not return for their test results or that test results were provided at a site where counseling was optional.

EXHIBIT 15
Percent Who Report
Having Been Tested for
HIV, by Race/Ethnicity



WHY AFRICAN AMERICANS DO AND DON'T GET TESTED

Other than donating blood, the reasons African Americans say they have been tested include: they wanted to get tested (19%); they felt that they were at risk from unprotected sex (17%); it was part of a routine check up (15%); their doctor wanted them to get tested (11%); or it was part of a pregnancy test (8%).

Of those who say that they have not yet been tested for HIV, 56% did not get tested because they felt that they were not at risk, 14% cited a fear of needles or giving blood and 11% say they did not know where to go to get tested. In addition, ten percent of African Americans express concern about the confidentiality of test results (see exhibit 16). Three-quarters (75%) of African Americans say that they would be “very” or “somewhat” likely to use an HIV test that does not require using a needle or taking blood, such as an oral HIV test.

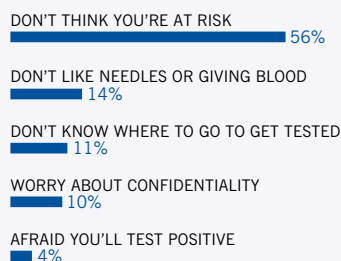


EXHIBIT 16
Reasons African
Americans Give for
Not Having Been
Tested for HIV

WHERE AFRICAN AMERICANS GO TO GET TESTED

Of African Americans who report having been tested for HIV in the past year for reasons other than blood donation, most (42%) were tested in a private doctor's office, and more than one-third (37%) say they were tested in a health clinic. African Americans (37%) and Latinos (41%) were much more likely than whites (21%) to report having been tested in a health clinic, suggesting that clinics may be a particularly important source of information and care for these groups.

SECTION III: AFRICAN AMERICANS' VIEWS ON KEY STAKEHOLDERS AND POLICY ISSUES

EXHIBIT 17
Views of Efforts of Key Stakeholders in Helping to Solve the Problem of AIDS in the U.S., by Race/Ethnicity

	AFRICAN AMERICAN	WHITE	LATINO	TOTAL
FEDERAL GOVERNMENT				
Doing Enough	15%	23	28	22
Not Doing Enough	77%	65	61	66
STATE & LOCAL GOVERNMENT				
Doing Enough	16%	25	32	25
Not Doing Enough	75%	57	59	59
RELIGIOUS LEADERS/INSTITUTIONS				
Doing Enough	30%	27	34	28
Not Doing Enough	58%	47	49	49
PUBLIC SCHOOLS				
Doing Enough	26%	33	41	33
Not Doing Enough	60%	51	49	51
DOCTORS/HEALTH CARE PROVIDERS				
Doing Enough	45%	50	58	50
Not Doing Enough	47%	40	37	41
THE MEDIA				
Doing Enough	31%	38	39	38
Not Doing Enough	51%	44	44	45
PARENTS				
Doing Enough	31%	23	32	25
Not Doing Enough	60%	67	63	66
PHARMACEUTICAL COMPANIES				
Doing Enough	26%	36	45	36
Not Doing Enough	58%	49	43	50
CORPORATE AMERICA/BUSINESS LEADERS				
Doing Enough	9%	14	18	14
Not Doing Enough	72%	54	52	56

Most African Americans want to see increased efforts to address the epidemic on the part of key stakeholders and strongly support increased federal spending on AIDS. A majority of African Americans also support a range of other policies, including HIV and sex education in the schools, access to sterile syringes, and efforts to address AIDS in Africa.

AFRICAN AMERICANS WANT MORE OF KEY STAKEHOLDERS

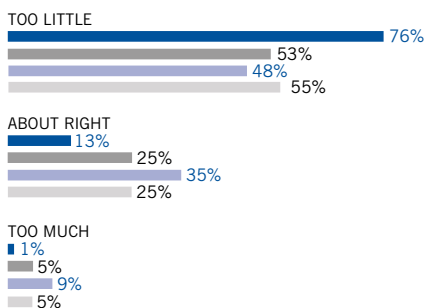
Over three-quarters (77%) of African Americans say the federal government is not doing enough to help solve the problem of AIDS in the U.S., with a similar majority (75%) saying that state and local governments are not doing enough.

African Americans also believe that key private sector interests should do more. More than seven in ten (72%) African Americans say corporate America is not doing enough about AIDS and about six in ten say that public schools (60%) and religious leaders or institutions (58%) could do more. In general, African Americans are more likely than both whites and Latinos to say that key stakeholders are not doing enough in the fight against AIDS (see exhibit 17).

SUPPORT FOR FEDERAL SPENDING AND POLICY ISSUES

More than three-quarters (76%) of African Americans say that the federal government is spending too little money on AIDS. African Americans are much more likely than Latinos (48%) and whites (53%) to say the federal government is spending too little (see exhibit 18). Relative to the amount of federal spending on other health problems, six in ten (62%) African Americans believe that federal spending on AIDS is too low.

EXHIBIT 18
Views of How Much the Federal Government is Spending on AIDS, by Race/Ethnicity



When asked about their views of federal priorities related to HIV/AIDS, more than nine in ten African Americans say that AIDS prevention and education (94%), AIDS treatment and care (93%) and research to find a vaccine (93%) should be “very important” priorities.

SUPPORT FOR SPECIFIC HIV-RELATED POLICIES

High School Sex Education. Nearly all African Americans say high school sex education classes should include information about how HIV and other STDs are spread (99%) and how to protect against HIV and other STDs (99%). Ninety-four percent of African Americans also say that information about how to use condoms as protection against HIV and other STDs should be taught in high school. At least 90% of the general public supports such policies, and a recent survey of teachers, principals, parents, and students indicates similar support for such efforts among these groups as well.²²

Syringe Access. A majority (53%) of African Americans favor needle exchange programs, which offer clean needles to intravenous (IV) drug users in exchange for used needles to help stop the spread of HIV. Nearly six in ten (59%) also support a change in federal law to allow state and local governments to decide for themselves whether to use their federal HIV prevention funding for needle exchange programs.

In addition to supporting needle exchange programs, a majority of African Americans support allowing IV drug users to purchase clean needles from licensed pharmacists (55%) and allowing doctors and physicians to provide IV drug users with a prescription for clean needles (52%).

AIDS in Africa. Africa is home to 70% of all adults and 80% of all children living with HIV/AIDS in the world, and where most AIDS-related deaths have occurred.²³ African Americans strongly support efforts to address the impact of AIDS in Africa. More than eight in ten (86%) African Americans favor U.S. spending to help solve the problem of AIDS in sub-Saharan Africa, with two-thirds (67%) saying that the U.S. government should do more in this region of the world. African Americans (67%) are nearly twice as likely as whites (34%) and more likely than Latinos (51%) to say that the U.S. should be doing more in this regard.

CONCLUSION

Twenty years into the epidemic, HIV is increasingly affecting poorer communities, and associated with gender inequities and racial and ethnic disparities in health care, conditions which pre-date the epidemic itself.^{8,24} This survey shows that, in the face of such trends, African Americans indicate considerable urgency and concern about HIV/AIDS and its role in their own lives, the nation, and the world. They continue to want – and need – accurate information about a range of HIV issues. And they expect more from key stakeholders in both the public and private sectors.

As a group, African Americans express significantly greater urgency about AIDS than do whites and the public overall. However, the percentage of African Americans who rank AIDS as the number one health issue facing the nation has declined over the past several years, a trend which holds true for whites and Latinos. This may reflect the decline in the number of AIDS-related deaths in the U.S., or a beginning sign of “AIDS fatigue.” In either case, it raises important challenges for policymakers and community leaders attempting to address AIDS in its third decade.

Given the disproportionate impact of the HIV/AIDS epidemic on African Americans, the ability to curtail the epidemic in the U.S. will depend significantly on the extent to which prevention, care, and support programs are effective for African Americans. It will also depend on how high HIV/AIDS is placed on the public policy agenda relative to other important policy issues that topped the public’s priority list for federal dollars on other polls conducted at about the same time as this one, such as education, Social Security, and Medicare. A key issue is whether support for addressing HIV/AIDS will translate into the resources needed to respond to new challenges in the epidemic at home and abroad. The current crisis resulting from September 11th will of course make it much more difficult for HIV or any other issue to compete for resources and for Congressional and Presidential attention. African Americans’ views of the epidemic can help to inform these efforts and provide insight into how the changing nature of the epidemic affects perceptions and attitudes.

METHODOLOGY

The findings presented in this report are based on the Henry J. Kaiser Family Foundation's National Survey of Americans on HIV/AIDS, a nationally representative survey of adults 18 and older. The full survey findings, including the questionnaire and survey data, were published in *The AIDS Epidemic at 20 Years: The View From America*, which can be found on the Foundation's website at www.kff.org. The survey was designed by staff at the Foundation and Princeton Survey Research Associates (PSRA), and analysis was conducted by staff at the Foundation and Regina Aragón. Fieldwork was conducted by telephone by PSRA between August 14, 2000 and October 26, 2000. Interviews were conducted with 2,683 adults including 431 African Americans and 549 Latinos. African Americans and Latinos were oversampled to allow for analyses across race and ethnicity and within these two populations. Interviews were completed in both English and Spanish according to the preferences of the respondent.

SAMPLE DESIGN AND SURVEY PROCEDURES

The sample was designed to generalize to all adults in continental U.S. telephone households, and to allow separate analyses of responses by African American and Latino respondents. The sample was based on a list-assisted random-digit dialing (RDD) sample of telephone numbers and was drawn using a stratified design so that the final sample of completed interviews would contain a disproportionately large number of African Americans and Latino respondents.

WEIGHTING AND STATISTICAL PRECISION

Weighting was used to adjust for the effects of the sample design as well as to adjust for minor differences between the set of complete interviews and the populations they represent due to survey nonresponse. The weighting methodology allows for representation across the population overall, including by race/ethnicity, as well as within racial and ethnic groups. The demographic weighting parameters were derived from a special analysis of the March 1999 Current Population Survey.

The margin of sampling error is +/-2% for the total sample; +/-7% for African Americans; +/-3% for whites; and +/-6% for Latinos, and may be larger for certain subsets presented in the analysis. The margin of sampling error includes an adjustment for the design effect, which reflects the specialized sampling design and post-data collection statistical adjustments.

RESPONSE RATE

A survey's response rate estimates the proportion of eligible respondents in the sample that were successfully interviewed. The final response rate is 46%. PSRA's sample disposition codes and rate formulas comply with standards set by the American Association for Public Opinion Research.

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