

## National HIV Behavioral Surveillance (NHBS) Preliminary Findings on Heterosexuals at Risk for HIV Infection

The Florida Department of Health, Bureau of HIV/AIDS is collaborating with the University of Miami and the CDC to conduct National HIV Behavioral Surveillance (NHBS) in South Florida. NHBS involves a repeated, cross-sectional survey and HIV testing of populations at high risk for HIV infection: men who have sex with men (MSM), injection drug users (IDU), and heterosexuals at risk for HIV infection (HET). NHBS activities are implemented in one-year cycles so that data are collected from each risk group every three years; these study cycles are referred to as NHBS-MSM, NHBS-IDU, and NHBS-HET. Individuals who consent to participate undergo an anonymous interview and HIV test and are paid for their time. NHBS is conducted in over 20 US metropolitan areas with high AIDS prevalence rates.

The third cycle of data collection (January - October 2007) focused on heterosexuals at risk for HIV infection. For this cycle, CDC defined a heterosexual at risk for HIV infection as an adult with (1) a physical or social connection to a high-risk area and (2) at least one opposite-sex partner in the past year. High-risk areas were defined as geographic areas with high rates of heterosexually-acquired HIV and poverty. To identify these areas, staff used U.S. Census Bureau poverty data and Florida DOH HIV/AIDS case data. Within the selected high-risk areas, staff used venue-based sampling to obtain a sample of 1,224 eligible participants. While the research team conducted sampling in areas known to have high HIV/AIDS prevalence rates, staff did not target high-risk venues within these areas. The vast majority of randomly selected venues from which participants were recruited (e.g., grocery stores, Laundromats) represent places people go to conduct common activities. Of the 1,224 NHBS-HET participants, 710 (58%) were male and 514 (42%) were female. The majority (972, 79.4%) of participants were black (non-Hispanic), 193 (15.8%) were Hispanic, 28 (2.3%) were white (non-Hispanic), and 31 (2.5%) were of another racial/ethnic group or multiracial. The mean age was 35 years. Most participants (1,112, 91.1%) identified as heterosexual; 109 (8.9%) identified as bisexual. Many participants reported not having health insurance at the time of their interview (769, 63.1%) and having an annual income under \$10,000 (721, 59.8%). Other concerning psychosocial issues among the sample include high rates of depression (according to the CES-D 10) (514, 41.9%), incarceration during the past 12 months (398, 32.5%), and cocaine or crack use during the past 12 months (345, 28.3%).

As shown in Figure 1, during the past 12 months, over two-thirds (498, 70.2%) of the males (N=709) reported having more than one sex partner (with a median of three partners, 36 [5.1%] males had at least one male partner [data not shown]), nearly

two-thirds (450, 63.5%) reported having unprotected sex (vaginal or anal) with a main partner (to whom one feels most committed), and over one-third (277, 39.1%) reported having unprotected sex with a casual (to whom one does not feel committed or know well) or exchange (with whom one trades sex for something of value) partner. During the past 12 months, over half (270, 52.6%) of the females (N=513) reported having more than one male sex partner (with a median of two partners), three-fourths (385, 75%) reported having unprotected sex with a main male partner, and over one-fourth (135, 26.3%) reported having unprotected sex with a casual or exchange male partner. Of the 1,222 participants who consented to HIV testing, 101 (8.3%) tested HIV positive (Figure 2). Of the 1,076 participants who consented to HIV testing and reported only heterosexual risk behavior, 76 (7.1%) tested HIV positive. In both analyses, approximately half of those testing positive were previously undiagnosed. These data emphasize 1) the enhanced risk of HIV infection among persons engaging in risk behaviors in communities where underlying factors contributing to HIV/AIDS disparities (e.g., high incarceration rates, high density of HIV) are prevalent and 2) the critical need to further prevention efforts within these areas.

