

# **HIV/AIDS Epidemiology Report for the Tampa- St. Petersburg Total Service Area**

**2019-2020**



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2019-2020 HIV/AIDS Epidemiology Report Tampa-St. Petersburg TSA  
Suncoast Health Council, Inc.

## **WHO WE ARE**

The health councils were created in 1983 by Florida Statute to identify, address and resolve health care issues of local concern. Each health council is a private, non-profit organization governed by a Board of Directors. The Board members are appointed by County Commissioners to represent the concerns of health care consumers, providers and purchasers.

The Suncoast Health Council, Inc. (SHC) serves Pasco and Pinellas counties. The Council has extensive experience working with for-profit and non-profit agencies, public health organizations, consumers and professionals. Collaboration and cooperation are critical to the success of our mission.

We have three strategic goals: (1) support the accessibility of health care and social support systems through *comprehensive health planning*; (2) obtain and provide *education* about essential community health challenges and solutions; and (3) participate as collaborative partners to develop and sustain efficient and cost effective *service delivery* systems.

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### **TO LEARN MORE ABOUT THE HEALTH COUNCIL**

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## WEST CENTRAL FLORIDA RYAN WHITE CARE COUNCIL

### Mission Statement

We are a planning body that assesses needs, plans, allocates resources, and evaluates HIV/AIDS services to improve the lives of those infected and affected.

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## INTRODUCTION

The Tampa-St. Petersburg Eligible Metropolitan Area (EMA), located on the west central coast of Florida, is comprised of Hernando, Hillsborough, Pasco, and Pinellas Counties. These EMA counties, along with Manatee, Highlands, Hardee, and Polk Counties make up the Tampa-St. Petersburg Total Service Area (TSA). The West Central Florida Ryan White Care Council (herein referred to as Planning Council) works toward the goals defined in the National HIV/AIDS Strategy (NHAS): *The Care Council is a planning body (of dedicated volunteers) that assesses needs, plans, allocates resources, and evaluates HIV/AIDS services to improve the lives of those infected and affected.*

## Epidemiologic Overview

The Tampa-St. Petersburg Eligible Metropolitan Area (EMA)'s total population is approximately 3.1 million, of which 63% are White (non-Latinx), 19% are Latinx and 12% are Black (non-Latinx). Women represent 52% of the total population. The image below illustrates the geographic layout of the EMA.

Tampa-St. Petersburg EMA  
Geographic Layout



The following data provides a description of the sociodemographic, geographic, behavioral, and clinical characteristics of persons newly diagnosed with HIV, persons living with, and persons at higher risk for HIV. This information is used by the local area to set priorities, identify interventions and services, and to allocate resources to HIV prevention and care. This epidemiologic overview focuses on the most recent year for which data is available with three-year trend data as appropriate.

The socioeconomic status of individuals living in the EMA varies throughout the four-county area. In 2017, according to United States Census Bureau, the median household income of residents living in the EMA ranged from \$44,324 (Hernando) to \$53,742 (Hillsborough), while the median household income of Pinellas is \$48,968 and Pasco is \$48,289. The percentage of individuals living below the federal poverty level ranges from

9.0% in Pinellas County to 11.5% in Hillsborough County. The percentage of EMA residents over the age of 25 with only a high school diploma ranges from 36.7% of residents in Hernando County to 27.2% in Hillsborough County. The percentage of persons over the age of 25 who possess a bachelor’s degree or higher ranges from 17.1% in Hernando County to 32% in Hillsborough County. According to Florida’s Health Equity Profile in 2018, the percentage of adults in each county who have any type of health insurance ranges from 87.4% in Pinellas to 86.1% in Hillsborough.

According to the Florida Department of Health’s Epidemiological Profile, the incidence of HIV in the EMA rose 16.2% since 2013. New cases of AIDS decreased 23.8% since 2013. The most common mode of transmission for HIV in the EMA was men who have sex with men (MSM), followed by heterosexual transmission, and injection drug use (IDU). Changes in the incidence and prevalence for HIV and AIDS, from 2016 to 2018, are shown in **Figure 1**.

**Figure 1: Tampa/St. Petersburg EMA Epidemiological Profile**

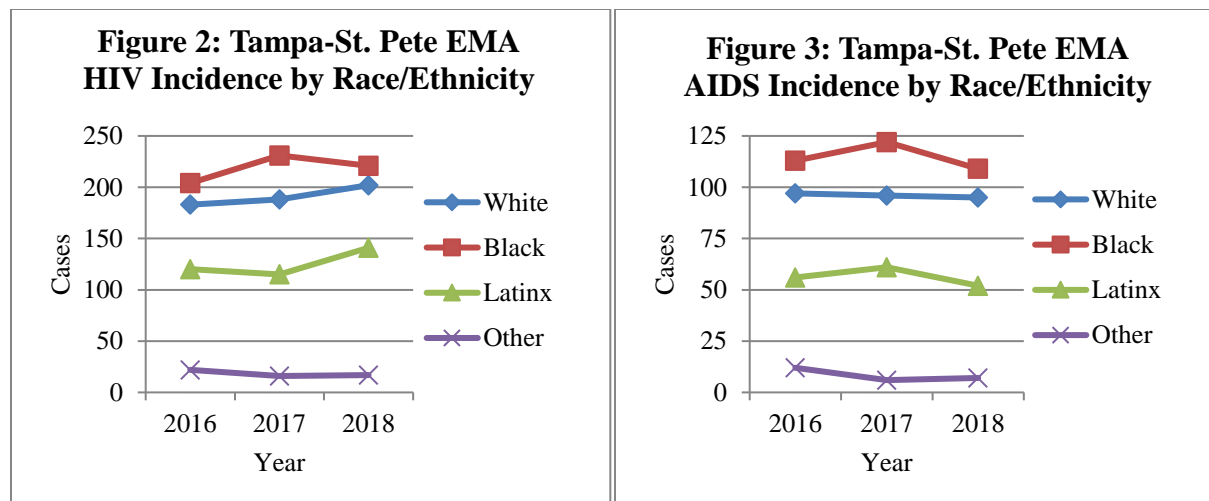
	CY 2016		CY 2017		CY 2018	
	Incidence	Prevalence	Incidence	Prevalence	Incidence	Prevalence
<b>HIV</b>	530	6,174	552	6,336	581	6,504
<b>AIDS</b>	278	7,499	285	7,565	263	7,542
<b>TOTAL</b>	808	13,673	837	13,901	844	14,046

Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2016, 2017, 2018.

**Attachment 1** describes the demographic data of People with HIV/AIDS in the EMA, which includes race, age, sex, and transmission category.

The most common mode of transmission for individuals diagnosed with HIV/AIDS over the three-year timespan is men having sex with other men, accounting for 432 new cases of AIDS and 1,041 new cases of HIV. Of these, White MSMs have the greatest number of newly diagnosed People with HIV, followed by Black and Latinx MSMs. Heterosexual transmission accounted for 256 new cases of AIDS and 425 new cases of HIV. Black heterosexuals were the most affected among all other races. Injection drug usage (IDU) was the third highest mode of transmission with 110 HIV cases and 71 AIDS cases. White injection drug users represented the greatest number of People with HIV for this mode of transmission.

The incidence of HIV among males in the EMA increased from 456 cases in 2015 to 482 cases in 2018; a 5.7% increase. During the same time frame, new HIV cases among females decreased by 4.8% from 104 to 99. The incidence of male AIDS cases decreased 5%, from 212 to 202 cases. The incidence of female AIDS cases decreased 20% from 76 to 61 cases.



Source: Florida Department of Health, Tampa-St. Petersburg EMA Epidemiological Profiles CY 2016, 2017, 2018.

HIV incidence is shown in **Figure 2**. Over the past three years there has been an increase in the incidence of HIV in the EMA among Black, White, and Latinx populations. From 2016-2018, HIV incidence increased 10.4% for White persons, 17.5% for Latinx persons and 7.8% for Black persons. Although the incidence rate of HIV decreased among Black persons from 2017-2018, the incidence among this population was ultimately higher in 2018 than in 2016.

AIDS incidence is shown in **Figure 3**. There has been a slight decrease in the incidence of AIDS for all races, with the most significant decrease among Latinx persons. From 2016-2018, the incidence of AIDS decreased by 2% for White persons, 4% for Black persons, and 7% for Latinx persons.

The 2018 calendar year saw minor demographic changes in HIV and AIDS prevalence. White persons in the EMA represented two thirds of the population and represented 44% of all HIV cases. Black persons accounted for 36% and Latinx persons represented 17% of all HIV cases. White persons represented the largest prevalence of AIDS cases in the EMA with 45%, followed by Black persons with 36%, and Latinx persons with 17%. Black persons were disproportionately impacted by HIV/AIDS; representing 36% of HIV cases and 36% of the AIDS cases, although only 12% of the EMA's total population was Black.

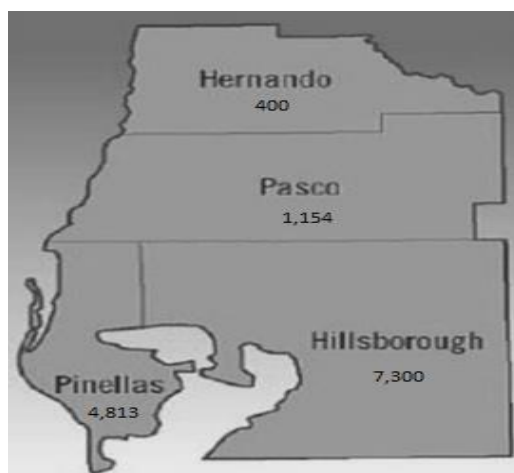
In the EMA, men comprise approximately 48% of the population but represent a majority of HIV and AIDS cases. In 2018, men represented 76% and 77% of HIV and AIDS prevalence respectively. Women represented 24% and 23% of HIV and AIDS cases, respectively.

Over past three years, there has been an increase in HIV/AIDS prevalence for all races. Black persons in the EMA saw the greatest increase in HIV/AIDS prevalence from 4,976 cases in 2016 to 5,123 cases in 2018.

In 2018, there were 5,123 Black people with HIV/AIDS in the EMA. Approximately 21% of people with HIV/AIDS in this racial group are aware of their status and not in care (unmet need). There were 2,458 Latinx people with HIV/AIDS in the EMA in 2018 and approximately 20% are aware of their HIV/AIDS status and not in care (unmet need). There were 6,126 White people with HIV/AIDS in the EMA in 2018. Approximately 18% of people with HIV/AIDS in this racial group are aware of their status and not in care (unmet need).

Recently, the Centers for Disease Control (CDC) revised its calculations and now it is estimated that 15.6% of Florida’s population are unaware of their HIV status. In the past the EMA applied the CDC’s estimate to smaller geographical and demographic areas, in order to determine unmet need. This year, the EMA was discouraged by the Florida Department of Health (DOH) from using these calculations to represent smaller population areas. **Figure 4** shows the total number of diagnosed People with HIV/AIDS in the EMA, by county.

**Figure 4: Tampa-St. Petersburg EMA  
HIV/AIDS Cases per County**



Sociodemographic indicators of People with HIV in the EMA were assessed through data reporting and client needs assessment surveys. In 2019, the Statewide Anonymous Needs Assessment Survey was conducted and the EMA collected a total of 618 surveys from People with HIV. The state determined that a minimum 10% response rate, from 25% of People with HIV in each county, would be sufficient for generalizable results. The number of survey responses from People with HIV in the Tampa–St. Petersburg EMA exceeded the required minimum for each county.

A preliminary analysis of the data was provided by the state; this data will be reviewed and utilized by the Planning and Evaluation committee to re-prioritize services for the 2020-2021 Funding Year. According to the 2019 statewide anonymous needs survey, People with HIV in the EMA have an unemployment rate of 48% and 12% of People with



HIV are without insurance. Furthermore, 50% of survey respondents in the EMA reported incomes below the Federal Poverty Level (FPL).

The Planning Council identifies, and monitors populations highly impacted by HIV/AIDS on a continual basis through its committees. From 2014-2018, the EMA observed the most significant increases of new cases of HIV among White Male Youth (13-24) and Latinx Male Youth, 29% and 12% respectively. However, the EMA has experienced decreases in new cases of HIV among all other youth, from 2014-2018, especially among females and youth of color. The Florida Department of Health's 2018 Epidemiological Profile reports the diagnosis of new cases of HIV among Black Female Youth (ages 13-24) decreased 31% and White Female Youth decreased 25%. New cases of HIV among Black Male Youth (ages 13-24) decreased 16% and remained unchanged among Latinx Female Youth (0%).

Unique challenges for populations of youth include social, economic, and cultural barriers that limit access to prevention and care. Stigma and misinformation about HIV and AIDS are also contributing factors for the disproportionality high rates of HIV among youth. Low rates of condom use, substance abuse, and engaging in sexual activity with older partners are prevention challenges for this emerging population. Youth are more likely to forego needed health care due to lack of access to transportation, fear, lack of insurance and disapproval from family and peers. Service delivery for this emerging population is coordinated through partnerships among EMA community providers, Recipient-funded services, Part B and D funds, as well as Medicaid.

The Florida Department of Health's 2018 Epidemiological Profile reports 26% (n=3,700) of People with HIV/AIDS in the EMA who were aware of their status were not retained in medical care. Populations in the EMA that are Ryan White eligible and under-represented in care include: White Women of Childbearing Age (WCBA), Black WCBA, and Black Male Youth. Respectively, 34% (n=83) of White WCBA, 31% (n=208) of Black WCBA, and 24% (n=44) of Black Male Youth were not retained in medical care in 2018. The EMA's 2018 Care Continuum also shows that 62% (n=30) of homeless People with HIV/AIDS in the EMA were not retained in care. The Tampa – St. Petersburg EMA defines retained in care as receiving medical care two or more times in a year, at least three months apart.

Additionally, Black and Latinx persons were chosen as Minority AIDS Initiative (MAI) populations of focus due to their under-representation in the Ryan White system of care and their lower than expected number of People with HIV/AIDS retained in care. In 2018, 1,451 (28%) of Black People with HIV/AIDS and 658 (27%) Latinx People with HIV/AIDS in the EMA were not retained in medical care.

## **THE EPIDEMIC BY AREA**

The State of Florida is broken down into numbered areas. The West Central Florida Ryan White Care Council covers three areas: Area 5, Area 6, and Area 14. The data is not available by county, only by area or EMA. To provide information regarding all the areas

covered by the Care Council and not just the EMA, **Figures 5 – 10** represent the three geographic areas that make up the Total Service Area (TSA).

## AREA 5: PASCO & PINELLAS COUNTIES

**Figure 5:  
HIV by Year of Diagnosis in Area 5  
by County of Residence at Diagnosis, 2016-2018**

<b>HIV County</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2017-2018 % Change</b>
<b>Pasco</b>	44	40	59	48%
<b>Pinellas</b>	166	182	182	0%

Source: Florida Department of Health, HIV/AIDS Section, 2018.

**Figure 6:  
AIDS by Year of Diagnosis in Area 5  
by County of Residence at Diagnosis, 2016-2018**

<b>AIDS County</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2017-2018 % Change</b>
<b>Pasco</b>	17	27	22	-19%
<b>Pinellas</b>	101	94	84	-11%

Source: Florida Department of Health, HIV/AIDS Section, 2018.

## AREA 6: HERNANDO, HILLSBOROUGH, & MANATEE COUNTIES

**Figure 7:  
HIV by Year of Diagnosis in Area 6  
by County of Residence at Diagnosis, 2016-2018**

<b>HIV County</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2017-2018 % Change</b>
<b>Hernando</b>	17	18	17	-6%
<b>Hillsborough</b>	303	312	323	4%
<b>Manatee</b>	34	46	45	-2%

Source: Florida Department of Health, HIV/AIDS Section, 2018.

**Figure 8:  
AIDS by Year of Diagnosis in Area 6  
by County of Residence at Diagnosis, 2016-2018**

<b>AIDS County</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2017-2018 % Change</b>
<b>Hernando</b>	10	11	12	9%
<b>Hillsborough</b>	150	153	145	-5%
<b>Manatee</b>	23	26	20	-23%

Source: Florida Department of Health, HIV/AIDS Section, 2018.

## AREA 14: HARDEE, HIGHLANDS, & POLK COUNTIES

**Figure 9:  
HIV by Year of Diagnosis in Area 14  
by County of Residence at Diagnosis, 2016-2018**

<b>HIV County</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2017-2018 % Change</b>
<b>Hardee</b>	1	1	2	100%
<b>Highlands</b>	7	5	6	20%
<b>Polk</b>	117	98	113	15%

Source: Florida Department of Health, HIV/AIDS Section, 2018.

**Figure 10:  
AIDS by Year of Diagnosis in Area 14  
by County of Residence at Diagnosis, 2016-2018**

<b>AIDS County</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2017-2018 % Change</b>
<b>Hardee</b>	1	0	2	200%
<b>Highlands</b>	5	6	4	-33%
<b>Polk</b>	70	45	46	2%

Source: Florida Department of Health, HIV/AIDS Section, 2018.

## **ACKNOWLEDGMENTS**

The West Central Florida Ryan White Care Council wishes to recognize the contributions of the following:

### **Planning and Evaluation Committee Members**

Kirsty Gutierrez, Chair  
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### **Other Contributors**

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ATTACHMENT 1

<b>Demographic Group/ Exposure Category</b>	<b>2016- PREVALENCE AS OF 12/31/16</b>		<b>2017-PREVALENCE AS OF 12/31/17</b>		<b>2018-PREVALENCE AS OF 12/31/18</b>	
	<b>HIV</b>	<b>AIDS</b>	<b>HIV</b>	<b>AIDS</b>	<b>HIV</b>	<b>AIDS</b>
<i>Race/Ethnicity</i>						
White, not Latinx	2,688	3,436	2,739	3,431	2,757	3,369
Black, not Latinx	2,283	2,693	2,345	2,720	2,397	2,726
Latinx	1,260	1,198	1,096	1,241	1,184	1,274
Other / Unknown	149	172	156	173	166	173
<b>Total</b>	<b>6,174</b>	<b>7,499</b>	<b>6,336</b>	<b>7,565</b>	<b>6,504</b>	<b>7,542</b>
<i>Gender</i>						
Male	4,855	5,697	4,783	5,769	4,965	5,767
Female	1,524	1,802	1,553	1,796	1,539	1,775
<b>Total</b>	<b>6,174</b>	<b>7,499</b>	<b>6,336</b>	<b>7,565</b>	<b>6,504</b>	<b>7,542</b>
<i>Current Age as of Reporting Year</i>						
<13 years	15	3	14	3	11	3
13 - 24 years	400	103	358	93	323	81
25 - 44 years	2,603	1,787	2,690	1,776	2,785	1,706
45 - 59 years	2,377	4,086	2,387	3,988	2,381	3,893
60+ years	779	1,520	887	1,705	1,004	1,859
<b>Total</b>	<b>6,174</b>	<b>7,499</b>	<b>6,336</b>	<b>7,565</b>	<b>6,504</b>	<b>7,542</b>
<i>Exposure Category</i>						
Men who have sex with men	3,684	3,942	3,825	4,021	4,007	4,021
Injection drug users	434	792	425	763	421	746

Men who have sex with men and inject drugs	300	460	256	467	271	452
Heterosexuals	1,684	2,162	1,726	2,179	1,734	2,190
Other/Unknown	62	135	62	132	60	130
<b>Total</b>	6,164*	7,496*	6,294*	7,562*	6,493*	7,539*

**AIDS PREVALENCE AND HIV (NON-AIDS) PREVALENCE DATA BY DEMOGRAPHIC GROUP AND EXPOSURE CATEGORY**

Source: Florida Department of Health EMA Epidemiological Profiles CY 2016; CY 2017; CY 2018

\*Risk data are calculated values from a weighted database to redistribute the NIRs into known risks. Therefore, some risk data was off from the total due to rounding issues, according to the Florida Department of Health.

